



Educational Consortium Institute

J-1 VISA STUDENT HANDBOOK

INTRODUCTION

Welcome to Educational Consortium Institute's Cultural Exchange Program! We prepared this document to help answer any questions you might have about our program.

Please carefully read this handbook, as it includes important information about student safety, ECI's services, and program requirements. If there is anything that we have not addressed in this handbook, please contact us. We are more than happy to help you!

Once you have finished reviewing our handbook, please sign the Acknowledgement Form on page 21 and return it to ECI. We've included an additional form on page 22 for your records.

EDUCATIONAL CONSORTIUM INSTITUTE

Educational Consortium Institute (ECI) is a California nonprofit corporation. We offer opportunities for high school-age international students to study language and culture in California, thus encouraging cross-cultural understanding and strengthening bonds between the United States and other nations of the world.

PROGRAM OVERVIEW

Since 2001, ECI has been authorized by the U.S. Department of State to provide J-1 cultural exchange programs for international high school students. Our program deepens students' understanding of American culture, builds cross-cultural connections and dramatically improves participants' conversational English ability.

Students in this program are placed in a public or private high school and stay with a local host family or in a school dormitory. A Homestay Coordinator and the ECI Homestay Supervisor closely monitor each student's academic, personal, and physical well being. ECI supplements students' daily cultural experiences with frequent American cultural activities open to students, host families and community members.

HOST FAMILIES

Most public school (and some private school) students live with host families. Families are carefully selected, screened and matched with the student they host. In many cases, the host families we have chosen have hosted other international students from our programs, or are well-respected community members. Host families represent the communities in which they live, but each family is different. Some families live in large homes, others in small homes. Some families have pets, others will not. Some families have one parent; others may have two. Some host parents are young, others are middle-aged, and some are older. Some host families have young children, while others have older children or none at all. All host families have one thing in common; they have a sincere interest in getting to know someone from another culture and in welcoming an international student into their home as a member of their family. Host families will provide students with a private or a shared room with a child of the same sex and approximate age. They also provide bedding, towels, access to a washing machine and dryer, and meals for the duration of the program.

Student safety is our number one priority, so we visit every potential host's home and conduct in-person interviews with all members of the family. In addition, ECI completes a

thorough criminal background check on each member of the household over 18 years of age. ECI employs Homestay Coordinators, who are solely responsible for helping students. All of our Coordinators live less than 120 miles from participants and their host families. Homestay Coordinators are in frequent contact with students and are available to assist students at any time. If any problem or concern arises, program participants should contact their Homestay Coordinator immediately.

GETTING ALONG WITH YOUR HOST FAMILY

When students arrive, they should review ECI's "Habits of your Host Family and Student" questionnaire with their host family. This will help students learn more about their host families' daily schedule, eating habits and house rules. Here are some general guidelines for students that will make their stay with host families mutually beneficial:

If you are going to be late for dinner, please call your host family to let them know. Provide them with the telephone number and name of whomever you are spending time with.

Clean up after yourself. Make your bed every day before you leave and keep your room clean.

Do your own laundry.

Help with household chores including meal preparation and clean up. Offer to help before being asked.

Ask your family if you can invite a friend over BEFORE you extend an invitation.

Do not make long-distance phone calls unless you are calling collect, using a prepaid phone card, or your own cell phone. Don't make or receive calls after 9:00 p.m. or very early in the morning.

If you want to join a school club or participate in an outing, please consult your family first. Make sure they can arrange for your transportation to and from events.

Do not ride public transportation alone until your family, you and your Homestay Coordinator decides it is safe for you to do so.

Do not go anywhere at night alone or without the knowledge and approval of your host family.

If you have any problems with your friends, at school, or with your host family, please talk to your Homestay Coordinator BEFORE you call your parents.

Please make sure you understand your host family's rules and abide by them.

Remember that your host family wants you to have a good experience and be safe at all times. If you ask to do something and they say no, it is probably for your own safety and protection.

ACCIDENT & HEALTH INSURANCE

Students are required to have insurance for illness or accidents for the entire duration of their stay in the United States. According to U.S. law:

“Minimum coverage must provide:

- Medical benefits of at least \$50,000 per accident or illness;
- Repatriation of remains in the amount of \$7,500;
- Expenses associated with the medical evacuation of the student to his or her home country in the amount of \$10,000;
- A deductible not to exceed \$500 per accident or illness.

