



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: COMPENSATION

Organization Name		Address		Suite
City	State	ZIP Code	Website URL	
Employer ID Number (EIN)	Exchange Visitor Hours Per Week	Compensation Stipend <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much? _____ per _____	
Workers' Compensation Policy <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Name of Carrier _____			Does your Workers' Compensation policy cover exchange Visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage	
Number of FT Employees Onsite at Location	Annual Revenue <input type="checkbox"/> \$0 to \$3 Million <input type="checkbox"/> \$3 Million to \$10 Million <input type="checkbox"/> \$10 Million to \$25 Million <input type="checkbox"/> \$25 Million or More			

SECTION 3: CERTIFICATIONS

Trainee/Intern - I certify that:

- I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
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.
- 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.
- 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.
- I will contact the Sponsor at the earliest available opportunity regarding any concerns, changes in, or deviations from this T/IPP.
- I will respond in a timely way to all inquiries and monitoring activities of my sponsor.
- I will follow all of my sponsor's guidelines required for my participation in my program.
- 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
- 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) (<i>must match passport name</i>)		The Exchange Visitor is:	
<div style="background-color: yellow; width: 100px; height: 15px;"></div> <div style="background-color: yellow; width: 100px; height: 15px;"></div>			
Program Sponsor		Program Number	
Main Program Supervisor/POC at Host Organization		Supervisor Contact Information	
Title		Phone	Fax
		Email	

PHASE INFORMATION

Phase Site Name		Training/Internship Field		Phase Site Address	
Phase Name		Start Date (<i>mm-dd-yyyy</i>) of Phase	End Date (<i>mm-dd-yyyy</i>) 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 (<i>for example, daily</i>) 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 (<i>Trainees</i>).					

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 1.5 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-5, Fifth Floor, U.S. Department of State, Washington, DC 20522.

The Training/Internship Placement Plan DS-7002 is an official document from the Department of State. Interns/Trainees and American host companies need to complete this document in order to apply for the Internship/Training program and to obtain the J-1 visa.
Please fill out the form via computer.

Page 1
Interns please fill out "Section 1"

Please spell your name as in your passport. Fill in the fields starting with your family name.

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

For Occupational Category, enter one of the following categories which Intrax is eligible to sponsor:

- Management, Business, Commerce and Finance
- Public Administration and Law
- Hospitality and Tourism
- Information, Media and Communications
- The Sciences, Engineering, Architecture, Mathematics and Industrial Occupations

Interns please fill in "n/ a"

Date awarded: When did you receive your degree?
Or
Date Expected: When do you think you will receive your degree?

Internships can have a maximum length of 12 months.
Trainings can have a maximum length of 18 month.
Exception: Trainings in the field of Hospitality & Tourism can only have a maximum length of 12 months

Page 1
Host Companies please fill out "Section 2"

SECTION 2: COMPENSATION					
Organization Name			Address		Suite
City	State	ZIP Code	Website URL		
Employer ID Number (EIN)	Exchange Visitor Hours Per Week	Compensation		Stipend <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much? \$ _____ per _____
Workers' Compensation Policy		Does your Workers' Compensation policy cover exchange visitors?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If so, Name of Carrier _____		<input type="checkbox"/> Yes <input type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage			
Number of FT Employees Onsite at Location	Annual Revenue				
	<input type="checkbox"/> \$0 to \$3 Million <input type="checkbox"/> \$3 Million to \$10 Million <input type="checkbox"/> \$10 Million to \$25 Million <input type="checkbox"/> \$25 Million or More				

32 hours minimum

Provide the contact information for the exact location of the internship/ training program

Employer Identification Number (EIN)
<http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Employer-ID-Numbers-EINs>

If you are providing housing, meals, transportation, etc., please enter the non-monetary value for the **entire program** in the "non-monetary compensation value" field.

Worker's Compensation: must provide proof of exemption or proof of equivalent coverage. You may only check "no" to covering exchange visitors if you are exempt in your state or offering equivalent coverage. Equivalent coverage must provide the intern/ trainee with coverage in the event that they are injured in the workplace and meet similar provisions of traditional workers' compensation policies.

