



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

---

Dear Applicant,

Thank you for your interest in coming to the United States with CIEE: Council on International Educational Exchange. CIEE, a non-profit, non-governmental organization, is the world leader in international education and exchange helping more than 30,000 participants experience a new culture every year. You've taken the first step towards a life-changing experience!

This program is so much more than a chance to gain experience in U.S. business and apply your professional skills. It's a chance to live alongside and engage with American people, learning our culture as you share the character of your own. Along the way, you'll form strong, lasting bonds with American people, and return to your home country with new perspectives and understanding.

As a sponsor of the J-1 Exchange Visitor Program, CIEE is pleased to offer qualified students an exceptional experience. There are two programs you may be eligible for:

- **INTERNSHIP USA (INT)**

To be eligible for Internship USA, you must be currently enrolled in a post-secondary institution outside of the U.S. or you must begin your internship within 12 months of graduation.

- **PROFESSIONAL CAREER TRAINING USA (PCT)**

Professional Career Training USA is designed for those with at least one year of relevant work experience and a post-secondary degree in a related field of study. However, if you do not have a degree but have at least five years of professional experience in a related field, you might still qualify.

Each year these dynamic programs help thousands of people pursue their personal and professional goals as they discover and absorb American culture. Visit us online at [www.ciee.org/prex](http://www.ciee.org/prex) and contact your CIEE International Representative to see how easy it is to get started! On our website, you'll find more details, plus all of the materials and instructions you need.

Thank you for your interest in the CIEE Internship USA and Professional Career Training USA programs.

We look forward to welcoming you to the United States for a life-changing experience!

Regards,

Marge Stockford  
Director  
J-1 Professional Exchange Programs



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

The required forms and documents depend on which program you are applying for. Please follow the checklist for your program type. If you are not sure which program type you are applying for, please check with your CIEE representative before proceeding. This application is not complete without each of the following:

## INTERNSHIP USA

PROGRAM APPLICATION CHECKLIST	PAGE
<input type="checkbox"/> Applicant Information	3-4
<input type="checkbox"/> Applicant Financial Security Statement	4
<input type="checkbox"/> Proof of English Ability	5
<input type="checkbox"/> Proof of Academic Status & Academic Endorsement	6
Or Supplement for Recent Graduates	7
<input type="checkbox"/> Personal Statement	8
<input type="checkbox"/> Applicant Resume	9-10
<input type="checkbox"/> Participant Declaration/Terms & Conditions (please read carefully and sign)	11-12
<input type="checkbox"/> Privacy, HIPAA, and Confidentiality Release (this form is optional for all applicants)	13
<input type="checkbox"/> Fee Disclosure Form	14-15
<input type="checkbox"/> Interview Form (will be completed by your CIEE representative)	16-17

## SUPPORTING DOCUMENTS CHECKLIST

<input type="checkbox"/> DS-7002 Training/Internship Placement Plan (to be completed through the CIEE Exchange Programs Online portal)
<input type="checkbox"/> Copy of Valid Passport
<input type="checkbox"/> Copy of Resume (C.V.)
<input type="checkbox"/> Certified copy of academic transcripts in English (may be required in some cases)
<input type="checkbox"/> Copy of Academic Diploma (required for recent graduates only)
<input type="checkbox"/> Application for J-2 Dependents Complete this form if you wish to bring your dependents to accompany you to the U.S. You can obtain the form from your CIEE representative.

## PROFESSIONAL CAREER TRAINING USA

PROGRAM APPLICATION CHECKLIST	PAGE
<input type="checkbox"/> Applicant Information	3-4
<input type="checkbox"/> Applicant Financial Security Statement	4
<input type="checkbox"/> Proof of English Ability	5
<input type="checkbox"/> Supplement for Professional Career Training USA Applicants	7
<input type="checkbox"/> Personal Statement	8
<input type="checkbox"/> Applicant Resume	9-10
<input type="checkbox"/> Participant Declaration/Terms & Conditions (please read carefully and sign)	11-12
<input type="checkbox"/> Privacy, HIPAA, and Confidentiality Release (this form is optional for all applicants)	13
<input type="checkbox"/> Fee Disclosure Form	14-15
<input type="checkbox"/> Interview Form (will be completed by your CIEE representative)	16-17

## SUPPORTING DOCUMENTS CHECKLIST

<input type="checkbox"/> DS-7002 Training/Internship Placement Plan (to be completed through the CIEE Exchange Programs Online portal)
<input type="checkbox"/> Copy of Valid Passport
<input type="checkbox"/> Copy of Resume (C.V.)
<input type="checkbox"/> Certified copy of academic transcripts in English (optional for all applicants)
<input type="checkbox"/> Copy of Academic Diploma (required unless using five years' relevant work experience to qualify)
<input type="checkbox"/> Application for J-2 Dependents Complete this form if you wish to bring your dependents to accompany you to the U.S. You can obtain the form from your CIEE representative.



