



The Form DS-7002, Training/Internship Placement Plan (T/IPP), is a controlled document of the Department of State. It is used only with the Trainee or Intern categories under 22 CFR 62.22 to outline an exchange visitor's program activities. It is also the official agreement between CETUSA, the host company, and the J-1 Trainee/Intern. This document must explain what the participant will be learning and how these skills/techniques will be taught and evaluated. **IMPORTANT:** Supervision is necessary for the entire duration of the program. The T/IPP must not duplicate the participant's prior work experience, but must show the development of new skills, so please reference their CV when creating a draft. This program should be designed primarily for the benefit of the participant with an understanding that they will return to their home country after the program completion.

The T/IPP will be reviewed by the consular officer at the U.S. Embassy during the participant's visa interview to decide whether to grant the J-1 visa. A well-structured and detailed training plan is crucial to the program success. **Please submit an editable T/IPP draft, as it may need edits before the required signatures.**

RECOMMENDED PHASE DURATION

For a 1-6 month program, at least 2 different phases.

For a 7-18 month program, at least 3 different phases.

*An Introduction/Orientation phase should not last longer than 1 month.

TRAINING PLAN PHASE CONTENT OVERVIEW

The more details and specifics provided, the stronger the T/IPP will be. Use language such as, "learn", "gain professional experience in...", "shadow", "observe", etc. Each phase should build on the previous phase to ensure progression in learning and new skills gained. Do not use language such as "work" or "job" as the J-1 Trainee/Intern program is not a work program.

CETUSA SUPPLEMENTAL PAGE

You are requested to provide additional information about your program which helps set expectations and better prepares the Trainee/Intern for their arrival and start their program at your company.

IDENTIFYING THE SUPERVISOR

The Point of Contact helps to monitor the participant's entire program (e.g. Human Resources Director).

The Point of Contact and Primary Phase Supervisors can be the same individual.

The Primary Phase Supervisor provides daily, onsite supervision for the participant. The Primary Phase Supervisor can vary from phase to phase.

EVALUATIONS

The supervisor must complete midpoint and/or final evaluation **before the due date**. You will be advised on your program's specific evaluation due date(s) by CETUSA.

CHANGES TO A TRAINING PLAN

The following changes must be reported to CETUSA:

1. Address – If the host company moves to a different address or if the participant will be transferred to a different branch location within the same company.
2. Primary or main program supervisor changes.
3. Training activities – If the training content needs to be altered to better fit the participant.

Choose the category that best describes the training program:

- Agriculture, Forestry, Fishing
- Education, Social Sciences, Library Science
- Information Media and Communications
- Public Administration and Law
- Arts and Culture
- Hospitality and Tourism
- Management, Business, Commerce and Finance
- The Sciences, Engineering, Architecture, Mathematics, and Industrial Occupations



U.S. Department of State

OMB APPROVAL NO. 1405-0170
 EXPIRATION DATE: 01-31-2021
 ESTIMATED BURDEN: 2 hours

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	
PARTICIPANT LAST NAME		PARTICIPANT FIRST NAME		PARTICIPANT EMAIL ADDRESS	
Program Sponsor Council for Educational Travel USA (CETUSA)			Program Category CETUSA COMPLETES		
Occupational Category SEE NOTE		Current Field of Study/Profession INDICATE PARTICIPANT'S MAJOR OR PROFESSION		Experience in Field (number of years) Approximate, not needed for Interns	
Type of Degree or Certificate Bachelors, Masters, Etc		Date Awarded (mm-dd-yyyy) or Expected Should match participant's diploma issue date		Training/Internship Dates (mm-dd-yyyy) From SEE NOTE To	
SECTION 2: HOST ORGANIZATION INFORMATION					
Organization Name COMPANY NAME (Including DBA name if applicable)			Phase Site Address COMPANY ADDRESS		Suite Suite, Room
City		State	ZIP Code	Website URL COMPANY WEBSITE	
Employer ID Number (EIN) 9 DIGITS		Exchange Visitor Hours Per Week 32-40		Compensation _____ per _____ Stipend <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____ per _____ Non-Monetary Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, value? _____ per _____	
Workers' Compensation Policy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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 Number of full-time employees at training site		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			

The training/ internship dates should reflect the program dates in the U.S. The participant is not permitted to train in the U.S. before or after the dates listed.

Unless your company is a nonprofit or meets FLSA criteria for unpaid internships, all participants should be paid at least minimum wage for the city/state your company is located in. Please list the stipend amount per hour.

All participants must train for a minimum of 32 hours a week

If applicable, estimate the value of non-monetary compensation provided during the program such as housing, transportation, and meals.

If the participant will be covered by this policy, check "Yes" and provide the certificate copy to CETUSA.
 If the participant will not be covered, but equivalent coverage will be provided, please check "No, but equivalent coverage" and provide the proof of equivalent coverage to CETUSA.
 If the participant won't be covered, please contact CETUSA.

