U.S. Department of State

*OMB APPROVAL NO. 1405-0170
EXPIRATION DATE: 12-31-2014
ESTIMATED BURDEN: 1.5 hours

TRAINING/INTERNSHIP PLACEMENT PLAN

SECTION 1: PARTICIPANT INFORMATION

Trainee/Intern Name *(Family Name, First Name, Middle Name)*		E-mail Address
Select One: (Click Here Select	Current Field of Study or Profession	If Professional, Number of Years Experience in Field
Type of Degree or Certificate	Date Awarded *(mm-dd-yyyy)* or Expected	Training/Internship Dates *(mm-dd-yyyy)* From To

SECTION 2: SITE OF ACTIVITY INFORMATION

Name of Supervisor *(Last, First, MI)*			Title
E-mail Address			Telephone Number
Host Organization Name			Street Address of Training/Internship Site / Suite
City	State	ZIP Code	Website
Employer ID Number *(EIN)*	Hours Per Week		Will Trainee/Intern receive a stipend? ☐ Yes ☐ No If Yes, how much? _____ per _____
Does your organization have a Worker's Compensation (WC) policy? ☐ Yes ☐ No If so, Name of Carrier _____			Will your WC Policy cover the intern/trainee? ☐ Yes ☐ No
Number of Full-Time Employees	Annual Revenue ☐ $0 to $3 Million ☐ $3 Million to $10 Million ☐ $10 Million to $25 Million ☐ $25 Million or More		

SECTION 3: CONTRACT AGREEMENT

Trainee/Intern - I certify the following:
1. I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
2. That I am entering into this Exchange Visitor Program in order to participate as a Trainee or Intern as delineated in the T/IPP, and not to simply engage in labor or work in the United States.
3. That I will contact the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) at the earliest possible opportunity if I believe that my Sponsor or Supervisor is not providing me with a legitimate internship or training, as delineated on my T/IPP.
4. I understand that any attempt to falsify, conceal, or cover up by any trick, scheme, or device a material fact by making any materially false, fictitious, or fraudulent statement or representation; or making or using any false writing or document, knowing the same to contain any materially false, fictitious, or fraudulent statement or entry is punishable by fine or imprisonment of up to 5 years under Title 18 U.S.C. § 1001.

Signature of Trainee/Intern _____

Printed Name of Trainee/Intern _____ Date *(mm-dd-yyyy)* _____

Supervisor - I certify the following:
1. I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP).
2. I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62).
3. That Trainees and Interns will not displace full- or part-time, seasonal or permanent American workers, or serve to fill a labor need.
4. I will conduct the required periodic evaluations of this trainee/intern.
5. I will notify the designated Sponsor contact regarding any concerns about, changes in, or deviations from the T/IPP at the earliest available opportunity, to include, but not limited to, changes of Supervisor or Host Organization, or changes in rotational assignments.
6. I will notify the Sponsor in the event of an emergency involving a Trainee or Intern, as well as any information that I receive about the Trainee or Intern that might represent a possible threat to their safety, security, welfare, or general well-being.
7. I will notify the Sponsor in the event I receive any information regarding the Trainee or Intern that might be a cause of embarrassment or disgrace to the Department of State or the Exchange Visitor Program, to include, but not limited to, arrest, or engagement in illegal or immoral activities.
8. That I am participating in this Exchange Visitor Program in order to provide the above listed individual with training or an internship as delineated in the T/IPP, and not to simply to engage this individual in labor.
9. I understand that any on-the-job training or internship that the Trainee or Intern participates in meets all of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. § 201 et seq.).

10. That I will contact the Sponsor at the earliest possible opportunity if I believe that the Trainee or Intern is not receiving the type of training or internship delineated on their T/IPP.
11. I understand that any attempt to falsify, conceal, or cover up by any trick, scheme, or device a material fact by making any materially false, fictitious, or fraudulent statement or representation; or making or using any false writing or document, knowing the same to contain any materially false, fictitious, or fraudulent statement or entry is punishable by fine or imprisonment of up to 5 years under Title 18 U.S.C. § 1001.

