

Dear Host Organization Representative,

Thank you for your interest in hosting an international Intern through CIEE!

CIEE is designated by the U.S. Department of State to sponsor participants in the Intern category of the J-1 Exchange Visitor Program. This program provides university students, recent graduates, and young professionals with meaningful experience and career training, enriching their understanding of American techniques in their field. It also provides a great way for U.S. employers to diversify their workplace, and gain international understanding that is key in today's global economy.

As a host organization for a CIEE-sponsored Intern, you will be responsible for providing training that complements the Intern's academic background, with goals and objectives that are appropriate for their skill level. This program is not intended to fill a labor gap within your organization—you should be prepared to provide an opportunity for a balanced exchange of skills and ideas between your organization and the Intern. If you have any doubts about whether your organization can provide the above, CIEE recommends that you contact us at 1.888.369.1620 to discuss.

If you are ready to proceed, the next step is to fill out the **DS-7002 Training/Internship Placement Plan**. This form is required by the Department of State. Equally important, it provides CIEE the information we need to determine the appropriateness and viability of the proposed training. Please complete each section as thoroughly as possible. The strongest training plans are progressive in skill acquisition and development, exposing the Intern to new skill sets, projects, or departments throughout the training. We encourage you to discuss the training plan with your Intern to ensure that it meets both of your needs.

If you need help completing the DS-7002, please:

- Visit our website www.ciee.org/hire/interns
- Call CIEE for assistance at 1.888.369.1620

Once you have completed the DS-7002, both you and the applicant will need to sign it, and the applicant will submit it to their **local CIEE representative (see below)** as part of their program application.

The CIEE representative will send the complete application and DS-7002 to CIEE headquarters for review. CIEE headquarters staff may contact you at this time via email or phone with additional questions. There are many factors that determine whether we approve an application. Therefore, we may request more information from you in order to make the most informed decision. We may also be required by program regulations to conduct a site visit to your company.

If you would like to know if your company will need a site visit or have any other questions, please feel free to call CIEE at 1.888.369.1620.

Thank you again for your interest in the CIEE Intern/Trainee Program and we look forward to working with you in the future!

Sincerely,

CIEE

Internship USA
Professional Career Training USA

A CIEE Representative is an organization in the applicant's home country or region who is authorized by CIEE to recruit, screen, and prepare applicants for our programs. They are a separate entity from CIEE, but work in partnership with us to facilitate our J-1 Exchange Visitor programs.



U.S. Department of State
TRAINING/INTERNSHIP PLACEMENT PLAN

*OMB APPROVAL NO. 1405-0170
EXPIRATION DATE: 08-31-2012
ESTIMATED BURDEN: 2 hours

PARTICIPANT INFORMATION

Trainee/Intern Name (<i>Last, First, MI</i>)		Email Address	
Check one: <input type="checkbox"/> Trainee <input type="checkbox"/> Intern <input type="checkbox"/> Student Intern	Current Field of Study or Profession		If Professional, Number of Years Experience in Field
	Type of Degree or Certificate	Date Awarded (<i>mm-dd-yyyy</i>) or Expected	Training/Internship Dates (<i>mm-dd-yyyy</i>) From _____ To _____

SITE OF ACTIVITY INFORMATION

Name of Supervisor (<i>Last, First, MI</i>)		Title		
Email Address		Telephone Number		
Host Organization Name				
Street Address of Training/Internship Site		Suite	City	State
Website		DUNS Number		Employer Identification Number (EIN)
Hours Per Week	Will Trainee/Intern receive a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much? \$ _____ per _____	

CONTRACT AGREEMENT

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."

NOTE- Sponsors will not enter into any contracts, issue Forms DS-2019, or allow a Trainee/Intern to begin a training/internship program until all three parties have executed this Training/Internship Placement Plan and proof of the insurance required under 22 CFR 62.14 is on file with the sponsor.

Trainee/Intern- I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan.