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

## APPLICANT INFORMATION

### DEPARTURE AND RETURN DATES

Date of departure to U.S. (mm/dd/yyyy):

Internship/Training start date (mm/dd/yyyy):

Must be no more than 30 days after departure date as listed above

Internship/Training end date (mm/dd/yyyy):

Must be no more than 12 months (INT) or 18 months (PCT) after Internship/Training start date as listed above

Date of return to home country (mm/dd/yyyy):

Must be no more than 30 days after Internship/Training end date as listed above

### PERSONAL DETAILS (Please fill these in as they appear on your passport)

Last name:

First name:

Middle name:

Gender:  Female  Male

Date of birth (mm/dd/yyyy):

City of birth:

Country of birth:

Country of citizenship:

Country of legal permanent residence:

Passport number:

Passport expiration date (mm/dd/yyyy):

### CONTACT INFORMATION

Email (mandatory):

Current street address:

Postal code:

City:

Country:

Home telephone (country code/city code/number):

Mobile/cellular (country code/city code/number):

Permanent address:  (Check if same as above)

Street address:

Postal code:

City:

Country:

### EMERGENCY CONTACT

Last name:

First name:

Relationship to applicant:

Email:

Home telephone:

Mobile/cellular (country code/city code/number):

### HOST ORGANIZATION INFORMATION

Name of host organization:

Address:

City:

State:

Zip code:

Contact name:

Telephone:

Fax:

Email:

Website:

Number of employees at host organization (optional):



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## PREVIOUS VISAS

Have you ever received a J-1 Visa to enter the U.S.?  Yes  No If yes, how many? \_\_\_\_\_

(If you answer yes to this question, please complete the following section. If you have received more than two previous J-1 Visas, please use an additional sheet of paper to provide the same information as below for each additional visa.)

1) Type of program: \_\_\_\_\_ J-1 Sponsor: \_\_\_\_\_  
 Summer work/travel \_\_\_\_\_ Organization (employer): \_\_\_\_\_  
 Au Pair or EduCare \_\_\_\_\_ City: \_\_\_\_\_  
 Camp counselor \_\_\_\_\_ State: \_\_\_\_\_  
 Trainee \_\_\_\_\_ Dates of DS-2019 (mm/dd/yyyy) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Intern \_\_\_\_\_  
 Other, specify: \_\_\_\_\_

2) Type of program: \_\_\_\_\_ J-1 Sponsor: \_\_\_\_\_  
 Summer work/travel \_\_\_\_\_ Organization (employer): \_\_\_\_\_  
 Au Pair or EduCare \_\_\_\_\_ City: \_\_\_\_\_  
 Camp counselor \_\_\_\_\_ State: \_\_\_\_\_  
 Trainee \_\_\_\_\_ Dates of DS-2019 (mm/dd/yyyy) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Intern \_\_\_\_\_  
 Other, specify: \_\_\_\_\_

## OTHER VISA INFORMATION (If you answer yes to any of the below questions, please submit all relevant documentation along with this application.)

Have you ever been denied entry into the U.S.?  Yes  No \_\_\_\_\_  
Have you ever applied for a visa to immigrate permanently to the U.S.?  Yes  No \_\_\_\_\_  
Have you ever been arrested and/or convicted of a crime in your home country?  Yes  No \_\_\_\_\_  
Have you ever been arrested and/or convicted in the U.S.?  Yes  No \_\_\_\_\_  
Have you ever been refused a visa by a U.S. Embassy or Consulate?  Yes  No \_\_\_\_\_

## FINANCIAL SECURITY STATEMENT (To be completed by the applicant and/or guarantor/bank official)

Applicants must show evidence that they will be able to support themselves during their entire stay in the U.S. (duration of internship/training including travel dates.) The minimum amount required is \$1000 for each month spent in the U.S. If a stipend is indicated on the DS-7002, Training/Internship Placement Plan, but is less than \$1000 per month in the U.S., the applicant must show evidence that they have the remaining funds. Please check the statement below that applies to you.

- My salary totals \$1000 or more per month, paid by my home country company, as indicated by the attached guarantor letter.
- My salary totals \$1000 or more per month as indicated and confirmed by my U.S. Host Organization on my DS-7002 Training/Internship Placement Plan.
- My salary does NOT total \$1000 per month, but I have attached an original current bank statement or certified copy of a bank statement.
- My salary does NOT total \$1000 per month, but I have a guarantor and I have attached a guarantor letter.



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

## PROOF OF ENGLISH ABILITY

(Applicant must possess sufficient English language proficiency to successfully complete the Internship/Training program as outlined on Form DS-7002)

Please choose one of the following:

- A.  Native English speaker.
- B.  Attach a copy of an official score that you received on a standardized English exam (must include a reading/writing component and a speaking/listening component)

Test:

Overall Score:

Written:

Verbal:

- C.  Attach a copy of your grades/marks, translated to English, for English language classes taken as part of your post-secondary education. (At least two courses must have been taken in which high marks were received.)
- D.  Complete in-person or telephone interview in English with a CIEE International Representative. (CIEE International Representative must also complete and sign page 17 of this application.)
- E.  Attach a letter from your English professor/docent certifying your English proficiency based on the categories outlined below.
- F.  Have your English professor/docent complete the section below.:

## ASSESSMENT OF APPLICANT'S ENGLISH ABILITY (To be completed by professor/docent if selecting Option F above)

Oral English Ability:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Written English:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Listening Comprehension:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
	<i>Beginner:</i> Basic competence; conveys and understands only very basic meaning.	<i>Intermediate:</i> Partial command of language; understands overall meaning in most situations; able to handle general communication in own field	<i>Advanced:</i> Fully competent use of language; able to use English accurately and fluently in any situation.

