U.S. Department of State

*OMB APPROVAL NO. 1405-0170
EXPIRATION DATE: XX-XX-XXX
ESTIMATED BURDEN: 2 hours

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 Stipend ☐ Yes ☐ No If yes, how much? _____ per _____ Non-Monetary Compensation ☐ Yes ☐ No If yes, value? _____ per _____		
Workers' Compensation Policy ☐ Yes ☐ No If yes, Name of Carrier _____			Does your Workers' Compensation policy cover exchange Visitors? ☐ Yes ☐ No, exempt ☐ No, but equivalent coverage	
Number of FT Employees Onsite at Location	Annual Revenue ☐ $0 to $3 Million ☐ $3 Million to $10 Million ☐ $10 Million to $25 Million ☐ $25 Million or More			

SECTION 3: CERTIFICATIONS

Trainee/Intern - I certify that:

1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
2. 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.
3. 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.
4. 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.
5. I will contact the Sponsor at the earliest available opportunity regarding any concerns, changes in, or deviations from this T/IPP.
6. I will respond in a timely way to all inquiries and monitoring activities of my sponsor.
7. I will follow all of my sponsor's guidelines required for my participation in my program.
8. 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
9. 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 needed 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 of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.). I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal 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)*	The Exchange Visitor is:
Program Sponsor	Program Number
Main Program Supervisor/POC at Host Organization Title	Supervisor Contact Information Phone Fax 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

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?

What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?
What specific knowledge, skills, or techniques will be learned?
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?
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.)* I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal 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)* _____

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 will be used to provide clarity of training and intern programs offered by entities designated by the U.S. Department of State to conduct exchange visitor programs; for general statistical use; and to administer the Trainee and Intern categories of the Exchange Visitor Program.

ROUTINE USES: The information on this form may be shared with entities administering the program on behalf of the Department; federal, state, local, or foreign government entities for law enforcement purposes; to members of Congress in response to a request on your behalf . More information on the Routine Uses for the system can be found in the System of Records Notice State-08, Educational and Cultural Exchange Program Records.

DISCLOSURE: Participation in this program is voluntary; however, failure to provide the information may delay or prevent participation in the Exchange Visitor Program.

PAPER WORK REDUCTION ACT

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: ECA/EC, SA-4, U.S. Department of State, Washington, DC 20522.