An insurance policy secured to fulfill these requirements:

- May require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards;
- May include provision for co-insurance under the terms of which the student may be required to pay up to 25% of the covered benefits per accident or illness; and
- Shall not unreasonably exclude coverage for perils inherent to the activities of this program.

Any insurance policy, plan or contract purchased for the above purpose, must, at minimum, be:

- Underwritten by an insurance corporation having an A.M. Best rating of “A-” or above, an Insurance Solvency International, Ltd. (ISI) rating of “A-I” or above, a Standard & Poor’s Claims-paying Ability rating of “A-” or above, a Weiss Research, Inc. rating of B+ or above; or
- Backed by the full faith and credit of the government of the student’s home country.”

Any participant in this program who fails to maintain the insurance coverage according to the standards set forth above or who willfully misrepresents the coverage he/she has secured will be required by law to return to his/her home country.

ECI offers our students comprehensive health insurance that exceeds these minimum requirements. If students are interested in purchasing health insurance through ECI, they should request insurance before they arrive in the U.S.

MEDICAL INFORMATION

Immunization requirements for the U.S. are much stricter than those in other countries. **Students must have the required immunizations listed in Appendix A to be enrolled in the Exchange Visitor Program.** All required immunizations must be completed and the medical forms must be submitted to ECI at least **thirty days in advance** of a participant’s arrival in the United States.

MONEY

The cost of this program includes placement in a public/private school, placement with a host family, bilingual assistance, regular contact with the Homestay Coordinator, and participation in ECI-sponsored cross-cultural activities. Students are expected to purchase personal items, such as toiletries, clothing, school supplies and other incidentals with their own money. We recommend that parents provide their children with extra spending money for snacks and entertainment.

Students should bring traveler's checks and/or a credit card to pay for any incidental expenses during their stay. They should not bring large amounts of cash. Students may bring a small amount of cash, but they should exchange money in their home country, as the exchange rate in the U.S. is generally less favorable. If students would like to open a bank account in the United States but need assistance, we are happy to help them. A U.S. bank account allows students to use a debit card, thus eliminating the need to carry cash. U.S. bank accounts also give parents the option of wiring funds directly to their children.

In the event that a student leaves the program early, the amount refunded is determined by ECI's refund policy. Remaining funds are returned to the student no more than eight weeks after they return home (please review **APPENDIX C** for ECI's full refund policy). Costs associated with bank wires, bank drafts and postage are deducted from the total amount returned to the student. ECI uses remaining funds to pay for additional expenses incurred by the student (such as the cost of a return airplane ticket or unpaid bills for medical treatment). In the event a student is required to return home for violation of school rules or violation of U.S. law, there will be no refund.

CELL PHONES

We recommend that students bring their own cellular phone, and purchase a prepaid telephone card that they can use to call home. Typically, when calling home with a prepaid card, an operator can assist students in their native language.

TRANSPORTATION

Host families will ensure that students have appropriate transportation to and from school, and will show students how to use public transportation. Public transit can be confusing, so we ask that students refrain from riding public transportation until their host families feel that it is appropriate to do so. Students may not ride in a car with a driver who has had their license for less than one year and is under 25 years of age (as this is a California law).

TRAVEL

ECI provides transportation to and from the airport at the beginning and end of students' programs, and will make every effort to transport students to the airport for any trip they take during the program. ECI is happy to assist students with independent travel arrangements, and organizes group trips that allow participants to further experience American culture and geography. In the past, ECI has taken students to places like Disneyland, Monterey Bay Aquarium, San Francisco, and Lake Tahoe. Students who would like to participate in one of our educational trips should reserve a space and submit payment at least **thirty days** prior to the beginning of that trip. Most trips involve advance

non-refundable purchase of plane and admission tickets, so students who cancel after signing up will not be eligible for a full refund.