Additional comments about the applicant's knowledge of English and his/her ability to function in an English-speaking workplace:

Name of Professor/Docent (please print):

Telephone:

Name of Educational Institution (please print):

Signature:

Date:

Academic emblem or seal:



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

## PROOF OF ACADEMIC STATUS AND ACADEMIC ENDORSEMENT

This page must be completed for current students applying to Internship USA only. Recent graduates and Professional Career Training USA applicants may skip this page.

### Enrolled Students

If you are an enrolled student applying to the Internship USA program, you must have this section completed by an Academic Advisor, Placement Officer, Counselor, or Department Head from your academic institution. If your academic institution will not sign this form, you must attach a signed letter on official institution letterhead verifying the same information. The person completing this form should be instructed to complete it in English and not to use abbreviations.

Name of academic advisor:

Title:

Telephone:

Email:

Name of academic institution:

Website:

I certify that \_\_\_\_\_, the applicant for an internship program in the U.S., is currently enrolled full-time at my institution.

Years of study completed at the time of departure:

Anticipated graduation date (mm/dd/yyyy):

Major/field of study:

Name of diploma/degree:

Will this Internship program be evaluated by the academic institution?  Yes  No

If yes, how will the training be evaluated?

- Written/oral report
- On-site evaluation by an official from the school
- Other, specify:

How does your institution view this program?

- It is required for the applicant to graduate, OR
- It is an integral part of the curriculum, OR
- It is optional but supported by our academic institution, OR
- Applicant will graduate prior to starting program.

I certify that the applicant may interrupt his/her studies for a maximum of \_\_\_\_\_ months to complete this Internship program.

Signature:

Date:

Academic emblem or seal:



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

## SUPPLEMENT FOR INTERNSHIP USA APPLICANTS

To be completed by recent graduates applying for Internship USA. Complete this section if you graduated within the last twelve months. Current students and Professional Career Training USA applicants should skip this section.

- I certify that I have graduated. A copy of my diploma is attached.

Date of graduation:

Degree type:

Field of study:

## SUPPLEMENT FOR PROFESSIONAL CAREER TRAINING USA APPLICANTS

To be completed by Professional Career Training USA applicants only. Internship USA applicants should skip this section.

If you are an applicant to the Professional Career Training USA program, you need not have a post-secondary degree. However, your academic record does impact your program eligibility and we therefore require that you complete the following:

- I certify that I have graduated. A copy of my diploma is attached.

Date of graduation:

Degree type:

Field of study:

- I also have at least one year of experience in the field of training in which I intend to complete my Internship.

- I do not hold a degree in a relevant field, but I have at least five years of experience in the industry/field in which I intend to train. A copy of my resume or C.V. is attached.



INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA  
**PROGRAM APPLICATION**

Applicant First Name:

Middle Name:

Last Name:

**PERSONAL STATEMENT**

Last name:

First name:

Middle initial:

1. What knowledge and/or skills have you acquired during your studies or previous work experience that has prepared you for this Internship/ Training program?

2. What are your future professional goals and how will this Internship/Training program assist you in fulfilling those goals upon return to your home country? Please be as specific as possible.

3. Explain the skills and knowledge you aim to acquire from this Internship/Training.

4. What American cultural activities do you hope to participate in while in the U.S.?

5. How did you locate your internship/training?





# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## APPLICANT RESUME

Name: \_\_\_\_\_

### EDUCATION (Please list in order starting with the most recent)

University/Academic Institution name: \_\_\_\_\_

Major field of study: \_\_\_\_\_

Type of degree/certificate: \_\_\_\_\_

Date of enrollment: \_\_\_\_\_

(Anticipated) Date all requirements for degree completed: \_\_\_\_\_ Diploma issuance date: \_\_\_\_\_

Diploma issuance country: \_\_\_\_\_

University/Academic Institution name: \_\_\_\_\_

Major field of study: \_\_\_\_\_

Type of degree/certificate: \_\_\_\_\_

Date of enrollment: \_\_\_\_\_

(Anticipated) Date all requirements for degree completed: \_\_\_\_\_ Diploma issuance date: \_\_\_\_\_

Diploma issuance country: \_\_\_\_\_

### WORK EXPERIENCE (Please list in order starting with the most recent. If you do not have any work experience, please complete the box at the bottom of the next page.)