Signature of Supervisor _____

Printed Name of Supervisor _____ Date *(mm-dd-yyyy)* _____

Sponsor - I certify as the sponsor that the attached Training/Internship Plan is approved and that:
1. I hereby acknowledge that I have reviewed, understand, and will ensure that the Supervisor follows this Training/Internship Placement Plan (T/IPP) regarding the above listed Trainee or Intern.
2. I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62).
3. I have confirmed with the Supervisor/Host Organization Representative that sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training or internship program.
4. I have confirmed with the Supervisor that continuous on-site supervision and mentoring of Trainees and Interns will be provided by experienced and knowledgeable staff.
5. I have verified with the Supervisor that Trainees or Interns will obtain skills, knowledge, competencies through the structured and guided activities listed in the T/IPP, and will include activities such as classroom training, seminars, rotation through several different departments, attendance at conference, and similar learning experiences.
6. That Trainees or Interns will not displace full-, part-time, temporary, or permanent American workers, or serve to fill a labor need. I also acknowledge that the positions Trainees and Interns fill exist solely to assist them in achieving the objectives listed in the T/IPP, and not as sources of labor.
7. That training or internships in the field of agriculture meets all of the requirements of the Fair Labor standards Act, as amended (29 U.S.C. § 201 et seq.) and the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. § 1801 et seq.).
8. I will notify the designated Department of State, Bureau of Educational and Cultural Affairs (ECA) contact regarding any concerns about, changes in, or deviations from the Training/Internship Placement Plan at the earliest available opportunity, to include, but not limited to, changes of Supervisor or Host Organization.
9. I will notify the designated Department of State, ECA contact in the event of an emergency involving a Trainee or Intern, as well as any information that I receive about the Trainee or Intern that might represent a possible threat to their safety, security, welfare, or general well-being.
10. I will notify the designated Department of State, ECA contact in the event I receive any information regarding the Trainee or Intern that might be a cause of embarrassment or disgrace to the Department of State or the Exchange Visitor Program, to include, but not limited to, arrest, or engagement in illegal or immoral activities.
11. That I am participating in this Exchange Visitor Program so that the above listed individual receives training or an internship as delineated in the T/IPP, and not simply to provide the Supervisor or Host Organization with a source of labor.
12. I understand that any attempt to falsify, conceal, or cover up by any trick, scheme, or device a material fact by making any materially false, fictitious, or fraudulent statement or representation; or making or using any false writing or document, knowing the same to contain any materially false, fictitious, or fraudulent statement or entry is punishable by fine or imprisonment of up to 5 years under Title 18 U.S.C. § 1001.

Signature of Responsible Officer or Alternate Responsible Officer _____

Printed Name of Responsible Officer or Alternate Responsible Officer _____ Date *(mm-dd-yyyy)* _____

Name of Sponsor Organization American Immigration Council Program Number _____

SECTION 4: TRAINING/INTERNSHIP PLACEMENT PLAN

Each Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainees/interns will accomplish those objectives *(e.g. classes, individual instruction, shadowing, etc.)*. Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of pages 2 and 3 must be completed for each phase if applicable *(e.g.; if the trainee/intern is rotating through different departments)*.

Trainee/Intern Name *(Family Name, First Name, Middle Name)*	Field of Training/Internship

Name of Phase	Start Date for this Phase *(mm-dd-yyyy)*	End Date for this Phase *(mm-dd-yyyy)*	Phase _____ of _____

Brief Description of Trainee/Intern's Role for this Phase

Specific Goals and Objectives for this Phase

Knowledge, Skills, or Techniques to be Imparted During this Phase.

1.) What specific knowledge, skills or techniques will be learned?

2.) What plans are in place for the trainee/intern to participate in American cultural activities?

How, specifically, will these knowledge, skills or techniques be taught? Include the Specific Tasks and Activities to be Completed for this Phase (Interns) or Methodology of training and Chronology/Syllabus for this Phase (Trainees).

Methods of Supervision. Who will provide daily supervision of the trainee or intern and what are their qualifications to impart the planned learning during this phase?

Methods of Performance Evaluation. How will the trainee or intern's acquisition of new skills and competencies be measured during this phase?

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PRIVACY ACT STATEMENT

AUTHORITIES: The information is sought pursuant to Section 102 of the Mutual Educational and Cultural Exchange Act of 1961, as amended *(the Fulbright-Hays Act)(22 U.S.C. 2452)* which provides for the administration of the Exchange Visitor Program *(J visa)*.

PURPOSE: The information solicited on this form is necessary to provide clarity of training and intern programs offered to foreign nationals by United States entities designated by the Department of State to conduct exchange visitor programs, for general statistical use within the Department of State, and to enable the Department of State to effectively administer the trainee and intern categories of the Exchange Visitor Program. Failure to provide the information requested on this form may result in non-participation in the Exchange Visitor Program.

ROUTINE USES: The information on this form may be used in reviewing complaints, in formulating statistical data on training and internships programs conducted under the Exchange Visitor Program, and may be shared with overseas counterpart offices of the Department of State to ensure proper administration of this Program for exchange purposes. The information provided may also be released to federal, state, local, or foreign government entities for law enforcement purposes.

PAPER WORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: ECA/EC, SA-5, Fifth Floor, U.S. Department of State, Washington, DC 20522.