



## U.S. Department of State


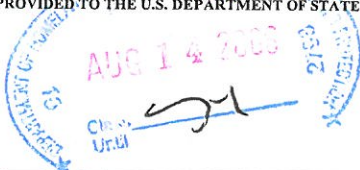
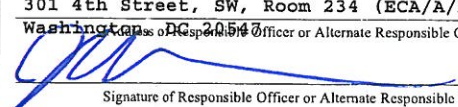

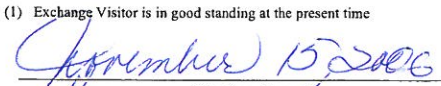
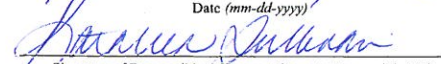

## CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO.1405-0119

EXPIRES: 04-30-2008

ESTIMATED BURDEN TIME: 45 min

\*Sec Page 2

1. Family Name: <b>RESENDE DA MAIA</b>		First Name: <b>ANABELA</b>		Middle Name: <b>MARIA</b>		Gender: <b>FEMALE</b>		N0003685776	
Date of Birth (mm-dd-yyyy): <b>09-30-1981</b>		City of Birth: <b>C SE NOVA COIMBRA</b>		Country of Birth: <b>PORTUGAL</b>		Citizenship Country Code: <b>PO</b>		Citizenship Country: <b>PORTUGAL</b>	
Ler Permanent Residence Country Code: <b>PORTUGAL</b>		Legal Permanent Residence Country: <b>PORTUGAL</b>		Position Code: <b>213</b>		Position: <b>UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS</b>		<b>J-1</b> 	
Address: Biological Sci. Center, Main Office 100 Flagg Road Kingston, RI 02881-0816									
2. Program Sponsor: <b>U.S. Department of State (ECA/A/E)</b>						Exchange Visitor Program Number: <b>G-1-00001</b>			
Participating Program Official Description: <b>RESEARCH SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE</b>									
Purpose of this form: <b>Begin new program; accompanied by number (0) of immediate family members.</b>									
3. Form Covers Period: From (mm-dd-yyyy): <b>09-04-2006</b> To (mm-dd-yyyy): <b>07-04-2007</b>				4. Exchange Visitor Category: <b>STUDENT DOCTORATE</b> Subject/Field Code: <b>26.0101</b> Subject/Field Code Remarks: <b>IIE: Biological Sciences</b>					
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Current Program Sponsor funds : \$100.00 The Binational Commission of the Exchange Visitor's Country : \$10,000.00 Rhode Island University : \$24,992.00 Total : \$35,092.00									
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE). 				7. Jenny Wilson Name of Official Preparing Form <b>United States Department of State</b> <b>301 4th Street, SW, Room 234 (ECA/A/E)</b> <b>Washington, DC 20547</b> Signature of Responsible Officer or Alternate Responsible Officer 				Alternate Responsible Officer Title <b>212-984-5385</b> Telephone Number <b>08-04-2006</b> Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____, Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) of Signature _____									
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on: A. <input checked="" type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended <b>Adelle Fay</b> Vice Consul  Signature of Consular or Immigration Officer Title <b>10-Aug-2006</b> Date (mm-dd-yyyy)						TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*) *EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work. (1) Exchange Visitor is in good standing at the present time  Date (mm-dd-yyyy)  Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) Signature of Responsible Officer or Alternate Responsible Officer			
THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).									
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.  Signature of Applicant <b>LISBOA, PORTUGAL</b> Place <b>AUG-08-2006</b> Date (mm-dd-yyyy)									

## INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page 1 and prior to presentation to a United States Consular or Immigration Official.

### 1. I understand that the following conditions are applicable to exchange visitors:

#### (a) TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):

**RULE:** Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for two years following completion of their program before they are eligible for immigrant status, temporary worker (H) status, or intracompany transferee (L) status. Likewise, if exchange visitors are acquiring a skill which is in short supply in their home country (these skills appear on the "Exchange Visitor Skills List") they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212(e).

**NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.**

#### (b) Extension of Stay/Program Transfers: A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

#### (c) Limitation of Stay: STUDENTS - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; SECONDARY STUDENTS - up to 1 academic year; TRAINEES - 18 months; FLIGHT TRAINEES - 24 months; TEACHERS, PROFESSORS, and RESEARCH SCHOLARS - 3 years; SHORT-TERM SCHOLARS - 6 months; SPECIALISTS - 1 year; INTERNATIONAL VISITORS - 1 year; ALIEN PHYSICIAN - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; GOVERNMENT VISITOR - up to 18 months; CAMP COUNSELOR - up to 4 months; SUMMER TRAVEL/WORK - up to 4 months; AU PAIR - 1 year; INTERN - up to 12 months.

#### (d) Documentation Required for Admission/Readmission as an Exchange Visitor: To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: (1) a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; (2) a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; (3) a properly executed Form DS-2019 (with 2-D barcode) which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status (e.g., obtain a new visa) under duration of the program as indicated by the dates on this form (see item 3 on page 1 of this form).

#### (e) Change of Visa Status: Exchange visitors (and dependents) are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government(A) or an international organization(G) or member of the family or attendant of either of these types of officials or employees.

#### (f) Insurance: Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, insurance coverage shall include: (1) medical benefits of at least U.S. \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of U.S. \$7,500; and (3) expenses associated with medical evacuation in the amount of U.S. \$10,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. \$500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer (see item 7 on page 1 of this form).

### 2. EXCHANGE VISITOR CERTIFICATION: I have read and understand the foregoing, including the Two-Year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended (22 CFR Part 62). I certify that all the information on the Form DS-2019 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 62.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. **I understand that it is my responsibility to maintain my exchange visitor status.** For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS-2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

## NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year\* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

**\*EXCEPT:** Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.

\* Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate (Embassy) to secure an exchange visitor (J-1, J-2) visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, A/RPS/DIR, Washington, D.C. 20520.





## U.S. Department of State

## CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

OMB APPROVAL NO.1405-0119

EXPIRES: 04-30-2008

ESTIMATED BURDEN TIME: 45 min

\*See Page 2

1. Family Name: <b>RESENDE DA MAIA</b>		First Name: <b>ANABELA</b>		Middle Name: <b>MARIA</b>		Gender: <b>FEMALE</b>		N0003685776	
Date of Birth(mm-dd-yyyy): <b>09-30-1981</b>		City of Birth: <b>C SE NOVA COIMBRA</b>		Country of Birth: <b>PORTUGAL</b>		Citizenship Country Code: <b>PO</b>		Citizenship Country: <b>PORTUGAL</b>	
Legal Permanent Residence Country Code: <b>PO</b>		Legal Permanent Residence Country: <b>PORTUGAL</b>		Position Code: <b>213</b>		Position: <b>UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS</b>			
U.S. Address: <b>Biological Sci. Center, Main Office 100 Flagg Road Kingston, RI 02881-0816</b>									
2. Program Sponsor: <b>U.S. Department of State (ECA/A/E)</b>						Exchange Visitor Program Number: <b>G-1-00001</b>			
Participating Program Official Description: <b>RESEARCH SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE</b>									
Purpose of this form: <b>Extend an on-going program</b>									
3. Form Covers Period: From (mm-dd-yyyy): <b>09-04-2006</b> To (mm-dd-yyyy): <b>05-12-2008</b>				4. Exchange Visitor Category: <b>STUDENT DOCTORATE</b> Subject/Field Code: <b>26.0101</b> Subject/Field Code Remarks: <b>IIE: Biological Sciences</b>					
5. During the period covered by this form, the total estimated financial support(in U.S. \$) is to be provided to the exchange visitor by: Current Program Sponsor funds : \$100.00 The Binational Commission of the Exchange Visitor's Country : \$10,000.00 Rhode Island University : \$55,865.00 Personal funds : \$2,000.00 Total : \$67,965.00									
6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).				7. Kathleen Sullivan Name of Official Preparing Form <b>United States Department of State 301 4th Street, SW, Room 234 (ECA/A/E) Washington, DC 20547</b> Signature of Responsible Officer or Alternate Responsible Officer 				Alternate Responsible Officer Title <b>212-984-5467</b> Telephone Number <b>06-11-2007</b> Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date(mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer _____ Date(mm-dd-yyyy) of Signature _____									
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on: A. <input checked="" type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended  Name _____ Title _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____ <b>THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).</b>						TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*) *EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work. (1) Exchange Visitor is in good standing at the present time  Date (mm-dd-yyyy) <b>June 11, 2007</b> (2) Exchange Visitor is in good standing at the present time Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) _____			
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.  Signature of Applicant _____ Place <b>Kingston, RI</b> Date <b>07-15-2007</b> Date (mm-dd-yyyy)									

## INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page 1 and prior to presentation to a United States Consular or Immigration Official.

### 1. I understand that the following conditions are applicable to exchange visitors:

**(a) TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):**

**RULE:** Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for two years following completion of their program before they are eligible for immigrant status, temporary worker (H) status, or intracompany transferee (L) status. Likewise, if exchange visitors are acquiring a skill which is in short supply in their home country (*these skills appear on the "Exchange Visitor Skills List"*) they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212(e).

**NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.**

**(b) Extension of Stay/Program Transfers:** A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

**(c) Limitation of Stay: STUDENTS** - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months; **FLIGHT TRAINEES** - 24 months; **TEACHERS, PROFESSORS, and RESEARCH SCHOLARS** - 3 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIAN** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR** - up to 4 months; **SUMMER TRAVEL/WORK** - up to 4 months; **AU PAIR** - 1 year; **INTERN** - up to 12 months.

**(d) Documentation Required for Admission/Readmission as an Exchange Visitor:** To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: (1) a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; (2) a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; (3) a properly executed Form DS-2019 (with 2-D barcode) which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status (e.g., obtain a new visa) under duration of the program as indicated by the dates on this form (see item 3 on page 1 of this form).

**(e) Change of Visa Status:** Exchange visitors (and dependents) are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government (A) or an international organization (G) or member of the family or attendant of either of these types of officials or employees.

**(f) Insurance:** Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, insurance coverage shall include: (1) medical benefits of at least U.S. \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of U.S. \$7,500; and (3) expenses associated with medical evacuation in the amount of U.S. \$10,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. \$500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer (see item 7 on page 1 of this form).

**2. EXCHANGE VISITOR CERTIFICATION:** I have read and understand the foregoing, including the Two-Year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended (22 CFR Part 62). I certify that all the information on the Form DS-2019 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 62.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. **I understand that it is my responsibility to maintain my exchange visitor status.** For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS-2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

## NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year\* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

**\*EXCEPT:** Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.

\* Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate (Embassy) to secure an exchange visitor (J-1, J-2) visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, A/RPS/DIR, Washington, D.C. 20520.