Company name: \_\_\_\_\_

Nature of experience: (Check one)  Internship  Apprenticeship  Volunteer  Part-time job  Full-time job

Position title: \_\_\_\_\_

Country: \_\_\_\_\_

Dates: From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Job responsibilities: \_\_\_\_\_

Company name: \_\_\_\_\_

Nature of experience: (Check one)  Internship  Apprenticeship  Volunteer  Part-time job  Full-time job

Position title: \_\_\_\_\_

Country: \_\_\_\_\_

Dates: From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Job responsibilities: \_\_\_\_\_



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## WORK EXPERIENCE (continued)

Company name: \_\_\_\_\_

Nature of experience: (Check one)  Internship  Apprenticeship  Volunteer  Part-time job  Full-time job

Position title: \_\_\_\_\_

Country: \_\_\_\_\_

Dates: From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Job responsibilities: \_\_\_\_\_

Company name: \_\_\_\_\_

Nature of experience: (Check one)  Internship  Apprenticeship  Volunteer  Part-time job  Full-time job

Position title: \_\_\_\_\_

Country: \_\_\_\_\_

Dates: From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Job responsibilities: \_\_\_\_\_

If you do not have any work experience, please describe below the knowledge and skills you have acquired through your academic studies that are particularly relevant to your proposed training. Include specific course names where appropriate.



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

## TERMS AND CONDITIONS/PARTICIPANT DECLARATION

The following section outlines the terms and conditions of the Applicant's participation on the CIEE Intern/Trainee Program. **You are required to read carefully the following information, and confirm that you have read, understood and agree to these terms by signing and dating the last page.** If you fail to sign or date this section, CIEE will be unable to process your application.

### SECTION I. – Applicant Responsibilities

1. The Applicant agrees that all the information provided in the application is true to the best of his or her knowledge, and acknowledges that any false or misleading information may lead to the rejection of the application or, if discovered later, to immediate dismissal from the program.
2. The Applicant is responsible for considering his or her personal health and safety needs when applying for and participating in the program. If the Applicant suffers from any health or other condition that would create a risk for him or her or others while abroad, he or she should not apply.
3. The Applicant acknowledges that he or she has been given access to the CIEE and CIEE Representative itemized list of fees associated with being on the CIEE Intern/Trainee Program. The Applicant agrees to pay all fees in accordance with the requirements of the CIEE Representative through which he or she is submitting an application. Depending upon the geographic location and lifestyle of the Applicant while in the U.S., the Applicant acknowledges that his or her monthly living expenses for housing, food, and transportation will likely total between \$1000 and \$3000 USD, an addition to the program fees noted previously. The Applicant acknowledges that other personal expenses could bring this figure higher. Stipends might not cover the entirety of program and living expenses.
4. The Applicant acknowledges that CIEE has provided access to the online Wilberforce pamphlet.
5. The Applicant is responsible for submitting all requested documentation (including a passport) to the CIEE Representative in a timely fashion for visa processing. CIEE cannot be held responsible for any additional costs incurred (including the cost of rebooking a flight) by the Applicant due to delays in submitting documentation or delays by the U.S. Embassy in issuing a visa. Moreover, CIEE advises the Applicant not to book a flight until she or he has secured the visa, since CIEE cannot be held responsible for the costs of rebooking or cancelling a flight due to delays in processing or visa rejections.
6. The Applicant must pay the local visa fee to the U.S. Embassy. The Applicant is also responsible for any additional fees that might apply at the U.S. Embassy or Consulate in the country where he or she is applying for the visa, as well as the government SEVIS fee collected as part of the application.
7. The Applicant will be subject to English language screening and will need to complete an interview in order to participate in the program.
8. The Applicant must supply CIEE with the name and contact details for an emergency contact, to be contacted in the case of emergency. These details must be included on the application form.
9. The Applicant must not submit a program application with the intent to train in the U.S. in prohibited positions, including as an au pair, childcare giver, teacher, teaching assistant, camp counselor, in private households, as a ship or aircraft crew member, or as medical staff having patient contact. More information on prohibited positions can be found on the program website at [www.ciee.org/intern](http://www.ciee.org/intern).
10. If the Applicant has recently held a J-1 Exchange Visitor Visa for the U.S., he or she may have to remain in his or her home country for a period of 90 days before beginning a new J-1 program at the same Host Organization.
11. The Applicant must not submit program application with the intent of working in a position that fills a labor need at the host organization.
12. CIEE may issue a DS-2019 form if the Applicant meets all relevant program requirements, but has no control over the decision of the U.S. Embassy or Consulate in the Applicant's country of residence to issue a J-1 Visa.

### SECTION II. – General Program Participant Responsibilities

13. The Participant is responsible for reading and carefully considering all materials made available to him or her that relate to safety, health, legal, environmental, political, cultural and religious customs and conditions in the U.S. The Participant must take full responsibility in the event that laws, regulations, or customs are broken, regardless of his or her actual knowledge of these laws, regulations, or customs.
14. The Participant is required to comply with all CIEE program rules, as listed in these program terms and conditions. If the Participant violates any CIEE program rules, CIEE reserves the right to revoke his/her legal sponsorship, which will result in the withdrawal or termination of his/her program. A terminated participant also loses his/her legal right to remain in the U.S.
15. In addition to reviewing all program materials, the Participant is required to complete a CIEE orientation.
16. The Participant is required to comply with all U.S. laws while inside the United States. If the Participant violates any U.S. law, CIEE reserves the right to revoke his/her legal sponsorship, which will result in the withdrawal or termination of his/her program. A terminated participant also loses his/her legal right to remain in the U.S.
17. The Participant must exercise due care once in possession of the legal documentation (DS-2019, DS-7002, J-1 Visa, etc.) for the program. The cost of replacing these items must be borne by the Participant.