Page 1
Interns/Trainees please read & sign "Section 3"

Printed Name of Trainee/Intern: _____ Date (mm-dd-yyyy): _____

Signature of Trainee/Intern: _____

Intern/ Trainee: Please use a **black pen**, make sure your signature is not too thin. Please print out the page once to see whether your signature is legible and make sure that you use the **American format** for the date (mm/ dd/ yyyy)

Interns/Trainees please fill in **"Section 4"**

SECTION 4: TRAINING/INTERNSHIP PLACEMENT PLAN	
<p>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. <i>classes, individual instruction, shadowing</i>). 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.; <i>if the trainee/intern is rotating through different departments</i>).</p>	
Surname/Primary, Given Name(s) <i>(must match passport name)</i>	The Exchange Visitor is:
Program Sponsor	Program Number
Main Program Supervisor/POC at Host Organization	Supervisor Contact Information
Title	Phone _____ Fax _____ Email _____

Interns/ Trainees must have a main point of contact or main supervisor who is familiar with all aspects of the internship/ training program (e.g. someone from the HR department)

Host Company please fill in **"Phase Information"**

For interns, one phase is sufficient. Exception: Internships in the field of Hospitality and Tourism require different phases. 12-month hotel internships would require 4 phases, for example.

For trainees, the State Department regulations prescribe rotations through different departments. The number of phases and the duration of each phase will depend on the length of the program. If the training is 4-9 months long, each phase should not exceed 3 months. If the training is 10-18 months long, each phase should not exceed 4-5 months.

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	

Name of Host Company

There must also be a phase supervisor who oversees the training / internship phase. Each phase supervisor must sign his or her phase. However, if the main supervisor will oversee all phases, only the main supervisor must sign the plan.

- All required fields - please do not leave blank
- Please make sure that the internship/ training plan shows that the internship/training relates to the intern's/trainee's field of study.
- Please refer to the intern/trainee by full name. Please refrain from naming him/her "intern"/"trainee"

Page 4
Supervisor please read and sign "Phase Supervisor"

Signature of Supervisor: _____
 Printed Name of Supervisor: _____ Date (mm-dd-yyyy) _____

Host Company Agreement (HCA)

This document is an agreement/contract between the legal sponsor for the J-1 visa, Intrax, and your company. Please fill out **all fields** and provide current information.



HOST COMPANY AGREEMENT

Following people and offices

This agreement ("Agreement") is made between Intrax Career Training ("ICT"), located at 600 California Street 10th Floor, San Francisco, CA 94108 and [redacted] ("Host Company"), located at [redacted]. The purpose of this Agreement is to establish the respective rights and obligations of the parties thereto regarding the matching of ICT Program participants ("Trainees") with Host Company in a training program. This Agreement becomes effective on the date it is signed and is valid for 3 years beyond that date.

ICT, as a US Department of State (DOS) designated Exchange Visitor Program, abides by all US Department of State regulations outlined in 22 CFR Part 62 and is the legal sponsor of each trainee during their program.

Please insert your company's address.

Please insert your company's name.

Host Company:	<input type="text"/>	Parent Company (if applicable)	<input type="text"/>
Address Trainee/Intern will be assigned:	<input type="text"/>		
Website:	<input type="text"/>	Email Address:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Workers' Compensation Insurance Policy #	<input type="text"/>	Name of Workers' Compensation Insurance Provider	<input type="text"/>
Number of full-time Employees in US:	<input type="text"/>	Number of full-time Employees at Training address	<input type="text"/>
Annual Revenue (Companywide):	<input type="checkbox"/> \$0 to \$3 Million <input type="checkbox"/> \$3 Million to \$10 Million <input type="checkbox"/> \$10 Million to \$25 Million <input type="checkbox"/> \$25 Million or More		
Name:	<input type="text"/>	Title:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

We will need your proof of Worker's Compensation Insurance Policy or, if applicable, evidence of state exemption from requirement of coverage.
<http://www.iii.org/article/do-i-need-workers-compensation-insurance>

Number of full-time Employees at Training address: Depending on the number of employees and the annual revenue, Intrax may have to conduct an **onsite-visit**. This is a U.S. State Department requirement and concerns companies whom Intrax has not worked with in the past.
 If these companies have either more than 25 employees or more than \$ 3,000,000 in annual revenue or both, no onsite-visit is required.

Employer Identification Number (EIN) / Tax ID Number:
<http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Employer-ID-Numbers-EINs>