



U.S. Department of State  
**SUMMER WORK TRAVEL PROGRAM  
 HOST PLACEMENT CERTIFICATION**

OMB APPROVAL NO.1405-xxxx  
 EXPIRES: xx-xx-xxxx  
 ESTIMATED BURDEN: 1.25 hours \*

<b>PART 1</b>	<b>Sponsor Information</b>
Name of Sponsor	
Sponsor Phone Number	
Sponsor Fax Number	
Sponsor 800 - Emergency Number	
Name and Email Address of Office Responsible for Exchange Visitor (POC)	
Name and Email Address of RO/ARO	
<b>Exchange Visitor Information</b>	
Name <i>(Last, First, MI)</i>	
Country of Citizenship	
Email Address	
Name, Telephone Number, and Email Address of Emergency Contact	
<b>Host Entity Information</b>	
Name of Host Entity	
Street Address	
City, State, and Zip Code	
Federal Tax ID <i>(EIN)</i> of Organization	
Name of President or CEO of Host Entity and Title	
Name of Host Entity's Point of Contact	
Telephone Number and Email Address of Point of Contact	
<b><u>Privacy Act Statement</u></b>	
<p>Authorities: The information is sought pursuant to Section 102 of the Mutual Educational and Cultural Exchange Act of 1961, as amended (<i>the Fulbright-Hays Act</i>)(22 U.S.C. 2452) which provides for the administration of the Exchange Visitor Program (<i>J visa</i>).</p> <p>Purpose: The information solicited on this form is necessary to provide clarity of the Summer Work Travel 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 administer effectively the Summer Work Travel category of the Exchange Visitor Program. Failure to provide the information requested on this form may result in non-participation in the Exchange Visitor Program.</p> <p>Routine Uses: The information on this form may be used in reviewing complaints and formulating statistical data Summer Work Travel 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.</p>	
<b><u>Paperwork Reduction Act</u></b>	
<p>*Public reporting burden for this collection of information is estimated to average 1.25 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, Washington, DC 20522-0505.</p>	

Remarks (optional)

**Exchange Visitor Placement Information**  
**(For more than one placement, please add sheets.)**

**PART 2**

1. Job Title	
2. Host Placement Location(s)/Sites of Activity/Activities <i>(street address, city, state, and zip code)</i>	
3. Hours of Work Each Week	4. Overtime expected? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Starting Hourly Wage  Wage Received _____	6. Hourly Wage After Deductions and Costs:  Wage Received _____
7. Is there a training period for which different wages are provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Training Dates <i>(mm-dd-yyyy)</i> From _____ To _____	
9. Host placement in-kind and other benefits, as well as amenities, provided by sponsor(S) or host entity (H).	
10. Host placement-related costs to exchange visitor <i>(Please list cost and explanation, including whether cost incurred is sponsor-related(S) or host entity-related(H).</i>	
11. a) Which meals are included at the host site? b) What transportation is available to the host site? <i>(estimated cost weekly to exchange visitor for both (a) and (b))</i>	

**Host Placement Description**

12. Brief Summary of Entity	
13. Brief Summary of Host Placement Duties	
14. Physical Demands for Position	
15. Drug-Testing Requirements	
16. Total Fees and Costs of the Exchange Visitor's Program Charged by the Sponsor, Host Entity, and Sponsor's Third Parties	
16(a) Mandatory fees/costs, including deductions for benefits	16(b) Optional fees/costs
17. Total Number of Employees at Host Placement Location	18. Estimated Number of Summer Work Travel Exchange Visitors at the Host Placement Location

**PART 3****Three Party Certification**

**Sponsor Statement** - I certify that the attached Host Placement Certification is approved and that :

1. Exchange visitor possesses sufficient proficiency in English to participate in the program.
2. Exchange visitor has sufficient finances to support him/herself for his/her stay in the U.S.
3. At a minimum, I will maintain a monthly schedule of personal contact with this exchange visitor.
4. The exchange visitor has a full-time host placement (a minimum of 32 hours per week).
5. I will encourage the cultural goals of the program, fostering exchange visitor contact with the local community; and
6. No payment or incentives were provided to the host entity to place this exchange visitor.

