

Internship USA

Professional Career Training USA



DS-7002 – Hospitality & Tourism

Thank you for your interest in hosting an international Intern/Trainee through CIEE! Hosting an international Intern/Trainee at your company can be a very rewarding experience for your company and the participant. Many Interns and Trainees return to their homeland with a life-changing perspective, having forged lasting and important relationships with their Host Organization and surrounding American community. We are excited to work with you to create an exceptional experience for you and your Intern or Trainee.

The J-1 Visa and Its Purpose

- CIEE is designated by the U.S. State Department to sponsor the J-1 visa for Interns/Trainees participating in the Exchange Visitor Program.
- The program is open to university students, recent university graduates, and young professionals.
- The program offers Interns/Trainees the opportunity to enhance their professional skills and gain experience in their fields of study and intended career paths.
- The J-1 Visa provides the opportunity for participants to engage with Americans in their host community and beyond, and to actively participate in cultural exchange.

Your Responsibilities as a Host Organization

- Provide a training plan that complements the participant's field of study or professional background.
- Create a balanced exchange of skills and ideas between the organization and the participant.
- Provide continuous supervision of the participant.
- Create intentional opportunities for the participant to experience American culture within and outside of the workplace.
- Ensure the Intern/Trainee is not replacing American workers or filling a labor need within your organization.

The DS-7002 Training/Internship Placement Plan (T/IPP)

- The DS-7002 documents the intended training you will provide to the Intern/Trainee.
- The training plan must be progressive in skill acquisition and may have multiple phases.
- It should be detailed and tailored to the participant.
- The best training plans are developed in collaboration with the participant.
- The DS-7002 must be signed by both the Supervisor and the participant.

Submitting the DS-7002 T/IPP

- Once the DS-7002 is complete and signed, the participant will submit it to their local CIEE representative.
- The representative sends the applicant's DS-7002 to CIEE for review.
- CIEE will contact the Supervisor listed on the DS-7002 via email or phone to confirm the training details.
- ***In order for CIEE to approve the training plan, we will need to correspond directly with the Intern or Trainee's Supervisor.***

Hospitality and Tourism Training

- DS-7002 training plans are normally limited to 12 months for Interns and Trainees. Exceptions may be made for Trainee DS-7002s that are entirely focused on management skills.
- Hospitality or tourism training lasting more than 6 months must always include at least 3 phases.
- Visit our website at www.ciee.org/hire/intern for more detailed guidelines.

If you have any other questions or need help completing the DS-7002, please visit our website at www.ciee.org/hire/intern, call CIEE at 1.888.369.1620, or email us at trainees@ciee.org. We are here to help and look forward to hearing from you!



TRAINING/INTERNSHIP PLACEMENT PLAN

SECTION 1: PARTICIPANT INFORMATION

Trainee/Intern Name (Family Name, First Name, Middle Name)		E-mail Address
[Redacted]		[Redacted]
Select One:	Current Field of Study or Profession	If Professional, Number of Years Experience in Field
Type of Degree or Certificate	Date Awarded (mm-dd-yyyy) or Expected	Training/Internship Dates (mm-dd-yyyy) From To

SECTION 2: SITE OF ACTIVITY INFORMATION

Name of Supervisor (Last, First, MI)		Title
[Redacted]		[Redacted]
E-mail Address		Telephone Number
Host Organization Name		Street Address of Training/Internship Site Suite
City	State	ZIP Code Website
Employer ID Number (EIN)	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 type="checkbox"/> Yes <input type="checkbox"/> No If so, Name of Carrier _____		Will your WC Policy cover the intern/trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Full-Time Employees	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: CONTRACT AGREEMENT

Trainee/Intern - I certify the following:

- I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
- 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.
- 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.
- 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.

Signature of Trainee/Intern _____

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

Supervisor - I certify the following:

- I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP).
- I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62).
- That Trainees and Interns will not displace full- or part-time, seasonal or permanent American workers, or serve to fill a labor need.
- I will conduct the required periodic evaluations of this trainee/intern.
- 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.
- 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.
- 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.
- 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.
- 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.).

10. That 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 or internship delineated on their T/IPP.
11. 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.

