



TRAINING/INTERNSHIP PLACEMENT PLAN

SECTION 1: ADDITIONAL EXCHANGE VISITOR INFORMATION

| | | |
|---|---------------------------------------|---|
| Trainee/Intern Name (Surname/Primary, Given Name(s) (must match passport name)) | | E-mail Address |
| Program Sponsor | | Program Category |
| Occupational Category | Current Field of Study/Profession | Experience in Field (number of years) |
| Type of Degree or Certificate | Date Awarded (mm-dd-yyyy) or Expected | Training/Internship Dates (mm-dd-yyyy) From _____ To _____ |

SECTION 2: HOST ORGANIZATION INFORMATION

| | | | | |
|--|--|---|--|-------|
| Organization Name | | Phase Site Address | | Suite |
| City | State | ZIP Code | Website URL | |
| Employer ID Number (EIN) | Exchange Visitor Hours Per Week | Compensation Monetary Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____ per _____ Non-Monetary Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, value? _____ per _____ | | |
| Workers' Compensation Policy <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Carrier _____ | | | Does your Workers' Compensation policy cover exchange Visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage | |
| Number of FT Employees Onsite at Location | Annual Revenue <input type="checkbox"/> \$0 to \$3 Million <input type="checkbox"/> \$3 Million to \$10 Million <input type="checkbox"/> \$10 Million to \$25 Million <input type="checkbox"/> \$25 Million or More | | | |

SECTION 3: CERTIFICATIONS

Trainee/Intern - I certify that:

- I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
- I am entering into this Exchange Visitor Program in order to participate as a Trainee or Intern as delineated in this T/IPP and not simply to engage in labor or work within the United States.
- I understand that the intent of the Exchange Visitor Program is to allow me to enhance my skills and gain exposure to U.S. culture and business in a way that will be useful to me when I return home upon completion of my program.
- I understand that my internship/training will take place only at the organization listed on this T/IPP and that working at another organization while on the Exchange Visitor Program is prohibited.
- I will contact the Sponsor at the earliest available opportunity regarding any concerns, changes in, or deviations from this T/IPP.
- I will respond in a timely way to all inquiries and monitoring activities of my sponsor.
- I will follow all of my sponsor's guidelines required for my participation in my program.
- 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 (as set forth on page 3, section 4) is not providing me with a legitimate internship or training, as delineated on my T/IPP; and,
- I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

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

Signature of Trainee/Intern _____

Sponsor-

1. I have reviewed, understand, and will ensure that the Supervisor (as set forth on page 3, section 4) follows this Training/Internship Placement Plan (T/IPP) regarding the Trainee or Intern listed above;
2. I will notify the designated U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) at the earliest available opportunity regarding any concerns about, changes in, or deviations from this Training/Internship Placement Plan (T/IPP), including, but not limited to, changes of Supervisor or host organization;
3. I will adhere to all applicable regulatory provisions that govern this program (see 22 CFR Part 62), including, but are not limited to, the following:
 - a. I will ensure that the Trainee or Intern named in this T/IPP receives continuous on-site supervision and mentoring by experienced and knowledgeable staff;
 - b. I have confirmed with the Supervisor or host organization representative that sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training or internship program set forth in this T/IPP;
 - c. I will ensure that the Trainee or Intern named in this T/IPP obtains skills, knowledge, and competencies through structured and guided activities such as classroom training, seminars, rotation through several departments, on-the-job training, attendance at conferences, and similar learning activities, as appropriate in specific circumstances;
 - d. I will ensure that the Trainee or Intern named in this T/IPP does not displace full-or part-time temporary or permanent American workers or serve to fill a labor need and ensure that the position that the Trainee or Intern fills exists primarily to assist the Trainee or Intern in achieving the objectives of his or her participation in this training or internship program;
 - e. I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.), if applicable. I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Agricultural Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).
 - f. I will notify the Department of State if I receive information regarding a serious problem or controversy involving the Trainee or Intern named in this T/IPP that could be expected to bring the Department of State, the Exchange Visitor Program, or the Sponsor's exchange visitor program into notoriety or disrepute; and
 - g. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

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 _____ 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*). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of pages 3 and 4 must be completed for each phase if applicable (e.g.; *if the trainee/intern is rotating through different departments*).

| | | |
|--|--|--|
| Surname/Primary, Given Name(s) (must match passport name) [REDACTED] [REDACTED] | | The Exchange Visitor is: |
| Program Sponsor | | Program Number |
| Main Program Supervisor/POC at Host Organization Title | | Supervisor Contact Information Phone Email |

PHASE INFORMATION

| | | | | |
|--------------------------|----------------------------------|--------------------------------|----------------------|--|
| Phase Site Name | | Training/Internship Field | Phase Site Address | |
| Phase Name | Start Date (mm-dd-yyyy) of Phase | End Date (mm-dd-yyyy) of Phase | Phase _____ of _____ | |
| Primary Phase Supervisor | | Supervisor Title | | |
| E-mail | | Phone Number | | |

Description of Trainee/Intern's role for this program or phase

Specific goals and objectives for this program or phase; what specific knowledge, skills, or techniques will be learned?

Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (*Trainees*).

How will the Trainee/Intern's acquisition of new skills and competencies be measured?

What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

Additional Phase Remarks (*optional*)

Phase Supervisor - I certify that:

1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (*T/IPP*);
2. 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 delineated on this *T/IPP*;
3. I will actively support the Sponsor by adhering to all applicable regulatory provisions that govern this program (*see 22 CFR Part 62*);
4. The Trainee or Intern named in this *T/IPP* will not displace full-or part-time, seasonal or permanent American workers, or serve to fill a labor need;
5. I will conduct the required periodic evaluations of the Trainee or Intern named in this *T/IPP*;
6. I will notify the designated Sponsor contact at the earliest available opportunity regarding any concerns about, changes in, or deviations from this *T/IPP*.
7. I will notify the Sponsor in the event of an emergency involving the Trainee or Intern named in this *T/IPP*, as well as any information that I receive about the Trainee or Intern that might have an effect on that exchange visitor's health, safety, or welfare;
8. I will notify the Sponsor if I receive information regarding a serious problem or controversy involving the Trainee or Intern named in this *T/IPP* that could be expected to bring the Department of State, the Exchange Visitor Program, or the Sponsor's exchange visitor program into notoriety or disrepute;
9. I am participating in this Exchange Visitor Program in order to provide the Trainee or Intern named in this *T/IPP* with training or an internship as delineated in this *T/IPP*;
10. I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.), if applicable. I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Agricultural Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).
11. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

Signature of Supervisor _____

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

CONFIDENTIALITY STATEMENT

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.

PAPERWORK 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, U.S. Department of State, Washington, DC 20522-0505.