



### TRAINING/INTERNSHIP PLACEMENT PLAN

#### 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	ZIP Code
Website		DUNS Number	Employee Identification Number ( <i>EIN</i> )	
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:

1. I have reviewed and approved and will follow this Training/Internship Placement Plan;
2. I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62);
3. I will conduct the required periodic evaluations of trainees/interns; and
4. 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:

1. Sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training/internship program;
2. Continuous on-site supervision and mentoring of trainees/interns will be provided by experienced and knowledgeable staff;
3. 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;
4. 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
5. 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	Date ( <i>mm-dd-yyyy</i> )
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Program Sponsor Name	Program Number
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Program Sponsor Name	Program Number
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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 ( <i>Last, First, MI</i> )	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