18. The Participant is responsible for all of his or her acts along with any resulting loss or damage while on the program. The Participant agrees to indemnify and hold harmless CIEE for damages or loss to any party caused by his or her conduct.
19. The Participant is required to maintain communication with his or her Host Organization prior to arrival, notify the Host Organization in advance of his or her arrival and departure dates, and promptly advise the Host Organization of any changes to his or her travel itinerary due to visa delays or any unforeseen circumstances.
20. All travel before, during and after the program is at the Participant's own risk. If the Participant chooses to operate motorized vehicles, he or she is responsible for obtaining the necessary license, permission and insurance, and does so at his or her own risk.
21. The intention of this program is that the participant return home at the conclusion of the training and not pursue employment in the U.S. under another type of visa.
22. Once the Participant has commenced his or her travel to the U.S., CIEE cannot amend the program dates as listed on the DS-2019 for any reason. It is the Participant's responsibility to check the program start and end dates prior to traveling to the U.S. to ensure that the dates are correct.
23. If during the course of the program the Participant encounters any difficulties with his or her training position, or with safety, health, housing, the Participant must notify CIEE as soon as possible by phoning CIEE at 1-888-268-6245. In the event of an emergency, the Participant can also reach CIEE at the above number any time night or day.
24. The Participant is required to comply with all U.S. Government visa and immigration requirements, including the SEVIS requirement as follows:
  - a. Notification of arrival at U.S. Host Organization to CIEE within 20 days of the DS-2019 program start date.
  - b. Providing a valid email address and phone number upon arrival at U.S. Host Organization.
  - c. Notification to CIEE of any change in U.S. home address, phone number or email address within 10 days of the change.
25. The Participant understands that he or she is on a cultural exchange program and as such is expected to actively participate in American cultural activities during the program. The Participant agrees to make a good faith effort to seek out and participate in American cultural activities and to interact with American citizens. Depending on timing and location, CIEE will provide opportunities for the participant to attend networking or other educational events. Depending on timing, the Participant may be able to apply for the CIEE Civic Leadership Summit. Complete information about cultural exchange opportunities will be available to the Participant at a later date.
26. The Participant agrees that he or she will not engage in any activity that would bring the Intern/Trainee Program or the U.S. Department of State into notoriety or disrepute, including living in substandard or overcrowded housing. The Participant should contact CIEE for guidance if any proposed activity might cause this result. If the participant engages in such activities, his or her program may be ended prematurely and the participant will be required to return home immediately.
27. The Participant agrees to complete an online evaluation at the mid-point and end of the program, and to assist CIEE in securing mid-point and final evaluations by their internship supervisor.

### SECTION III. – Participant Responsibilities with Respect to His or Her U.S. Host Organization

28. a. Under no circumstances are internships/training positions guaranteed. A Host Organization's representation that a position is being held does not constitute a binding contract that the position will be available when the Participant arrives. The Host Organization's commitment is one of good faith only.
  - b. If the Participant does not have sufficient English proficiency, does not arrive on the expected start date, and/or made any false or inaccurate statement on the application, the offer of a position may be revoked.
  - c. If the Participant does not meet his or her contractual obligations with the Host Organization or with CIEE, CIEE may in its sole discretion withdraw or terminate sponsorship of the Participant.
29. CIEE is not responsible for the expenses incurred by the Participant if he or she has not started training by the agreed date due to financial difficulties of the Host Organization, or for any other reason not under the direct control of CIEE.
30. Participants are solely responsible for their own conduct and well-being both at and outside their Host Organization. CIEE cannot and does not monitor Participant's personal conduct, subject, however, to Paragraphs 27 and 43.
31. The Participant must only train at the Host Organization listed in his or her application and on the DS-2019 form. If for any reason a change of Host Organization becomes necessary, the Participant must contact CIEE, submit a new DS-7002 Form, and obtain approval from CIEE before changing internship/training positions. Failure to do so will result in the Participant's withdrawal or termination from the program.