Program Sponsor name \_\_\_\_\_ Program Number \_\_\_\_\_

Program Sponsor's Signature (RO) \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

Signatory RO Name (please print) \_\_\_\_\_

**Host Entity Statement -**

On behalf of \_\_\_\_\_ [name of host entity] (the "Host Entity"), I hereby certify as follows:

1. I confirm the accuracy of the information in Host Entity Information and Host Placement Description sections of this Host Placement Certification for the named Exchange Visitor.
2. With regard to the employment and housing of the named Exchange Visitor by the Host Entity, the Host Entity will adhere to all applicable regulatory provisions of 22 CFR part 62 that govern the Summer Work Travel Program.
3. The Host Entity will notify the designated sponsor (1) when the named Exchange Visitor arrives at the host placement site of activity to begin the program; (2) regarding any concerns about, changes in, or deviations from the particulars of the Exchange Visitor's placement described in this Host Placement Certification; and (3) in the event of any emergency involving the Exchange Visitor during on the Summer Work Travel Program.
4. I am an officer of the Host Entity and am authorized to make this certification on its behalf.

Host Entity Authorizing Official's Signature \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

Host Entity Authorizing Official's Name (please print) \_\_\_\_\_

**Exchange Visitor Statement -**

I hereby acknowledge that I have reviewed, understand, and will follow this Job Placement certification. I will notify my sponsor promptly if changes occur to my host placement/site of activity, duties, compensation, hours, address where residing in the U.S., and/or e-mail address, and if I have added a host placement to an existing one.

Exchange Visitor Signature \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

Exchange Visitor's Name (please print) \_\_\_\_\_

**Housing Addendum**  
**Sponsor or Host Entity Provided Housing Information**

1. Type of Housing: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Dormitory <input type="checkbox"/> Other ( <i>specify</i> ) _____	
2. Distance to host placement site of activity.	
3. Transportation provided by host entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Specify transportation method to site of activity and cost per week.	
5. Estimated cost of transportation to exchange visitor ( <i>Specify Daily, Weekly, or Monthly</i> )	
6. Cost of Housing Per Week to the exchange visitor	7. Is housing cost determined <input type="checkbox"/> weekly or <input type="checkbox"/> monthly?
8. Is housing cost deducted from exchange visitor wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. If part of compensation package Market value of housing for exchange duration _____ Market value of transportation for exchange duration _____
10. Is housing deposit required of exchange visitor? <input type="checkbox"/> Yes <input type="checkbox"/> No      Amount?	
11. Specify utilities covered within housing cost	
12. What utilities must be paid by the exchange visitor and how much for each? ( <i>Specify which utility and whether paid weekly or monthly.</i> )	
13. Number of other tenants in housing unit that the exchange visitor will occupy?	
14. Number of Bedrooms	Share Bedroom <input type="checkbox"/> Yes <input type="checkbox"/> No    Share with how many others?
15. Number of Bathrooms	Share Bathroom <input type="checkbox"/> Yes <input type="checkbox"/> No    Share with how many others?
16. Describe Other Housing Amenities Not Noted Above	
17. May the exchange visitor change housing options during the period of stay or is there a firm contract for a period of time? Explain-	
18. Photos of housing included (optional) - <input type="checkbox"/> Exterior <input type="checkbox"/> Bedroom <input type="checkbox"/> Common Area <input type="checkbox"/> Bathroom <input type="checkbox"/> Kitchen	
19. Housing Acceptance:	
Sponsor Signature (RO) _____ Date ( <i>mm-dd-yyyy</i> ) _____	
Sponsor Name ( <i>please print</i> ) _____	
Acceptance of housing by Exchange Visitor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exchange Visitor Signature _____ Date ( <i>mm-dd-yyyy</i> ) _____	
Exchange Visitor Name ( <i>please print</i> ) _____	