



### TRAINING/INTERNSHIP PLACEMENT PLAN

SECTION 1: PARTICIPANT INFORMATION					
Trainee/Intern Name ( <i>Family Name, First Name, Middle Name</i> )				E-mail Address	
Select One: <b>Student Intern</b>	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 _____		
SECTION 2: SITE OF ACTIVITY INFORMATION					
Name of Supervisor ( <i>Last, First, MI</i> )				Title	
E-mail Address			Telephone Number		
Host Organization Name			Street Address of Training/Internship Site		Suite
City	State	ZIP Code	Website		
Employer ID Number ( <i>EIN</i> ) <b>043167352</b>		Hours Per Week	Will Trainee/Intern receive a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much? _____ per _____		
Does your organization have a Worker's Compensation (WC) policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, Name of Carrier <b>Commonwealth of Massachusetts</b>				Will your WC Policy cover the intern/trainee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of Full-Time Employees <b>1156</b>		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 checked="" type="checkbox"/> \$25 Million or More			
SECTION 3: CONTRACT AGREEMENT					
<p><b>Trainee/Intern</b> - I certify the following:</p> <ol style="list-style-type: none"> <li>I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);</li> <li>That I am entering into this Exchange Visitor Program in order to participate as a Trainee or Intern as delineated in the T/IPP, and not to simply engage in labor or work in the United States.</li> <li>That 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 is not providing me with a legitimate internship or training, as delineated on my T/IPP.</li> <li>I understand that any attempt to falsify, conceal, or cover up by any trick, scheme, or device a material fact by making any materially false, fictitious, or fraudulent statement or representation; or making or using any false writing or document, knowing the same to contain any materially false, fictitious, or fraudulent statement or entry is punishable by fine or imprisonment of up to 5 years under Title 18 U.S.C. § 1001.</li> </ol> <p>Signature of Trainee/Intern _____</p> <p>Printed Name of Trainee/Intern _____ Date (<i>mm-dd-yyyy</i>) _____</p>					
<p><b>Supervisor</b> - I certify the following:</p> <ol style="list-style-type: none"> <li>I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP).</li> <li>I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62).</li> <li>That Trainees and Interns will not displace full- or part-time, seasonal or permanent American workers, or serve to fill a labor need.</li> <li>I will conduct the required periodic evaluations of this trainee/intern.</li> <li>I will notify the designated Sponsor contact regarding any concerns about, changes in, or deviations from the T/IPP at the earliest available opportunity, to include, but not limited to, changes of Supervisor or Host Organization, or changes in rotational assignments.</li> <li>I will notify the Sponsor in the event of an emergency involving a Trainee or Intern, as well as any information that I receive about the Trainee or Intern that might represent a possible threat to their safety, security, welfare, or general well-being.</li> <li>I will notify the Sponsor in the event I receive any information regarding the Trainee or Intern that might be a cause of embarrassment or disgrace to the Department of State or the Exchange Visitor Program, to include, but not limited to, arrest, or engagement in illegal or immoral activities.</li> <li>That I am participating in this Exchange Visitor Program in order to provide the above listed individual with training or an internship as delineated in the T/IPP, and not to simply to engage this individual in labor.</li> <li>I understand that any on-the-job training or internship that the Trainee or Intern participates in meets all of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. § 201 et seq.).</li> </ol>					