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

- 32. If the actual internship/training position deviates significantly from the terms set forth in Form DS-7002, or if the internship/training environment, for whatever reason, proves unresponsive, the Participant should contact CIEE directly. If warranted, CIEE will endeavor to assist the Participant in finding another position. However, CIEE makes no guarantee that it will be able to do so and, furthermore, makes no representation that it will be able to find an internship/training position for the Participant in the same geographical area or at the same compensation level.
- 33. The Participant's training experience must take place in a primarily English-speaking workplace.
- 34. The Participant must be covered by a Worker's Compensation policy or equivalent offered by his/her Host Organization, unless the Host Organization is exempt by state law.
- 35. If Participant is terminated by the Host Organization from the internship/ training program for non-compliance with the Internship/Training Placement Plan or the workplace rules of the Host Organization, he or she may be also withdrawn or terminated from the program.
- 36. If the Participant's original internship/training program, for whatever reason, ends prior to the end date listed on the DS-2019 form, it is the Participant's responsibility to inform CIEE as soon as this is known and, in any case, before the last day of training. Depending on the situation, the Participant will either be required to end the program early or allowed to search for a new internship/training position.
- 37. Once the Participant has arrived in the U.S. to begin his or her program, CIEE will not for any reason refund his or her program fees nor be responsible for the refund of any fees paid to third parties (e.g., the U.S. Department of State, SEVIS, etc.).
- 38. The Participant agrees not to engage in training in any unskilled or casual labor positions, in positions that require or involve child care or elder care, or in any kind of position that involves patient care or contact. Furthermore, Participant also agrees not to engage in training in a position that involves more than 20 percent clerical work. More information is available at [www.ciee.org/intern](http://www.ciee.org/intern).
- 39. Per the regulations of this program, Participants may not take a job in addition to their approved training.
- 40. The participant understands that under no circumstances can they be out of training or out of the U.S. for more than 30 days at any point during their program.

#### SECTION IV. – Participant Responsibilities at the Conclusion of the Internship/ Training Program

- 41. The Participant agrees that he or she intends to return home upon completion of the program and not to attempt to stay in the U.S. If the participant applies for a change of status to a labor visa with the U.S. Host Organization, CIEE reserves the right to refuse future J-1 visa placements with the U.S. Host Organization.

#### SECTION V. – Contractual Terms and Other Program-Related Conditions

- 42. This English language version of the Intern/Trainee Program Application, including this Participant Declaration, is the binding contract between the Participant and CIEE.
- 43. CIEE makes no representation or warranty of any kind, expressed or implied, as to the suitability of the program for the Participant, and CIEE disclaims all such warranties to the full extent of the law.
- 44. The conduct of the Intern/Trainee Program is subject to U.S. government approval and may change without notice.
- 45. The Council on International Educational Exchange, its employees, directors, officers and shareholders, (collectively, "CIEE") does not own or operate any entity which provides goods or services for the program, including but not limited to arrangements for or ownership or control over houses, apartments or other lodging facilities; airline, vessel, bus or other transportation companies; food service; or entertainment providers. All such persons and entities are independent contractors and enter into legal relationships directly with the Participant (and not through CIEE). As a result, CIEE is not liable for any act or failure to act of any such person or entity, or of any third party. Without limitation, CIEE is not responsible for any injury, loss, or damage to person or property, death, delay or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal or terrorist activities of any kind or the threat thereof, overbooking or downgrading of accommodations, structural or other defective conditions in houses, apartments or other lodging facilities (or in any heating, plumbing, electrical or structural problem therein), mechanical or other failure of airplanes or other means of transportation or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with or bites from domestic or wild animals, pests or insects, sanitation problems, food poisoning, disease, epidemics or the threat thereof, lack of, access to or quality of medical care, difficulty in evacuation in case of medical or other emergency, or for any other cause beyond the direct control of CIEE.
- 46. CIEE reserves the right to provide you with information CIEE deems useful to program Participants, including but not limited to tax, travel and related services.
- 47. CIEE reserves the right to refuse sponsorship to any Applicant that CIEE deems does not meet program eligibility requirements or any Applicant that CIEE does not deem

appropriate to accept in the general interests of the program. In the event that CIEE rejects the Applicant's application to the program, any applicable refund will be made via the CIEE Representative through which the original application was submitted.