ECI encourages students to explore and learn as much as possible about California and the United States during their programs. However, student safety is our primary responsibility. Thus, students may not make travel arrangements or begin any type of travel without ECI's approval. **At least one month prior to any trip, students must submit their travel plans, chaperone's names, and natural parents' written permission to Lynn Schmitt (lynn@eci-ca.org).** If a proposed chaperone is not an ECI host parent or staff member, they must send ECI a copy of their driver's license, social security number, and contact information. Trips will not be approved until all requested materials are received and all proposed chaperones pass ECI's criminal background check.

If students wish to travel abroad and return to the United States they must first receive a travel signature on their DS-2019 from an authorized ECI staff member. Students will not be allowed to reenter the United States without a current passport, current visa or the appropriate travel signature, and will not be refunded for their program if this happens. If students have any questions or concerns about international travel, they should ask an ECI staff member. We are more than happy to help!

FAMILY VISITS

We ask that parents schedule visits to coincide with school holidays so that program participants do not miss school. ECI provides parents with the exact dates of school holidays once a student is placed. If parents plan to visit their child, and would like help with travel plans, they should contact ECI well in advance. ECI staff members are happy to help with transportation from the airport, car rental or hotel reservations. Public transportation in California is not usually convenient, so we recommend that parents rent a car during their visit. If parents plan to stay in one area for several days and will not be renting car, ECI can make arrangements with a private company for a driver. The daily cost for a driver typically ranges from \$150 to \$200.

ATTENDANCE AND GRADES

Each school has its own rules for attendance and grades. Students may not be absent from class without the permission of the host family. Upon returning to school, students must have a note from the host parent that explains the reason for his/her absence.

Students are expected to maintain at least a "C" average. If students are having trouble in any class, ECI can arrange for a tutor. If students' grade point average drops below a 2.0, he/she may be required to attend a special class after school. All students are required by law to maintain a full-time class schedule.

TOEFL

If students would like to take a Computer-Based TOEFL test, they should inform ECI at least three months in advance. ECI will register students for the test and transport them to the test center if desired. The TOEFL test itself costs between \$160 and \$200. There is no additional fee for registering and transporting students to the test.

BEHAVIOR AND ATTITUDE

Students are expected to demonstrate a positive attitude and respectful behavior. They must abide by host family, school, and J-1 Exchange Visitor Program rules.

Students must not:

- Break any U.S. law.
- Violate the conditions of the J-1 program.
- Purchase, possess and/or use alcoholic beverages.
- Possess or use illegal drugs.
- Smoke.
- Drive.
- Engage in dangerous activities such as skydiving, hang gliding, parachute jumping, parasailing, jet skiing, bungee jumping or riding in hot air balloons.
- Get a tattoo.
- Get a body piercing without written permission from their parents.
- Disobey school personnel, ECI staff, or their host family.
- Travel without ECI's permission.

Engaging in the behaviors listed above can result in immediate expulsion from the program, termination of a student's visa and inability to remain in the United States. If students are not sure if they should or can do something, they should ask their host families or an ECI representative. We are here to help!

CULTURAL DIFFERENCES

Students experience ups and downs the first several months that they are in the United States as they adjust to living in a different culture. This is a normal part of the exchange process. Students have to become accustomed to being away from home and living with an American family who may have different standard of neatness, punctuality, manners, diet and sleep schedules. We encourage students and host families to work with one another to resolve any issue that may arise, as this process is a valuable component of the exchange visitor experience.

There are many differences between the way things are done in the U.S. and the way they are done in students' home countries. While not all Americans conform to these generalizations, here are some differences students may notice.

Americans...

- expect the international student to be 'part of the family' and interact with family members
- expect the international student, as a part of the family, to share in the household chores like everyone else
- do not peel their fruit because the skins are thin and easy to eat
- use dinnertime to talk as a family about how their day has gone
- usually shower in the morning
- use soap in the bath
- don't usually take their shoes off when entering the house
- usually stay awake when driving in the car to look at the beautiful scenery

- value independence; children are usually asked to help with household chores & meal preparation
- turn out the lights and turn off the heat when they are away from home to conserve energy
- make eye contact and smile
- value a good sense of humor
- rarely use umbrellas
- usually share responsibilities for taking care of children between father & mother particularly if both parents work
- have many hobbies that they enjoy in their free time
- have strong opinions about many things and express those opinions freely
- consider the number 7 lucky and the number 13 unlucky
- sometimes associate personality traits or future happenings based on their astrological sign (Pisces, Gemini, Scorpio, Cancer, etc)
- eat large portions
- eat more bread and pasta than rice
- come from many different cultures so the way your host family does something may be completely different from the way other American families do that thing
- celebrate birthdays of everyone in the family
- usually celebrate Thanksgiving with their family
- usually celebrate New Years with their friends
- usually celebrate either Hanukkah or Christmas, but not both
- often go to church or temple on a regular basis

Americans...

