

## **Instructions for Completing the Host Organization Training/Internship Placement Plan**

Thank you for offering to train a J1 Exchange Visitor! These instructions will provide you with the information necessary to complete the Training/Internship Placement Plan (DS-7002). You will also find some “quick tips” to aid in the development of a solid training plan.

### **SIX Key Ingredients of a Suitable Internship or Training Program**

1. The primary objective of training is to enhance the Exchange Visitor’s skills in his or her occupation through participation in a structured training program and to improve the participant’s knowledge of American techniques, methodologies or expertise within the individual’s field of endeavor. To determine “field of endeavor” CIEE looks at the field of study in school (for Internship USA participants) or recent work experience (for Professional Career Training USA participants).
2. The purpose of training is not simply for the Intern or Trainee to gain work experience. Some portion of “on-the-job” training is allowed, but it should be part of an overall, structured program. A well-structured training program would include, aside from the hands-on experience, a rotation through departments, attendance at conferences or seminars, classroom training and exposure to a variety of tasks. The longer the internship or training program, the more variety there should be.
3. The level of training should be appropriate for the level of education and career experience of the Intern or Trainee. Training should NOT be duplicative of the Intern or Trainee’s prior training or experience. If you know whom you wish to train, please review his or her resume or CV to ensure that your training will not duplicate his or her previous experiences.
4. Host Organizations are required to provide a professional environment that supports the proposed training. This includes, at a minimum, a supervisor with appropriate expertise, continual supervision, a structured program of activities, sufficient resources, etc.
5. Training is not designed to recruit foreign nationals for work in the US or to fill a labor need.
6. Training shall not be in an “unskilled occupation.” Refer to the US Department of State’s “unskilled occupations” list. However, components of the overall training plan *may* be on the unskilled list if they are a rotational part of a complete and full, bona fide training program. (eg. a housekeeping rotation for a Hospitality/Tourism student working at a major hotel is acceptable, if it is an integral part of the whole hospitality training plan and the trainee will progress to managing a housekeeping shift or understanding how housekeeping fits in with front office or registration tasks).



## TRAINING/INTERNSHIP PLACEMENT PLAN

<b>Check one:</b>  <input type="checkbox"/> Trainee  <input type="checkbox"/> Intern	Occupational Field  If the participant is a trainee (PCT), insert the field in which he/she is currently employed.	Number of Years of Experience  If the participant is a trainee (PCT) insert the number of years he/she has been working in the field written in the previous box.	
	Level of Degree  Insert the level of degree the participant has obtained (bachelor's, master's, doctorate, etc.)	Date Awarded (mm-dd-yyyy)  Insert the date that the diploma was awarded for the degree listed in the previous box.	Field of Study  Insert the participant's major field of study.
<b>PARTICIPANT INFORMATION</b>			
Trainee/Intern Name (Last, First, MI)  Include the participant's last and first names and middle initial.		U.S. Residence Address  Insert the address at which the participant may be contacted in the U.S.	
U.S. Telephone Number  Insert the phone number at which the participant may be contacted in the U.S.	FAX Number  Insert the fax number at which the participant may be contacted in the U.S.	Email Address  Insert the participant's primary email address.	
<b>SITE OF ACTIVITY INFORMATION</b>			
Host Organization  Insert the name of the Host Organization with which the participant will train.		Address  This should be the actual physical location of the site at which the training will take place.	
Supervisor's Name (Last, First, MI)  This should be the individual providing training and direct supervision (at the site of training listed in the address box) to the participant. An admissions coordinator from CIEE will contact this person - he/she should have complete knowledge of the training program.		Email Address  Supervisor's primary email - CIEE must contact supervisor via email.	
Phone Number  It is helpful to include the supervisor's direct phone number so that CIEE may contact him/her directly.	FAX Number  It is often useful to send information via fax to the supervisor.	Supervisor's Title  Insert the supervisor's professional title so that CIEE may understand his/her role at the company and level of experience/qualification to train the participant.	
Dates of Program (mm-dd-yyyy)  From _____ To <u>These dates</u>	Hours Per Week  This must be a	Will Trainee/Intern receive a stipend?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much?  \$ _____ per

<u>should be the dates (for the entire duration of the training program) that both the host organization and participant have agreed upon</u>	minimum of 32 hours	<u>If the participant is to receive a stipend, indicate the amount per month of the payment.</u>
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### CONTRACT AGREEMENT

**NOTE-** Sponsors will not approve any contracts, and Trainees/Interns may not begin their programs until both a Training/Internship Placement Plan (page 2) and proof of required insurance that meets 22 CFR 62.14 is on file with the sponsor.