- 48. Program participation begins on the day of departure from the Participant's home country and terminates on the day of departure from the U.S. (so long as this occurs within the legal program dates). The maximum length of training is 12 months for Interns and 18 months for Trainees; however, the overall period of time in the U.S. may extend beyond the respective maximum durations as follows: The Participant can arrive to the U.S. a maximum of 30 days prior to the DS-2019 program start date and remain in the U.S. for up to 30 days beyond the DS-2019 program end date. The 30 days after the program end date represent a "Grace Period" extended to the Participant by the U.S. Government. This period is intended to be used for travel within the U.S. and the Participant is not allowed to train or to work in any capacity during this time. Moreover, the Participant also is not allowed to leave and re-enter the U.S. during this period, since the DS-2019 has expired. The participant agrees to notify CIEE if he or she completes his or her program early and departs the U.S. prior to the end date listed on his or her DS-2019 Form.
- 49. As part of this program, the U.S. Government requires that all Participants have a certain level of insurance coverage, which CIEE includes as a mandatory part of its program. The Participant is automatically covered within the internship/training program dates as outlined on the DS-2019 form. Should the Participant plan to arrive to the U.S. before the program start date, or to remain in the U.S. after the program end date during the "Grace Period" as outlined above, this must be made known to CIEE during the initial processing of the application. CIEE cannot be held responsible for any insurance claim made outside of the insurance dates confirmed to the Participant in his or her pre-departure program materials.
- 50. Under the U.S. Government's Health Insurance Portability and Accountability Act (HIPAA), CIEE is restricted in its access to certain medical information or records in the event that a Participant has an accident in the U.S. In order for CIEE to assist the Participant to the fullest extent possible with insurance-related issues, CIEE will need to have a signed Privacy and Confidentiality Release Form from the Participant. This form is optional and the Participant can choose whether or not CIEE is granted access to this information. All exchange visitors also may be subject to the requirements of the Affordable Care Act.
- 51. CIEE reserves the right to dismiss the Participant from the program if, in its best judgment, the Participant is deemed to be a danger to him- or herself or to others, or if his or her conduct is deemed to be detrimental to the program in any way. In the event of such a dismissal, CIEE shall not be held responsible for any resulting expenses incurred by the Participant such as airfare, and shall not be required to return any fees paid by the Participant.
- 52. Once the Participant has departed for the U.S., he or she will receive no refund should he or she choose to withdraw or terminate his or her program. The Participant will also receive no refund should CIEE find it necessary to withdraw sponsorship after the Participant has departed for the U.S.
- 53. CIEE and its Representatives do not provide housing. Whether the Participant arranges housing independently or through the Host Organization where possible, he or she will be required to sign a lease and pay a deposit, which usually amounts to the first and last month's rent and may include an additional security deposit.
- 54. CIEE may provide the Participant's contact information to third parties who provide useful services to exchange program Participants. Third parties receiving this information will be required to provide the Participant with the opportunity to opt out after the first contact.
- 55. The Participant gives CIEE permission to use any written, photographic, or video images of himself/herself in the course of reporting on and/or promoting CIEE programs.
- 56. CIEE retains the right, in its sole discretion, to contact participant's parents, guardian, and/or emergency contact with regard to health issues or any other matter whatsoever which relates to participant or participant's program. These rights transcend any and all privacy regulations that may apply.
- 57. Participant agrees to release and hold harmless CIEE, its officers, shareholders, affiliates and employees (collectively "CIEE") from and against any claims, causes of action and liability for any financial or other loss, damage, personal injury, illness or death suffered or incurred by participant, whether based on tort, breach of contract or any other theory. In addition, Participant agrees to release and hold harmless CIEE from its (CIEE's) own negligence.
- 58. The Participant agrees that any dispute concerning, relating, or referring to the Internship/Training Placement Plan, the Intern/Trainee Program Application, any other literature concerning the program, or the program itself shall be resolved exclusively by binding arbitration in Portland, Maine, according to the existing commercial rules of the American Arbitration Association. Such proceedings will be governed by Maine law. The arbitrator and not any federal, state, or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or voidable.

## PARTICIPANT SIGNATURE

By signing below, you indicate that you have read, understood and agree to all terms outlined in the Participant Declaration section. Additionally, by signing below, you also confirm that, to the best of your knowledge, all information contained in the Intern/Trainee Program Application is true and accurate.

Participant signature:

Date:

Print name:



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

## MEDICAL HISTORY

(Please complete this section to the best of your ability, noting that your responses will have no impact on whether or not your application is approved for your internship/training program)

Have you ever been hospitalized?  Yes  No If yes, please explain:

Have you ever been advised to have surgery which has not been done?  Yes  No If yes, please explain:

Have you ever consulted a neurologist, psychiatrist, psychologist, or any other specialist in nervous or emotional disorders?  Yes  No  
If yes, please explain:

When, and for what reason, did you last consult a physician?

What diseases, ailments, or injuries have you had in the last year?

Please mention any allergies, the severity of the allergy, and indicate if and how they are currently being treated.

Do you have any physical limitations?  Yes  No If yes, please explain:

Please indicate any medication you are currently taking and the purpose of using these drugs. (Note: A supply of medication should be taken in clearly labeled containers indicating the drug's generic name.)

If you are allergic to any drugs or medications, please list them here.

Please indicate any other pertinent medical information that may have been omitted. (such as abnormal blood pressure, weight problems, etc.)

## PRIVACY, HIPAA, AND CONFIDENTIALITY RELEASE FORM

By completing this form, you give consent to CIEE, your parents or guardian, your physicians and/or other medical providers to discuss your medical and/or insurance issues with CIEE. You also consent to CIEE utilizing any such material in, and as necessary in, treating any medical condition which may arise. You also consent that CIEE may notify your emergency contact listed in this application of any situation that we deem to be an emergency. In addition, you consent that CIEE may notify the official CIEE designated agency from whom you purchased this program of any situation that we deem to be an emergency.

This authorization is valid for two years from the date signed.

Under no circumstances can CIEE release medical information from your physician or provider of service to you or anyone. Your medical information has been disclosed to us from your physician or provider of service and we are prohibited by federal law from further disclosure. Please contact your physician or provider of service for your medical information.

I give CIEE permission to release any or all of the following information in and as appropriate in the event of a medical condition. (Please initial and check each box.)

Initial: \_\_\_\_\_  All financial and claim information related to medical bills or Claimant's Statement and Authorization.

Initial: \_\_\_\_\_  Provide name, date of service, total charge, total paid, and date of payment.