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:
PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	CETUSA COMPLETES
Program Sponsor		Program Number
Council for Educational Travel USA		CETUSA COMPLETES
Main Program Supervisor/POC at Host Organization		Supervisor Contact Information
	First Name, Last Name	Phone Supervisor's company phone number Fax
Title	Supervisor Position Title	Email Supervisor's company email address



The main supervisor is the person who oversees the entire program. It can be someone in HR or it can be the same person who will be supervising the participant daily.

This should reflect the participant's role for the entire program. Here are some examples: Finance, Business Management, Hospitality Management, Social Media Marketing, ESL Education, Food and Beverage, etc.

PHASE INFORMATION			
Phase Site Name COMPANY NAME	Training/Internship Field E.g.: Logistics	Phase Site Address TRAINING SITE ADDRESS	
Phase Name Title to describe phase e.g.: Client Relations	Start Date (mm-dd-yyyy) of Phase 03-01-2020	End Date (mm-dd-yyyy) of Phase 06-15-2020	Phase 2 of 4
Primary Phase Supervisor First Name, Last Name		Supervisor Title Supervisor Position Title	
E-mail Supervisor's company email address		Phone Number Supervisor's company phone number	
Description of Trainee/Intern's role for this program or phase This section should be at least 2-3 sentences. Describe what the phase will be about and what the participant's role will be. EXAMPLE: Building on the knowledge and skills in phase 1, PARTICIPANT NAME will receive training about logistics operations in the U.S. During this phase, PARTICIPANT NAME will communicate with vendors and clients in the U.S. and overseas. PARTICIPANT NAME will learn the overall client relations process and how to manage data for international shipments, as well as provide support for the steps of the transportation process.			
Specific goals and objectives for this program or phase List an overview of new goals and objectives that the participant will be learning about during this phase. Please include at least 2-3 goals/objectives. EXAMPLE: By the end of this phase, PARTICIPANT NAME will have strong foundational knowledge as to how COMPANY NAME communicates with clients/vendors, and how the company maintains client, vendor, and shipment data. The skills and knowledge gained in this phase will help PARTICIPANT NAME move on to learn about the specific rules and regulations surrounding domestic and international shipments in the proceeding phase.			
Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning? Include the qualifications of the primary phase supervisor and any additional supervisors – education (if applicable), how long have they worked in that field or at your company, have they received any awards or certificates during their career, etc.			

The primary phase supervisor is the person who will be providing daily, on-site supervision to the participant.

Phase dates must be continuous.

What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

Include holiday parties, company lunches or outings, team building activities such as volunteering, potlucks, attending a musical/theatrical performance, recommendations of tourist attractions in the area, etc.

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

Expand on the information provided in the goals and objectives section; use specific details regarding what the participant is expected to learn by the end of the phase. Please provide at least 2-3 bullet points or sentences describing the new skills/knowledge that will be acquired during this phase.

EXAMPLE:

- Professional English skills when communicating with clients/vendors by phone, email, or in person
- How to approach negotiations with both clients and vendors
- Internal operating procedures within the company
- Maintaining data within multiple databases; learning how to maintain client and vendor records is necessary as these are needed during audits
- Confident with figures and strengthening Microsoft Excel knowledge in order to use it efficiently and effectively for multiple purposes (client, vendor, shipment data)

How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (*Trainees*).

How the participant will be taught the specific skills and techniques listed above during this phase. Language such as shadowing, observing, reading company training manuals, role-play, one-on-one mentoring, classroom training, taking part in department meetings, etc are effective in this section.

EXAMPLE:

- PARTICIPANT NAME will read and reference the company's SOP manual.
- Observe colleagues and supervisor when communicating detailed information and instructions to/from clients/vendors throughout the entire lifecycle of a shipment. Role play will be used when discussing more challenging situations and questions from clients/vendors.
- Assist with classifying entries and reflecting that information in the company's databases; PARTICIPANT NAME will shadow the supervisor when first learning how to use the database and all it's functionalities. PARTICIPANT NAME will read the company's manuals about their database.
- Shadow new client calls to learn how negotiations are approached, proposed, and finalized.
- PARTICIPANT NAME will be given a "tour" of the company's Excel sheets, learn about the purpose of each file, how they are maintained, and the company's internal coding/note systems.

How will the Trainee/Intern's acquisition of new skills and competencies be measured?

How will the acquisition of these new skills be measured? Who will do this, and how often is it being done? This can be accomplished by an evaluation of a specific project, weekly progress meetings, periodic appraisals of the participant's development.

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

Sign Here

Must be hand signed or digitally signed by primary phase supervisor

Printed Name of Supervisor PRIMARY PHASE SUPERVISOR NAME

Date (mm-dd-yyyy)