**Trainee/Intern-** I hereby acknowledge, understand and agree to the attached Training/Internship Placement Plan.

Trainee/Intern Signature	Date (mm-dd-yyyy)
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**Supervisor-** I certify that I will provide on-site supervision and that this training/internship is known and approved by this company/business or organization (*site of activity*). I will ensure that the required insurance is in place that meets 22 CFR 62.14 and provide the sponsor with written evaluations of the trainee/intern's performance, including the number of hours performed, the type of training, and the quality of the performance. At minimum, I will submit the evaluation at the mid-point and end of the program.

Supervisor's Signature	Date (mm-dd-yyyy)
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**Sponsor- I approve the attached Training/Internship Placement Plan. I certify the following:**

1. Sufficient planning, equipment, and trained personnel will be dedicated to provide the training/internship specified;
2. The training/internship program is not designed to recruit and train aliens for employment in the United States;
3. Trainees/Interns will not displace full-time or part-time U.S. employees; and
4. That training and internship programs in the field of agriculture meet all requirements of the Employment Relationship under the Fair Labor Standards Act and the Migrant and Seasonal Agricultural Worker Protection Act (29 CFR Part 500).

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."

Sponsor's Signature (RO/ARO)	Date (mm-dd-yyyy)
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Program Sponsor Name  CIEE	Program Number  CIEE use only.
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\*Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/ISS/DIR) 1800 G St. NW, Washington, DC 20520.

**\*\*On this first page, the participant's direct supervisor must sign and date in the area designated for this purpose. The intern/trainee must sign and date in his/her section. Please leave the section designated for the "sponsor" blank as CIEE is designated by the Department of State as the legal sponsor of the intern/trainee. This section will be filled out by a CIEE representative (as will the final section – "program sponsor name" and "program number").**

**\*\*The DS 7002 (training/internship placement plan) should be completed by the primary host organization contact (supervisor). CIEE will contact your company to verify dates of training and clarify any issues with the training proposal. If we are unable to reach the primary contact, we will contact the alternate host company contact. Please make sure that the alternate contact is aware of the training dates and is well versed in and has a copy of the training plan.**

Program Sponsor Name CIEE		Program Number This space is reserved for CIEE use only.	
<b>TRAINING/INTERNSHIP PLACEMENT PLAN</b>			
An acceptable 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>i.e. classes, individual instruction, shadowing, etc.</i> ). 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>i.e.; if the trainee/intern is rotating through different departments</i> ).			
Name of Trainee/Intern ( <i>Last, First, MI</i> ) Fill in with participants last, first names and middle initial		Field of Training/Internship Insert the field in which the training program is taking place (ie: marketing, architecture, fashion, etc.)	
Name of Phase Insert a title for this phase that is descriptive of the nature of this portion training.	Start Date for this Phase If there is only one phase, the start and end dates should be the same as those on the first page of the DS 7002, otherwise _____ ( <i>mm-dd-yyyy</i> )	End Date for this Phase the dates should coincide with the amount of time necessary to complete this portion of the training. _____ ( <i>mm-dd-yyyy</i> )	Phase _____ of _____
Specific Objective for This Phase Offer a detailed description of the purpose of this phase. Think about the following questions: what is the intent of this training? what do you wish to accomplish during this part of the training? what is the idea behind all of the activities of this phase? what should the participant gain by taking part in this portion of the training?			
Skills to be Imparted for This Phase List all of the skills that the participant will gain upon completion of this portion of the training. Be as detailed as possible so that any person reviewing this document could understand why this training is important to the participant.			
Justification for On-The-Job Training Describe why you feel it is important for an individual to participate in this training program. Why is on-the-job training beneficial? How will this training differ from the academic training the participant has already undergone? What will the participant be exposed to that he/she couldn't be in his/her home country.			
Chronology or Syllabus of Training or Tasks Performed During This Phase List all tasks that will be completed/activities the participant will take part in during this phase. What tasks must be completed in order to fulfill the objectives of this phase? Be as detailed and offer as many examples as possible to give the reader an accurate picture of what the training will be like on a daily basis. In addition to listing these activities, it may be beneficial to offer a timeline over which these tasks/activities are to take place.			

