

## 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
<div style="background-color: yellow; width: 100%; height: 100%;"></div>		
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 <span style="float: right;">To</span>

**SECTION 2: HOST ORGANIZATION INFORMATION**

Organization Name		Phase Site Address	Suite
City	State	ZIP Code	

Annual Revenue

Trainee/Intern - I certify that:

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 need 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 the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.), if applicable. I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Agricultural 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 \_\_\_\_\_



What specific knowledge, skills, or techniques will be learned?

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;