Signature of Supervisor _____

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

Sponsor - I certify as the sponsor that the attached Training/Internship Plan is approved and that:

1. I hereby acknowledge that I have reviewed, understand, and will ensure that the Supervisor follows this Training/Internship Placement Plan (T/IPP) regarding the above listed Trainee or Intern.
2. I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62).
3. I have confirmed with the Supervisor/Host Organization Representative that sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training or internship program.
4. I have confirmed with the Supervisor that continuous on-site supervision and mentoring of Trainees and Interns will be provided by experienced and knowledgeable staff.
5. I have verified with the Supervisor that Trainees or Interns will obtain skills, knowledge, competencies through the structured and guided activities listed in the T/IPP, and will include activities such as classroom training, seminars, rotation through several different departments, attendance at conference, and similar learning experiences.
6. That Trainees or Interns will not displace full-, part-time, temporary, or permanent American workers, or serve to fill a labor need. I also acknowledge that the positions Trainees and Interns fill exist solely to assist them in achieving the objectives listed in the T/IPP, and not as sources of labor.
7. That training or internships in the field of agriculture meets all of the requirements of the Fair Labor standards Act, as amended (29 U.S.C. § 201 et seq.) and the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. § 1801 et seq.).
8. I will notify the designated Department of State, Bureau of Educational and Cultural Affairs (ECA) contact regarding any concerns about, changes in, or deviations from the Training/Internship Placement Plan at the earliest available opportunity, to include, but not limited to, changes of Supervisor or Host Organization.
9. I will notify the designated Department of State, ECA contact 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.
10. I will notify the designated Department of State, ECA contact 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.
11. That I am participating in this Exchange Visitor Program so that the above listed individual receives training or an internship as delineated in the T/IPP, and not simply to provide the Supervisor or Host Organization with a source of labor.
12. 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.

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, etc.*). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of pages 2 and 3 must be completed for each phase if applicable (*e.g.; if the trainee/intern is rotating through different departments*).

Trainee/Intern Name (<i>Family Name, First Name, Middle Name</i>) <div style="background-color: yellow; height: 15px; width: 100%;"></div>	Field of Training/Internship
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Name of Phase	Start Date for this Phase (<i>mm-dd-yyyy</i>)	End Date for this Phase (<i>mm-dd-yyyy</i>)	Phase _____ of _____
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Brief Description of Trainee/Intern's Role for this Phase

Specific Goals and Objectives for this Phase

Knowledge, Skills, or Techniques to be Imparted During this Phase.

1.) What specific knowledge, skills or techniques will be learned?

2.) What plans are in place for the trainee/intern to participate in American cultural activities?

How, specifically, will these knowledge, skills or techniques be taught? Include the Specific Tasks and Activities to be Completed for this Phase (Interns) or Methodology of training and Chronology/Syllabus for this Phase (Trainees).

Methods of Supervision. Who will provide daily supervision of the trainee or intern and what are their qualifications to impart the planned learning during this phase?

Methods of Performance Evaluation. How will the trainee or intern's acquisition of new skills and competencies be measured during this phase?

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Methods of Performance Evaluation. How will the trainee or intern's acquisition of new skills and competencies be measured during this phase?

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 is necessary to provide clarity of training and intern programs offered to foreign nationals by United States entities designated by the Department of State to conduct exchange visitor programs, for general statistical use within the Department of State, and to enable the Department of State to effectively administer the trainee and intern categories of the Exchange Visitor Program. Failure to provide the information requested on this form may result in non-participation in the Exchange Visitor Program.

ROUTINE USES: The information on this form may be used in reviewing complaints, in formulating statistical data on training and internships programs conducted under the Exchange Visitor Program, and may be shared with overseas counterpart offices of the Department of State to ensure proper administration of this Program for exchange purposes. The information provided may also be released to federal, state, local, or foreign government entities for law enforcement purposes.

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.



Additional Host Organization Information

The following information is a required part of the Training/Internship Placement Plan. Forms not completed in their entirety will be held as incomplete, and may delay processing. Please take the time to go through this page carefully before submitting.

**Indicates fields that are required to determine if a site visit is necessary under Department of State regulations. CIEE reserves the right to conduct a site visit at any prospective Host Organization as part of its review process.*

Name of Trainee/Intern (Last, First, MI):

Parent Company (if applicable):

DBA (if applicable):

Worker's Compensation Insurance Provider (as listed on DS-7002):

Worker's Compensation Policy Number:

Year Founded:

Fax Number:

*Number of Full-Time Employees Companywide in the U.S.:

Number of employees in department(s) in which Intern/Trainee will be placed:

Number of international Interns/Trainees other than this applicant who will also be training in department(s):

*Has Host Organization hosted an Intern/Trainee through CIEE in the past three years? Y N

If the host organization will provide any of the following, indicate approximate value of each **per month**:

Housing:

Board:

Transportation:

Other:

U.S. \$

U.S. \$

U.S. \$

U.S. \$

Name of alternate contact at Host Organization:

Title:

Email:

Telephone:

Applicant Interview

- Please check this box if you have completed an interview with the Applicant, either in-person, via telephone, or via web camera/video-conference, and found his or her English language skills to be sufficient to function on a day-to-day basis in his or her internship/training environment.