

J-1 STUDENT INTERN APPLICATION SAMPLE OF DS-7002 TRAINING/INTERNSHIP PLACEMENT PLAN

The Form DS-7002, Training/Internship Placement Plan (T/IPP), is a controlled document of the Department of State. It is used only with a Trainee or Intern under [22 CFR 62.22](#), or a Student Intern under [22 CFR 62.23](#) respectively, to outline an exchange visitor's program activities.

If any of the information changes such as supervisor or primary location, this form must be updated, signed, and submitted to the VISA Office.

The following is a sample version to assist departments in completing the DS-7002. The official DS-7002 can be accessed at eforms.state.gov.

Fill out this form electronically and submit to the VISA Office as part of the Initial Eligibility Review.

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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
1 Doe Jane		student's personal e-mail address
Program Sponsor		Program Category
Case Western Reserve University		Student Intern
Occupational Category	Current Field of Study/Profession	Experience in Field (number of years)
Student	e.g. Electrical Engineering	Add "N/A" or the number of years of experience
Type of Degree or Certificate	Date Awarded (mm-dd-yyyy) or Expected	Training/Internship Dates (mm-dd-yyyy)
2 Bachelor's degree equivalent	3	4 From To

1. Must be in the format of the machine readable zone at the bottom of the applicant's passport ID page (last name/first name).

2. Student intern's current degree. The Student Intern must be enrolled in a full-time program in their home country

3. This must be the same completion date as submitted by the student on their J-1 Student Intern Home School Form

5. Must be 32 hours/week or more.

Student intern must sign before the document is ready to submit to the VISA Office for initial review. Hand-written or electronic image signature are acceptable.

SECTION 2: HOST ORGANIZATION INFORMATION

Organization Name		Phase Site Address		Suite
Case Western Reserve University		10900 Euclid Avenue		
City	State	ZIP Code	Website URL	
Cleveland	OH	44016	www.case.edu	
Employer ID Number (EIN)	Exchange Visitor Hours Per Week	Compensation		
34-1018992	5	6 Depend <input 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		Does your Workers' Compensation policy cover exchange Visitors?		
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name of Carrier Associated Compensation Resources		Yes <input type="checkbox"/> No, exempt <input checked="" type="checkbox"/> No, but equivalent coverage <input type="checkbox"/>		
Number of FT Employees Onsite at Location	Annual Revenue			
2,500-4,999	<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			

4. The dates of the internship should reflect the dates of the position at CWRU and should match the dates on the DS-2019 form

6.-Stipend: Choose "Yes" or "No" -If "Yes", list the frequency and the amount -If non-monetary, indicate what kind, i.e. 'room and board'.

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 _____

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<p>Sponsor-</p> <ol style="list-style-type: none">1. I have reviewed, understood, and approved the Training/Internship Placement Plan (T/IPP) regarding the proposed placement.2. I will notify the designated representative of the Department of State regarding any concerns and changes of Supervisor or sponsor.3. I will adhere to all applicable laws and regulations, including but not limited to, the following:<ol style="list-style-type: none">a. I will ensure that the training is supervised by knowledgeable staff;b. I have confirmed with the sponsor that the necessary equipment, and trained personnel will be available to provide the training;c. I will ensure that the training is well-structured and guided through structured and guided activities such as classroom instruction, seminars, and attendance at conferences, and that the training is not intended to displace permanent American workers or to assist the Trainee or Intern in achieving independent status (29 U.S.C. 201 et seq.). I will ensure that the training complies with the Occupational Safety and Health Act, as amended (29 U.S.C. 201 et seq.).d. I will ensure that the training is necessary to serve to fill a labor need in the United States and the objectives of his or her organization.e. I certify that this training is not for the purpose of circumventing the seasonal Worker Protection Act, as amended (29 U.S.C. 201 et seq.).f. I will notify the Department of State if this T/IPP that could result in the Trainee or Intern becoming a permanent resident into notoriety or disrepute.g. I declare and affirm that the information and belief provided in this document in the subject of the proposed Training/Internship Placement Plan is true and correct to the best of my knowledge, and I am not aware of any material fact, or using any false information.	<p>NOTE:</p> <p>Page 2 is completed by the VISA Office.</p> <p><u>Do not write anything on this page.</u></p>
<p>Signature of Responsible Officer or Alternate Responsible Officer _____</p>	
<p>Printed Name of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) _____</p>	
<p>Name of Sponsor Organization _____ Program Number _____</p>	

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The name must be in the format of the machine readable zone at the bottom of the applicant's passport ID page (last name/first name).

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) (must match passport name)		The Exchange Visitor is:	
Doe	Jane	Student Intern ▼	
Program Sponsor		Program Number	
Case Western Reserve University		P-1-00574	
Main Program Supervisor/POC at Host Organization		Supervisor Contact Information	
Full name of supervisor or PI		Phone	Fax
Title		Email	
Title of supervisor or PI		Supervisor Email	
PHASE INFORMATION			
Phase Site Name	Training/Internship Field	Phase Site Address	
e.g. Electrical Engineering Department	e.g. Electrical Engineering	Same address as primary site	
Phase Name	Start Date (mm-dd-yyyy) of Phase	End Date (mm-dd-yyyy) of Phase	Phase
e.g. "Electrical Engineering Internship"			1 of 1
Primary Phase Supervisor		Supervisor Title	
Name of main supervisor		Supervisor title, e.g. "Associate Professor"	
E-mail		Phone Number	
supervisor's email		supervisor work 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 (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?			

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<p>What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?</p> <p>Sample: The Student Intern will be exposed to a variety of cultural opportunities both on-campus and in the city of Cleveland. CWRU offers resources and opportunities to participate in campus-sponsored activities and organized programs. These include activities sponsored by the Office of International Student Resources and Engagement (OISRE) including outings to sports events, hiking in the Cleveland Metroparks, tours of historic Cleveland, etc.</p> <p><u>Your department should feel free to elaborate further if interested.</u></p>
<p>What specific knowledge, skills, or techniques will be learned?</p>
<p>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>).</p>
<p>How will the Trainee/Intern's acquisition of new skills and competencies be measured?</p> <p>Sample: The Student Intern will participate in weekly lab meetings and discuss their results/ have one-on-one meetings with their PI/ submit progress reports, etc.</p>
<p>Additional Phase Remarks (<i>optional</i>)</p> <p>Optional- can be used to add other relevant information about the internship</p>

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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 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: ECA/EC, SA-4, U.S. Department of State, Washington, DC 20522.

Supervisor must sign before submitting to the VISA Office. The signature can be hand-written or electronic/digital. (Every other part of this form must be filled in digitally)