## U.S. Department of State

## CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

OMB APPROVAL NO. 1405-0119

EXPIRES: 04-30-2008

ESTIMATED BURDEN TIME: 45 min

\*See Page 2

1. Family Name: RESENDE DA MAIA		First Name: ANABELA	Middle Name: MARIA	Gender: FEMALE	N0003685776
Date of Birth (mm-dd-yyyy): 09-30-1981		City of Birth: C SE NOVA COIMBRA	Country of Birth: PORTUGAL	Citizenship Country: PORTUGAL	
Legal Permanent Residence Country Code: PO		Legal Permanent Residence Country: PORTUGAL	Position Code: 213	Position: UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS	
U.S. Address: Biological Sci. Center, Main Office 100 Flagg Road Kingston, RI 02881-0816					
2. Program Sponsor: U.S. Department of State (Fulbright Students - 1)			Exchange Visitor Program Number: G-1-00001		
Participating Program Official Description: RESEARCH SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE					
Purpose of this form: OTHER Extend an on-going program.					
3. Form Covers Period: From (mm-dd-yyyy): 09-04-2006 To (mm-dd-yyyy): 05-12-2009		4. Exchange Visitor Category: STUDENT DOCTORATE Subject/Field Code: 26.0101 Subject/Field Code Remarks: IIE: Biological Sciences			
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Current Program Sponsor funds : \$100.00 The Binational Commission of the Exchange Visitor's Country : \$44,276.00 Rhode Island University : \$56,040.00 Personal funds : \$2,001.00 Total : \$102,417.00					
6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).		7. Colleen Ford Name of Official Preparing Form United States Department of State 301 4th Street, SW, Room 234 (ECA/A/E) Washington, DC 20540 Signature of Responsible Officer or Alternate Responsible Officer		Alternate Responsible Officer Title 212-984-5478 Telephone Number 05-16-2008 Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____, Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) of Signature _____					
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on: A. <input checked="" type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended (ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT) Jenifer Neidhart de Ortiz Consul U.S. Embassy Lisbon Signature of Consular or Immigration Officer			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*) *EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work. (1) Exchange Visitor is in good standing at the present time 07-11-2008 Date (mm-dd-yyyy) Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) Signature of Responsible Officer or Alternate Responsible Officer		
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).					
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document. Anabela Maria Resende da Maia Signature of Applicant Lisbon, Portugal Place 05-22-2008 Date (mm-dd-yyyy)					

## INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page 1 and prior to presentation to a United States Consular or Immigration Official.

**1. I understand that the following conditions are applicable to exchange visitors:**

**(a) TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):**

**RULE:** Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for two years following completion of their program before they are eligible for immigrant status, temporary worker (H) status, or intracompany transferee (L) status. Likewise, if exchange visitors are acquiring a skill which is in short supply in their home country (*these skills appear on the "Exchange Visitor Skills List"*) they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212(e).

**NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT. OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.**

**(b) Extension of Stay/Program Transfers:** A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

**(c) Limitation of Stay: STUDENTS** - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months; **FLIGHT TRAINEES** - 24 months; **TEACHERS, PROFESSORS, and RESEARCH SCHOLARS** - 3 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIAN** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR** - up to 4 months; **SUMMER TRAVEL/WORK** - up to 4 months; **AU PAIR** - 1 year; **INTERN** - up to 12 months.

**(d) Documentation Required for Admission/Readmission as an Exchange Visitor:** To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: (1) a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; (2) a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; (3) a properly executed Form DS-2019 (with 2-D barcode) which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status (*e.g., obtain a new visa*) under duration of the program as indicated by the dates on this form (*see item 3 on page 1 of this form*).

**(e) Change of Visa Status:** Exchange visitors (*and dependents*) are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government (A) or an international organization (G) or member of the family or attendant of either of these types of officials or employees.

**(f) Insurance:** Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, insurance coverage shall include: (1) medical benefits of at least U.S. \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of U.S. \$7,500; and (3) expenses associated with medical evacuation in the amount of U.S. \$10,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. \$500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer (*see item 7 on page 1 of this form*).

**2. EXCHANGE VISITOR CERTIFICATION:** I have read and understand the foregoing, including the Two-Year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended (22 CFR Part 62). I certify that all the information on the Form DS-2019 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 62.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. **I understand that it is my responsibility to maintain my exchange visitor status.** For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS-2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

### NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.


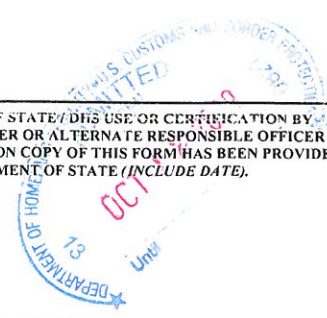
The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year\* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

**\*EXCEPT:** Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.

\* Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate (*Embassy*) to secure an exchange visitor (J-1, J-2) visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, A/RPS/DIR, Washington, D.C. 20520.



# CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

1. Family Name: <b>Resende Da Maia</b>		First Name: <b>Anabela</b>		Middle Name: <b>Maria</b>		Gender: <b>FEMALE</b>		N0003685776			
Date of Birth (mm-dd-yyyy): <b>09-30-1981</b>		City of Birth: <b>C Se Nova Coimbra</b>		Country of Birth: <b>PORTUGAL</b>		Citizenship Country Code: <b>PO</b>		Citizenship Country: <b>PORTUGAL</b>			
Legal Permanent Residence Country Code: <b>PO</b>		Legal Permanent Residence Country: <b>PORTUGAL</b>		Position Code: <b>213</b>		Position: <b>UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS</b>		<b>J-1</b> 			
Primary Site of Activity: <b>Biological Sci. Center, Main Office</b>											
100 Flagg Road											
Kingston, RI 02881-0816											
2. Program Sponsor: <b>U.S. Department of State (Fulbright Students - 1)</b>						Exchange Visitor Program Number: <b>G-1-00001</b>					
Participating Program Official Description: <b>RESEARCH SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE</b>											
Purpose of this form: <b>Extend an on-going program</b>											
3. Form Covers Period:				4. Exchange Visitor Category:							
From (mm-dd-yyyy): <b>09-04-2006</b>				STUDENT DOCTORATE							
To (mm-dd-yyyy): <b>09-15-2010</b>				Subject/Field Code: <b>26.0101</b>		Subject/Field Code Remarks: <b>IIE: Biological Sciences</b>					
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:											
Current Program Sponsor funds : \$100.00											
The Binational Commission of the Exchange Visitor's Country : \$44,276.00											
Rhode Island University : \$80,215.00											
Personal funds : \$39,088.00											
Total : \$163,679.00											
6. U.S. DEPARTMENT OF STATE/DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).				7. Cinthya Alvarez				Alternate Responsible Officer			
				Name of Official Preparing Form				Title			
				United States Department of State				301 4th Street, SW, Room 234 (ECA/A/E)		212-205-6484	
				Washington, DC 20540				Telephone Number		06-08-2009	
				Signature of Responsible Officer or Alternate Responsible Officer				Date (mm-dd-yyyy)			
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)											
Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____											
to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.											
Signature of Responsible Officer or Alternate Responsible Officer					Date (mm-dd-yyyy) of Signature						
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).						TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)					
The Exchange Visitor in the above program:						*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.					
1. <input type="checkbox"/> Not subject to the two-year residence requirement.						(1) Exchange Visitor is in good standing at the present time					
2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on:						(2) Exchange Visitor is in good standing at the present time					
A. <input checked="" type="checkbox"/> Government financing and/or						Date (mm-dd-yyyy)					
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or						Signature of Responsible Officer or Alternate Responsible Officer					
C. <input type="checkbox"/> PL 94-484 as amended						Date (mm-dd-yyyy)					
Laura E. Chamberlin						Date (mm-dd-yyyy)					
Vice-Consul						Signature of Responsible Officer or Alternate Responsible Officer					
Signature of Consular or Immigration Officer						Date (mm-dd-yyyy)					
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).						Signature of Responsible Officer or Alternate Responsible Officer					
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.											
Anabela Maria Resende da Maia						Lisbon					
Signature of Applicant						Date (mm-dd-yyyy)					

## INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page 1 and prior to presentation to a United States Consular or Immigration Official.

### 1. I understand that the following conditions are applicable to exchange visitors:

#### (a) TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):

**RULE:** Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for 2 years following completion of their program before they are eligible for immigrant status, temporary worker (H) status, or intracompany transferee (L) status. Likewise, if exchange visitors are acquiring a skill that is in short supply in their home country (these skills appear on the "Exchange Visitor Skills List") they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212(e).

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