- expect the international student to be a part of the family. This means sharing in the household chores like washing dishes, doing laundry, cleaning rooms, vacuuming, and so on
- expect the international student to take part in family activities and interactions

PROBLEM SOLVING

While most homestays are positive experiences for both the host and the student, occasionally misunderstandings arise. We encourage students and families to work through any problems that may occur and to communicate clearly with one another. If students or families need assistance resolving any issue, ECI is available to help on a 24-hour basis. Additionally, if students need assistance communicating with their host family, a bilingual assistant can be made available to help students, host families, school personnel, and Homestay Coordinators communicate with one another.

If, a student feels unsafe at any time, they should contact their Homestay Coordinator or Supervisor immediately. Student safety is ECI's priority, and we will do whatever we can to ensure that students are safe and well cared for.

SEXUAL HARASSMENT AND ABUSE

Sexual harassment can take many forms. Sexual harassment is against both state and federal law and is not tolerated at ECI (Title VII of the Civil Rights Act of 1964; Title IX of the Education Amendments). Sexual harassment is any unwelcome behavior of a sexual nature. Sexual harassment may involve behavior by a person of either gender against a

person of the same or opposite gender. Sexual harassment and assault may include but is not limited to:

- Unwelcome advances, propositions, invitations or demands for sexual favors
- Unwelcome physical contact; such as touching, patting, pinching, brushing, massaging a person's neck or shoulders, etc.
- Emails, text messages, electronic advertisements, or other electronic media of a sexual nature
- Physical assault, rape, and attempted rape

What Should One Do If They Experience Sexual Harassment or Abuse?

- **Know your rights.** Sexual harassment and abuse is illegal. **It is not your fault.**
- **Say No.** If you feel uncomfortable, speak up when a situation occurs. Do not be vague. Make it clear that the conduct is unwelcome and unwanted, violates the law, and will not be tolerated. If you do not feel comfortable approaching the person directly, you are not required to do so.
- **Get Help.** If you think you've been harassed or abused, contact an ECI staff member immediately. We are here to help and protect you.

COMPETITION OF THE PROGRAM

Students are required by law to leave the United States within 30 days of the end date on their DS-2019. ECI is not responsible for any student who stays beyond the end of school or their program end date. If a student withdraws from the program for any reason, he/she must return to his/her home country immediately.

IMPORTANT CONTACT INFORMATION

If students or parents have any questions or concerns, they should contact ECI staff by phone 831-724-4800; fax 831-724-4808; or email contact@eci-ca.org. Students should also contact their appropriate Homestay Coordinator. ECI staff and Homestay Coordinators are available 24 hours a day to assist you.

Educational Consortium Institute Main Office

Mailing Address: PO Box 2434
Aptos, CA 95001 USA
Tel: 831-724-4800 Fax: 831-724-4808

Street Address: 450 McQuaide
La Selva Beach, CA 95076
Tel: 831-724-4800 Fax: 831-724-4808

Chico Area

Monica Zukrow
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monica@eci-ca.org

San Francisco Bay Area

John Lukin
Cell: 831-345-1624
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Masumi Diaz
831-251-1463
masumi@eci-ca.org

Los Angeles Area

Sandra Hays
818-348-8549
sandra@eci-ca.org

San Diego Area California

Elizabeth Harrington
760-949-9193
elizabeth@eci-ca.org

U.S. Department of State:

Office of Exchange Coordination & Designation
Bureau of Educational & Cultural Affairs
U.S. Department of State
301 4th Street, S.W., Room 734 (SA-44)
Washington, DC 20547 USA

If you have complaints that were not resolved by this organization, you may contact:

U.S. Department of State

24 Hour Student Helpline: 1-866-283-9090

APPENDIX A

IMMUNIZATION REQUIREMENTS

Required by July 1, 2011, another required immunization is "Tdap" – Whooping Cough Pertussis

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2008

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	3–3 years	4–6 years
Hepatitis B ¹		HepB	HepB	HepB <small>(see footnote 1)</small>			HepB					
Rotavirus ²			RV	RV	RV							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	DTaP <small>(see footnote 1)</small>		DTaP				DTaP
<i>Neisseria meningitidis</i> type b ⁴			Hib	Hib	Hib	Hib						
Pneumococcal ⁵			PCV	PCV	PCV	PCV					PPSV	
Inactivated Poliovirus			IPV	IPV		IPV						IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷						MMR		see footnote 7				MMR
Varicella ⁸						Varicella		see footnote 8				Varicella
Hepatitis A ⁹							HepA (2 doses)					HepA Series
Meningococcal ¹⁰												MCV

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 0 through 6 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/imz/080108/080108.html>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-622-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

- At birth:**
- Administer monovalent HepB to all newborns before hospital discharge.
 - If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
 - If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg (anti-HBs) after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).

4-month dose:

- Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age, 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix[®] is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

4. *Neisseria meningitidis* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHib[®] or Comvax[®] [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TaHib[®] (DTaP/Hib) should not be used for doses at ages 2, 4, or 6 months but can be used as the final dose in children aged 12 months or older.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.

- Administer PPSV to children aged 2 years or older with certain underlying medical conditions (see MMWR 2000;49[No. RR-8]), including a cochlear implant.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See MMWR 2006;55[No. RR-7].

10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])

- Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See MMWR 2006;54[No. RR-7].
- Persons who received MPSV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices from <http://www.cdc.gov/ncidod/diseases/iip/>.

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2008
 For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis ¹		see footnote 1	Tdap	Tdap
Human Papillomavirus ²		see footnote 2	HPV (3 doses)	HPV Series
Meningococcal ³		MCV	MCV	MCV
Influenza ⁴			Influenza (Yearly)	
Pneumococcal ⁵			PPSV	
Hepatitis A ⁶			HepA Series	
Hepatitis B ⁷			HepB Series	
Inactivated Poliovirus ⁸			IPV Series	
Measles, Mumps, Rubella ⁹			MMR Series	
Varicella ¹⁰			Varicella Series	

Range of recommended ages
 Catch-up immunization
 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7957.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX[®] and 11 years for ADACEL[®])

- Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
- Persons aged 13 through 18 years who have not received Tdap should receive a dose.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the first dose to females at age 11 or 12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Administer the series to females at age 13 through 16 years if not previously vaccinated.

3. Meningococcal conjugate vaccine (MCV).

- Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
- Administer to previously unvaccinated college freshmen living in a dormitory.
- MCV is recommended for children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other groups at high risk. See *MMWR* 2005;54(No. RR-7).
- Persons who received MPSV 5 or more years previously and remain at increased risk for meningococcal disease should be revaccinated with MCV.

4. Influenza vaccine.

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TV may be used.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

5. Pneumococcal polysaccharide vaccine (PPSV).

- Administer to children with certain underlying medical conditions (see *MMWR* 1997;46(No. RR-8)), including a cochlear implant. A single revaccination should be administered to children with functional or anatomic asplenia or other immunocompromising condition after 5 years.

6. Hepatitis A vaccine (HepA).

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).

7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB[®] is licensed for children aged 11 through 15 years.

8. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR).

- If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.

10. Varicella vaccine.

- For persons aged 7 through 16 years without evidence of immunity (see *MMWR* 2007;56(No. RR-4)), administer 2 doses if not previously vaccinated or the second dose if they have received only 1 dose.
- For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/imz/acip/), the American Academy of Pediatrics (<http://www.aap.org/>), and the American Academy of Family Physicians (<http://www.aafp.org/>).