Initial: \_\_\_\_\_  Insurance ID number and/or social security number.

Print Patient Name:

Signature of the Patient, Adult Parent, or Legal Guardian:

Date (mm/dd/yyyy):



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## FEE DISCLOSURE (fees that will be collected by the CIEE International Representative, CIEE or the U.S. Government)

Fee	Amount (Please specify currency: _____ )	Inclusions
<b>Program fee</b> Internship USA 1 month: _____ 2 months: _____ 3 months: _____ 4 months: _____ 5 months: _____ 6 months: _____ 7 months: _____ 8 months: _____ 9 months: _____ 10 months: _____ 11 months: _____ 12 months: _____ 13 months: _____ 14 months: _____	Professional Career Training USA 1 month: _____ 2 months: _____ 3 months: _____ 4 months: _____ 5 months: _____ 6 months: _____ 7 months: _____ 8 months: _____ 9 months: _____ 10 months: _____ 11 months: _____ 12 months: _____ 13 months: _____ 14 months: _____ 15 months: _____ 16 months: _____ 17 months: _____ 18 months: _____ 19 months: _____ 20 months: _____	<ul style="list-style-type: none"> <li>- Application fee</li> <li>- Agent support pre-departure</li> <li>- U.S. Sponsor support</li> <li>- Orientation</li> <li>- Insurance Plan (for policy details visit <a href="http://www.ciee.org/insurance">www.ciee.org/insurance</a>)</li> <li>- Screening for program</li> <li>- Administrative costs</li> </ul>
<b>SEVIS fee</b>		- U.S. government administrative cost
<b>Visa interview fee</b>		- U.S. government administrative cost
<b>Promotion</b>		- Discount
<b>Placement fee</b>		- All costs related to finding a placement
<b>Expedite fee</b>		- Expedited forms and/or application review
<b>Other services</b>		
<b>Total fees</b> <small>(excluding airfare, housing, &amp; transportation)</small>		
<b>Flight</b> <small>(estimated cost)</small>		- Round-trip airfare (this is the typical cost – actual price will depend on destination and dates selected)
<b>Housing fee</b>		- This is the typical cost – actual price will depend on location
<b>Transportation fee</b>		- This is the typical cost – actual price will depend on location



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

## FEE DISCLOSURE (Continued)

### Cancellation and refund policy:

### Other program costs and pricing notes:

## PARTICIPANT FEE AGREEMENT

I verify that I was provided with a copy of the CIEE Internship USA & Professional Career Training USA application, which includes the full terms and conditions for the program. I confirm that I have reviewed the complete pricing information in this document and fully understood the costs of the program before I paid a non-refundable deposit. I understand that stipends might not cover the entirety of program and living expenses and that I should have access to additional personal funds.

Except as specifically modified herein, the terms of the CIEE Internship USA & Professional Career Training USA application I previously signed remain in full force and effect.

Name Printed:

Signature:

Date (MM/DD/YYYY):



# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

## FOR CIEE REPRESENTATIVE USE ONLY

### INTERN/TRAINEE REPRESENTATIVE INTERVIEW FORM (MANDATORY)

INTERVIEW	PROGRAM TYPE	ADDITIONAL INFORMATION
-----------	--------------	------------------------

Interview was conducted:	<input type="checkbox"/> Internship USA	<input type="checkbox"/> CIEE Sourced Position
<input type="checkbox"/> In-Person	<input type="checkbox"/> Professional Career Training USA	<input type="checkbox"/> Site Visit Required
<input type="checkbox"/> Webcam (Skype/Facetime)		
<input type="checkbox"/> Telephone		

### QUESTIONS FOR THE APPLICANT

I confirm that I have interviewed the applicant and posed the following questions to her/him. Based on her/his response, as well as on the other information submitted as part of the application process, I feel that this applicant is an appropriate candidate for the Intern/Trainee Program and that s/he has a proper understanding of its purpose and intent.

1. How did you locate your internship/training program? Did you find your internship/training program through a placement agency? If so which one?

2. Have you ever been to the U.S. before? If so, for what purpose? If not, what experiences would you like to obtain?

3. What is your educational and/or career plan upon returning to your home country?

Interviewer name:

Signature:

Title and organization:

Interview date (mm/dd/yyyy):





# INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA PROGRAM APPLICATION

Applicant First Name:

Middle Name:

Last Name:

## FOR CIEE REPRESENTATIVE USE ONLY

### ENGLISH INTERVIEW (OPTIONAL)

Please complete the sections below if the applicant is a non-native English speaker and has not provided one of the other approved methods of English verification. Ask the applicant the following questions in English.

1. What do you hope to gain professionally and culturally from this training opportunity?

2. What cultural activities do you hope to participate in while you're in the U.S.?

3. When you were considering international training opportunities, why did you select one in the U.S.?

4. How many years have you been studying English and how did you learn the language?

### ENGLISH PROFICIENCY

Beginner

Advanced

Not Applicable (Native Speaker)

Intermediate

Fluent

Interviewer name:

Signature:

Title and organization:

Interview date (mm/dd/yyyy):