

INSTRUCTIONS FOR NEW APPLICATION

If additional space is needed for answering any questions, use continuation sheets or plain white paper.

- 1-3. Name, address and telephone/fax numbers of organization.
4. Select type of application.
5. Select appropriate categories prior to filling out this data. (See 22 CFR 62.2 CFR 62.4 and 22 CFR 62.20-32)
- 6-10. Complete information on program and program sponsor.

IF APPLYING FOR EITHER THE INTERN OR TRAINEE CATEGORIES, identify the appropriate Occupational Category(ies): Agriculture, Forestry and Fishing; Arts & Culture; Construction and Building Trades; Education, and Social Sciences, Library Science, Counseling and Social Services; Health Related Occupations; Hospitality and Tourism; Information Media and Communications; Management, Business, Commerce and Finance; Public Administration and Law; and The Sciences, Engineering, Architecture, Mathematics and, Industrial Occupations.

11. Certification. Citizenship for new applicants requires certification below.

CITIZENSHIP (22 CFR 62.2 and 5)

(a) Organization

I hereby certify that I am the Chief Executive Officer (*or equivalent*) of this program with the title of _____ (*specify*); that I am authorized to sign this certification and bind _____ (*Name of organization*); and that a true copy certified by the _____ (*specify*) of such authorization is attached. I further certify that _____ (*Name of organization*) is a citizen of the United States as that term is defined at 22 CFR 62.2

_____ (*Name of organization*) agrees that its inability to substantiate its representation of citizenship made in this certification will result in the immediate withdrawal of its designation and the immediate revocation of or accounting for all DS-2019 forms.

(b) Responsible Officer or Alternate Responsible Officer

I hereby certify that I am the (*Check one*) Responsible Alternate Responsible Officer for this program and that I am a citizen of the United States (*or a person lawfully admitted to the United States for permanent residence*).

Name of organization _____ agrees that my inability to substantiate my citizenship or status as a legal permanent resident will result in the immediate withdrawal of its designation and the immediate revocation of or accounting for all Forms DS-2019.

I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both."

Signed in ink (*Name*) _____ (*Print Name*) _____

Title (*RO/ARO*) _____

Chief Executive Officer (*or equivalent*) _____

PLEASE SEND CORRESPONDENCE TO:

General: jvisa@state.gov

Academic and Government Programs Division:
AGexchanges@state.gov

Alien Physician: DesignationAlienPhys@state.gov

Au Pair: DesignationAuPair@state.gov

Camp Counselor: DesignationCC@state.gov

Intern: DesignationIntern@state.gov

Secondary School: DesignationSSSP@state.gov

Summer Work Travel: DesignationSWT@state.gov

Teacher: DesignationTeacherPr@state.gov

Trainee: DesignationTrainee@state.gov

Mail: Office of Designation; Private Sector Exchange Directorate (ECA/EC/D); SA-5
U.S. Department of State; 2200 C Street, NW; Washington, DC; 20522-0505



APPLICATION FOR DESIGNATION, REDESIGNATION AND/OR AMENDMENT

1. Name and Address of Sponsoring Organization			
2. Name and Title of Responsible Officer		Telephone/Email Address	4. Type of Application (check one) NEW _____ AMENDMENT _____ (See top of Page 3) REDESIGNATION _____ (See Page 3)
3. Name and Title of Alternate Responsible Officer		Telephone/Email Address	

SECTION I - PROGRAM PARTICIPANT DATA

5. Participation by Category (Indicate the total and approximate duration of participation in each category)

Type	No.	Dur.	Type	No.	Dur.	Type	No.	Dur.	Type	No.	Dur.
Alien Physician			Au Pair			Camp Counselor			Government Visitor		
Intern			International Visitor			Professor			Research Scholar		
Short-term Scholar			Specialist			Student: Col/Univ			Student: Secondary		
Summer Work/Trvl			Teacher			Trainee					

(See Title 22 Code of Federal Regulations, Part 62)

SECTION II - PROGRAM DATA

6. Method of Selection and Arrangements for Financial Support of Exchange Visitor while in the U.S. (specify source and amount of funding, as appropriate)

7. Purpose or Objective

8. Outline of Proposed Activities

9. Arrangements for Supervision

10. Role of Other Organizations Associated with Program (if any)

SECTION III - CERTIFICATION

11. I certify that the information given in this application is true to the best of my knowledge and belief and that I have completed appropriate information on page 3 of this form, if applicable.