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind—United States • 2009

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks ²		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if 1st dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12-18 months No further doses needed if first dose administered at age 18 months or older	4 weeks ⁴ if current age is younger than 12 months 8 weeks (as final dose) ⁴ if current age is 12 months or older and second dose administered at younger than age 18 months No further doses needed if previous dose administered at age 18 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 35 months who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 35 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks as final dose for healthy children if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose is necessary for children aged 12 months through 59 months who received 2 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			

CATCH-UP SCHEDULE FOR PERSONS AGED 7 THROUGH 18 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at age 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus ¹¹	9 yrs	Routine dosing intervals are recommended ¹¹			
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months if the person is younger than age 12 years 4 weeks if the person is aged 12 years or older			

- 1. Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those not previously vaccinated.
 - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB[®] is licensed for children aged 11 through 15 years.
- 2. Rotavirus vaccine (RV).**
 - The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
 - Administer the first dose in the series by age 8 months 0 days.
 - If Rotarix[®] was administered for the first and second doses, a third dose is not indicated.
- 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**
 - The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
- 4. *Haemophilus influenzae* type b conjugate vaccine (Hib).**
 - Hib vaccine is not generally recommended for children aged 5 years or older. Up-to-date data are available on which to base a recommendation for persons who have sickle cell disease, splenectomy, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons is not contraindicated.
 - If the first 2 doses were PRP-OMP (Pedvaxim[®] or Comvax[®]) and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
 - If the first dose was administered at age 7 through 11 months, administer 2 doses separated by 4 weeks and a final dose at age 12 through 15 months.
- 5. Pneumococcal vaccine.**
 - Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
 - For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 2 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 2 doses were received previously.
 - Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions (see MMWR 2008;43[No. RR-5]) including a cochlear implant, at least 8 weeks after the last dose of PCV.
- 6. Inactivated poliovirus vaccine (IPV).**
 - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered regardless of the child's current age.
- 7. Measles, mumps, and rubella vaccine (MMR).**
 - Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
 - If not previously vaccinated, administer 2 doses with at least 28 days between doses.
- 8. Varicella vaccine.**
 - Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
 - For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
 - For persons aged 13 years and older, the minimum interval between doses is 28 days.
- 9. Hepatitis A vaccine (HepA).**
 - HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See MMWR 2008;56[No. RR-7].
- 10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**
 - Doses of Tdap are counted as part of the Td/Tdap series.
 - Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years, use Td for other doses.
- 11. Human papillomavirus vaccine (HPV).**
 - Administer the series to females at age 13 through 18 years if not previously vaccinated.
 - Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 2 and 6 months after the first dose). However, the minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be given at least 24 weeks after the first dose.

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APPENDIX B

U.S. DEPARTMENT OF STATE WELCOME BROCHURE

U.S. DEPARTMENT OF STATE WELCOME BROCHURE INFORMATION

Bureau of Educational and Cultural Affairs United States Department of State

The Department of State welcomes you to the United States. We are pleased to receive you as an exchange visitor. This brochure is designed to help you understand the purpose and operation of the Exchange Visitor Program and to introduce you to some of the major requirements of the Exchange Visitor Program regulations that are most relevant to you.

The Exchange Visitor Program

The U.S. Department of State administers the Mutual Educational and Cultural Exchange Act of 1961, as amended. The Act promotes mutual understanding between the people of the United States and other countries by means of educational and cultural exchange. The Exchange Visitor Program provides foreign nationals with opportunities to participate in exchange programs in the United States and then return home to share their experiences.

Sponsors

The U.S. Department of State designates sponsors to administer individual exchange visitor programs. Sponsors are U.S. organizations such as government agencies, academic institutions, educational and cultural organizations, and corporations. They screen and select exchange visitors participating in their programs, provide them with pre-arrival information, an orientation, and monitor their activities.

Sponsors offer exchange visitors cross-cultural activities that will expose them to American society, culture, and institutions. Exchange visitors are encouraged to voluntarily participate in activities that provide them with an opportunity to share their language, culture, and history with Americans.

Responsible Officers

Sponsors appoint individuals as responsible officers and alternate responsible officers to advise and assist exchange visitors. These officers issue the Certificates of Eligibility (Form DS-2019, formerly IAP-66), and conduct official communications with the Department and the Immigration and Naturalization Service (INS) on your behalf. Should you have questions about the regulations or any aspect of your exchange program, your initial and primary contact is the responsible officer whose name you can find in Block 7, at the bottom right of the DS-2019 form.