Method of Evaluation and the Frequency of Supervision During This Phase

Describe how the supervisor will evaluate the participant's progress. For example: direct feedback, observation, meetings, written evaluations. It is also important to describe the level of supervision of the participant by the supervisor (should be constant/continuous throughout the training).

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\*\*If the participant is an intern (INT) it is only necessary to have one phase (unless this is a training program in hospitality lasting more than 6 months). However, for programs where the participant is a trainee (PCT) there must be multiple phases. In this case, the training plan should progress through more advanced areas of training. Design each phase to build upon the skills and knowledge gained in the previous phase(s). The trainee may rotate through different departments or complete a large project during the traineeship.

\*\*CIEE asks that an orientation phase be no longer than one month in length.

\*\*Training in housekeeping may last no longer than 6 weeks, with 2 weeks or less involving cleaning.



### Additional Host Organization Information

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

Briefly describe your company's activities. It is useful for the individual reviewing this application to have a brief summary/description of your company's operations. Feel free to "cut and paste" from the "about us" section of your website, brochure or other company materials.

Website:	No Website: <input type="checkbox"/>
Year founded:	Dun & Bradstreet ID Number: This number is required by the department of state for all organizations that wish to host individuals on j-1 visas. If you do not have a number, you may register for one at <a href="http://www.dnb.com">www.dnb.com</a> .
Employer ID Number: This is your company's tax id number. This must be included as it is a requirement of the department of state.	Workers' Compensation: Y: <input type="checkbox"/> N: <input type="checkbox"/> Please check yes or no. Workers' Compensation is a requirement of the Department of State for all organizations that wish to host Interns/Trainees on j-1 visas. You may be asked by CIEE to provide proof of your organization's WC policy.
Parent Company (if applicable):	Annual Revenue (companywide): <input type="checkbox"/> < \$ 999,999 USD <input type="checkbox"/> \$ 1,000,000 to \$ 2,999,999 USD <input type="checkbox"/> \$ 3,000,000 to \$ 4,999,999 USD <input type="checkbox"/> > \$ 5,000,00 USD

Number of employees in department(s) in which Intern/Trainee will be placed:  
This should be the number of full-time employees working in the department in which the intern will train (for example: if this is a marketing internship this should be the total number of full-time employees in the marketing department).

Number of international Inters/Trainees other than this applicant who will also be training in department(s): List the number of interns that will be training in the same department as this participant.	Number of Employees companywide: List the total number of full-time employees employed by your company. CIEE guidelines recommend that a host organization has 10 employees on-site for each trainee. If you have fewer than five trainees on site, please be prepared to demonstrate sufficient company resources.
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Has Host Organization hosted an Intern/Trainee through CIEE in the past three years? Y: <input type="checkbox"/> N: <input type="checkbox"/>			
If the host organization will provide any of the following, indicate approximate value of each per month:			
Housing:  U.S \$	Board:  U.S \$	Transportation:  U.S \$	Other:  U.S \$
Name of alternate contact at Host Organization: <b>The alternate contact should be someone with complete knowledge of the training, who can address any concerns in case the supervisor is unavailable. This is often a human resources officer.</b>			
Title: Insert the alternate contact's professional title so that CIEE may understand his/her role at the company and level of experience/qualification to train the participant.	Email: Insert the alternate contact's primary email - CIEE may contact the alternate contact via email.	Telephone: It is helpful to include the alternate contact's direct phone number so that CIEE may contact him/her directly.	

**Additional information to keep in mind:**

Training programs in medical, psychological or social services settings are treated with a higher degree of scrutiny. Depending on the circumstances, these programs may not be accepted under US Department of State regulations.

Training cannot be duplicative of the trainee's prior experience.

Training positions should not be considered as "ordinary employment". If this position would normally be filled by a full-time employee, it is not appropriate for an intern/trainee.

Trainees cannot complete programs in an "unskilled occupation," as defined by the US Department of State.

Host companies must provide continuous supervision.

Training must be directly related to the applicant's field of endeavor. Students must train in a field related to their university studies.