Print Name of Responsible Officer

Signature of Responsible Officer _____ Date (mm-dd-yyyy)

Print Name of Chief Executive Officer

Signature of Chief Executive Officer _____ Date (mm-dd-yyyy)

(CEO's signature also certifies that the Responsible Officer will be provided sufficient staff and resources to fulfill his/her duties and obligations on behalf of the sponsor.)



U.S. Department of State
Private Sector Exchanges
Office of Designation

Application for Designation, Redesignation and/or Amendment

If this application includes an amendment, complete pages 2 and 3. If this application is for redesignation only, complete page 3.

Name of Organization _____ Program Number: _____

If your organization is applying for redesignation, please certify to the following:

I hereby certify that as an officer of the organization making application for an exchange program under 22 CFR 62.7 that the following documents previously submitted to the US Department of State, Office of Designation, and information contained therein has not changed in any material way since designation/redesignation.

- (1) Evidence of status as a legal entity, such as enabling legislation for public post-secondary educational institutions or Articles of Incorporation and By-Laws and current Certificate of Good Standing.
- (2) Evidence of sponsor's financial solvency.
- (3) Evidence of Accreditation if a post-secondary educational institution.
- (4) Evidence of Licensing.
- (5) Evidence of organization's tax-exempt status, if applicable.
- (6) Program categories and activities in which the organization has been engaged have not changed since the previous designation, unless authorized by DOS.
- (7) Citizenship.

Organization: I hereby certify that I am an officer of the above named organization with the title of _____ ; that I am authorized by the _____ ; to sign this certification and bind the organization and that a true copy of such authorization is on file with the Office of Designation or is attached. I further certify that the organization holds the requisite citizenship status vis-a-vis the United States as that term is defined in 22 CFR 62.2. The organization agrees that its inability to substantiate its representation of citizenship made in this certification will result in the immediate withdrawal of its designation and the immediate return of or accounting for all DS-2019 forms disbursed to it. Further, I certify that the Responsible/Alternate Responsible Officer(s) of this program will be provided with sufficient staff and resources to carry out all duties and obligations mandated by program designation and U.S. immigration and nationality laws pertaining thereto.

Signed in ink (Name) _____ (Print Name) _____

Title _____

CERTIFICATION OF REQUIREMENTS

I hereby certify that I am the Responsible Officer for this program, and that I am a citizen of the United States (or a person lawfully admitted to the United States for permanent residence). The organization agrees that my inability to substantiate my citizenship or status as a permanent resident will result in the immediate withdrawal of its designation and the immediate revocation of or accounting for all Forms DS-2019 (22 CFR 62.2). I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both."

Signed in ink (Name) _____ (Print Name) _____

Responsible Officer

Title _____

PLEASE SEND CORRESPONDENCE TO:

General: jvisa@state.gov

Academic and Government Programs Division:

AGexchanges@state.gov

Alien Physician: DesignationAlienPhys@state.gov

Au Pair: DesignationAuPair@state.gov

Camp Counselor: DesignationCC@state.gov

Intern: DesignationIntern@state.gov

Secondary School: DesignationSSSP@state.gov

Summer Work Travel: DesignationSWT@state.gov

Teacher: DesignationTeacherPr@state.gov

Trainee: DesignationTrainee@state.gov

Mail: Office of Designation; Private Sector Exchange Directorate (ECA/EC/D); SA-5
 U.S. Department of State; 2200 C Street, NW; Washington, DC; 20522-0505

OMB NOTICE: Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. DOS has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, public and private organizations. The information is to be used in evaluating prospective Exchange Visitor Program sponsors. 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 8 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: U.S. Department of State, ECA/EC/D, SA-5, Washington, DC 20522-0505.