Exchange Visitors

An exchange visitor is a foreign national selected by a sponsor to participate in an exchange program, and is issued a J-1 visa.

Rules – Regulations

It is important that you understand and abide by the Exchange Visitor Program regulations, U.S. laws and sponsor rules. Regular contact with your responsible officer will help you keep current of any changes which may affect your J status. Some requirements of the Federal regulations and where to find them are indicated below.

Activities and Program Provisions

You entered the United States in one program category, and are required to engage in that category and subject/field of activity listed on your form DS-2019 (formerly the IAP-66). You must comply with the specific program provisions of the regulations relating to your program category.

Insurance

You are required to have medical insurance in effect for yourself and any dependents in J-visa status for the duration of your program. Some sponsors provide the required insurance for their participants. Other sponsors may allow you to make your own arrangements or may help to identify insurance carriers. Consult with your responsible officer before the start of your program.

- a. **Minimum Coverage** — Insurance shall cover: (1) medical benefits of at least \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of \$7,500; and (3) expenses associated with medical evacuation in the amount of \$10,000.
- b. **Additional Terms** — A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds \$500 per accident or illness, and must meet other standards specified in the regulations.
- c. **Maintenance of Insurance** — **Willful failure on your part to maintain the required insurance will result in the termination of your exchange program.**

Transfers

Exchange visitors may transfer from one sponsor to another only if they are released by the first sponsor as required by the regulations. A transfer must be clearly consistent with the intent and purpose of the original program objective and category. A transfer does not extend the length of the maximum program duration of the category. Insurance may be obtained with the new sponsor.

Extensions

An exchange visitor's program may be extended at the sponsor's discretion to the extent permitted by the regulations. Sufficient funds must be available to support you and any dependents if a new Form DS-2019 (formerly IAP-66) is to be issued. Insurance is also required.

Maintenance of Status

You are required to have a valid and unexpired Form DS-2019 (formerly IAP-66). Sponsors may terminate an exchange visitor's program for violating U.S. Laws, Exchange Visitor Program regulations or the sponsor's rules governing their particular program.

Notification

You must inform your responsible officer if you change your address or telephone number, or complete or withdraw from your program early. Doing so assists your sponsor in complying with their notification and reporting requirements to the U.S. Department of State.

Current Regulations

The Exchange Visitor Program regulations are located in the Code of Federal Regulations, (22 CFR, Part 62 — formerly Part 514). The regulations are generally available for review at the offices of responsible officers, universities, law schools, or large public libraries. They are also available on the Internet at:

<http://www.exchanges.state.gov/education/jexchanges>

For Further Information

Additional requirements that may apply to you are set forth in the Exchange Visitor Program Regulations. Review a copy of the current regulations and consult with your responsible officer.

The address, telephone and fax numbers and web site address of the Exchange Visitor Program, Bureau of Educational and Cultural Affairs, United States Department of State is:

SA-44, Room 734
301 Fourth Street, SW
Washington, DC 20547

TEL: 202-401-9810 FAX: 202-401-9809

Internet address:

<http://www.exchanges.state.gov/education/jexchanges>

APPENDIX C

ECI REFUND POLICY

ECI REFUND POLICIES



**Educational
Consortium
Institute**

Mailng Address:
PO Box 2424
Agua, CA 95001
USA

Street Address:
450 ~~Marina~~
La Selva Footh, CA
95076 USA

81-724-4888 Tel
81-724-4888 Fax
www.eci.org

- For all of our programs there is a \$100 non-refundable application fee. For all programs the applicant is responsible for all wiring fees.

REFUND POLICY FOR PRIVATE SCHOOL F-1 VISA, PUBLIC SCHOOL J-VISA AND "B" VISA PROGRAMS.

- For B visa programs, the students must send their application and \$100 non-refundable application fee at the same time. Students must pay their program fees at least ~~thirty (30) days~~ in advance of their arrival. *A space in the program will be reserved when the total fees are paid, not on the basis of the when the application is received.*
- For the J-1 visa program and the private school F-1 visa program. ECI will send the student a copy of the DS2019 or the I-20 to show that the visa document has been issued. *Students are required to pay their total fees before receiving the original documents.*

REFUND POLICY FOR F-1 VISA PUBLIC SCHOOLS PROGRAMS.