Trainee/Intern Signature	Date (<i>mm-dd-yyyy</i>)
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Supervisor- I certify the following:

- I have reviewed and approved and will follow this Training/Internship Placement Plan;
- I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62);
- I will conduct the required periodic evaluations of trainees/interns; and
- I will notify a designated sponsor contact (1) regarding any concerns about, changes in, or deviations from the Training/Internship Placement Plan; and (2) in the event of an emergency involving a trainee/intern.

Supervisor Signature	Date (<i>mm-dd-yyyy</i>)
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Sponsor - I certify as the sponsor that the attached Training/Internship Plan is approved and that:

- Sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training/internship program;
- Continuous on-site supervision and mentoring of trainees/interns will be provided by experienced and knowledgeable staff;
- Trainees/interns will obtain 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 experiences, as appropriate in specific circumstances;
- Trainee/interns will not displace full- or part-time or temporary or permanent American workers or serve to fill a labor need, and the positions that trainees/interns fill exist solely to assist them in achieving the objectives of their participation in training/internship programs; and
- Training/internship programs in the field of agriculture meet all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.) and the Migrant and Seasonal Agricultural Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).

Sponsor Signature CIEE Use Only	Date (<i>mm-dd-yyyy</i>) CIEE Use Only
Program Sponsor Name CIEE Use Only	Program Number CIEE Use Only

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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 (*i.e. 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 page 2 must be completed for each phase if applicable (*i.e.; if the trainee/intern is rotating through different departments*).

Name of Trainee/Intern (Last, First, MI)	Field of Training/Internship
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Name of Phase	Start Date for this Phase _____ <i>(mm-dd-yyyy)</i>	End Date for this Phase _____ <i>(mm-dd-yyyy)</i>	Phase _____ of _____
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Brief Description of Trainee/Intern's Role for this Program or for this Phase

Specific Tasks and Activities to be Completed for this Program or for this Phase (*Interns*) or Methodology of Training and Chronology/Syllabus for this Phase (*Trainees*)

Specific Goals and Objectives for this Program or for this Phase

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

Methods of Performance Evaluation and Methods or Supervision for this Program or for this Phase

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.

Public reporting burden for this collection of information is estimated to average 2 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: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202



Additional Host Organization Information

The following information is a required part of the Internship/Training Placement Plan. Forms not completed in their entirety will be held as incomplete, so please take the time to go through this page carefully before submitting.

**Indicates fields that are required to determine if a site visit is necessary under Department of State regulations. CIEE reserves the right to conduct a site visit at any prospective Host Organization as part of its review process.*

Name of Trainee/Intern (Last, First, MI):

Company activities (You may also include additional materials, such as a one-page company summary or brochures, to describe the company):

Parent Company (if applicable):

DBA (if applicable):

Worker's Compensation: Y N

Year Founded:

To be eligible to participate in this program, Host Organizations must maintain a Worker's Compensation insurance policy, unless exempt under their state laws. If, under state laws, your organization is exempt from Workers' Compensation, please provide a copy of the state exemption from the requirement of coverage, or a copy of the state law documenting the exemption.

Fax Number:

*Annual Revenue (companywide nationally):

- < \$999,999 USD
 \$1,000,000 to \$2,999,999 USD
 \$3,000,000 to \$4,999,999 USD
 > \$5,000,000 USD

*Number of Full-Time Employees Companywide in the U.S.:

Number of employees in department(s) in which Intern/Trainee will be placed:

Number of international Interns/Trainees other than this applicant who will also be training in department(s):

*Has Host Organization hosted an Intern/Trainee through CIEE in the past three years? Y N

If the host organization will provide any of the following, indicate approximate value of each **per month**:

Housing:

Board:

Transportation:

Other:

U.S. \$

U.S. \$

U.S. \$

U.S. \$

Name of alternate contact at Host Organization:

Title:

Email:

Telephone:

Primary Supervisor Information

Name:

Years of experience in this field:

Length of time working at this organization:

Brief description of experience in this field:

Applicant Interview

- Please check this box if you have completed an interview with the Applicant, either in-person, via telephone, or via web camera/video-conference, and found his or her English language skills to be sufficient to function on a day-to-day basis in his or her internship/training environment.