- A complete application and one year's funds must be received by ECI prior to issuing of the I-20. SEVIS regulations require all public schools to have one year's funds before the school can issue the I-20 for the F-1 visa.
- In the rare event a student does not receive a visa the public school will refund the entire amount of the funds. ECI will ~~retain~~ its non-refundable \$100 application fee and wire the funds directly back to the student.

REFUND POLICY FOR CANCELLATION OR TERMINATION OF PROGRAM.

- In all cases above.
 - If the student is already in the U.S. on a visa because he/she has been in another program and cancels his/her participation in the ECI program before the start of the ECI program, the student will receive a full refund.

ECI REFUND POLICY

Page 2

PRO-RATED OR PARTIAL REFUND

Students may receive a pro-rated or partial refund under the following circumstances:

- Student leaves because of serious personal illness or injury that requires prolonged or extended care;
- Student must return home because of verified family medical emergency; or
- Student has medical condition that makes it impossible for the student to participate in the program.

NO REFUND

Students are not entitled to, nor will they receive, a refund if:

- Student elects to go to another program; or
- Student is expelled from the program for any of the reasons listed in the handbook, including, but not limited to, use of drugs, alcohol, cigarettes or any other banned or restricted substances, insubordination, behavior deemed to be disruptive and dangerous to student or others, foul or abusive language or bullying, excessive tardiness, or absences from classes.

In all cases the final determination of whether a student is entitled to a refund shall be at the sole discretion of ECI officers.

June 2009

SIGN AND KEEP THIS COPY FOR YOUR RECORDS

LIABILITY WAIVER

We, as the parents or legal guardian of the student in this program hereby release all officers, Board of Directors employees, representatives and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of this exchange program. We also release anyone directly or indirectly employed by ECI or anyone for whose acts any of them may be liable, except where caused by the active negligence, sole negligence, or willful misconduct of State of California, their officers, employees, representatives and volunteers.

Signature of father or legal guardian: _____ date: _____

Signature of mother or legal guardian: _____ date: _____

TRAVEL AUTHORIZATION

We authorize ECI to make decisions on my behalf for participation in activities that may require my child to travel, such as school activities, home-leave travel by car, bus or train, under the rules and regulations of the schools, laws, regulations and the policy as established by ECI. ECI will contact me for my permission for any trips outside of these conditions.

Signature of father or legal guardian: _____ date: _____

Signature of mother or legal guardian: _____ date: _____

ACKNOWLEDGMENT

We have read, understand or have had explained to us the student handbook and the rules and regulations as they apply to this program. We also acknowledge that we have received the student handbook and accept responsibility for knowledge of its content.

Signature of student: _____ date: _____

Signature of father or legal guardian: _____ date: _____

Signature of mother or legal guardian: _____ date: _____

PHOTOGRAPHS FOR PROMOTION

I understand that by participating in this program I also give ECI permission to take and use my pictures to send to my family and use for promotional purposes.

Signature of student: _____ date: _____

Printed Student Name: _____

SIGN AND RETURN THIS COPY TO ECI

LIABILITY WAIVER

We, as the parents or legal guardian of the student in this program hereby release all officers, Board of Directors employees, representatives and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of this exchange program. We also release anyone directly or indirectly employed by ECI or anyone for whose acts any of them may be liable, except where caused by the active negligence, sole negligence, or willful misconduct of State of California, their officers, employees, representatives and volunteers.

Signature of father or legal guardian: _____ date: _____

Signature of mother or legal guardian: _____ date: _____

TRAVEL AUTHORIZATION

We authorize ECI to make decisions on my behalf for participation in activities that may require my child to travel, such as school activities, home-leave travel by car, bus or train, under the rules and regulations of the schools, laws, regulations and the policy as established by ECI. ECI will contact me for my permission for any trips outside of these conditions.

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Signature of mother or legal guardian: _____ date: _____

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I understand that by participating in this program I also give ECI permission to take and use my pictures to send to my family and use for promotional purposes.

Signature of student: _____ date: _____

Printed Student Name: _____