



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
Trainee Example		exampletrainee@example.com
Program Sponsor	Program Category	
American Institute For Foreign Study - Trainee Program	Trainee <input type="checkbox"/>	
Occupational Category	Current Field of Study/Profession	Experience in Field (number of years)
Hospitality and Tourism	Tourism	5
Type of Degree or Certificate	Date Awarded (mm-dd-yyyy) or Expected	Training/Internship Dates (mm-dd-yyyy)
Bachelor's	XX-XX-XXXX	From 01/01/2023 To 01/01/2024

SECTION 2: HOST ORGANIZATION INFORMATION

Organization Name		Phase Site Address		Suite
Example Company		123 Main St		
City	State	ZIP Code	Website URL	
City	ST	Zip	www.ExampleCompany.com	
Employer ID Number (EIN)	Exchange Visitor Hours Per Week	Compensation		
X-XXXXXX	40	Stipend <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$200 per week Non-Monetary Compensation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, value? \$300 per week		
Workers' Compensation Policy			Does your Workers' Compensation policy cover exchange Visitors?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Carrier Example Carrier			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage	
Number of FT Employees Onsite at Location	Annual Revenue			
X-X	<input checked="" 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 Example Trainee Date (mm-dd-yyyy) XX-XX-XXXX

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 need 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 the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.), if applicable. I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Agricultural 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 American Institute For Foreign Study - Trainee Program Program Number P-XXXXXX

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:	
Trainee	Example	Trainee <input type="button" value="v"/>	
Program Sponsor		Program Number	
American Institute For Foreign Study - Trainee Program		P-XXXXXX	
Main Program Supervisor/POC at Host Organization		Supervisor Contact Information	
Example Supervisor		Phone XXX-XXX-XXXX	Fax XXX-XXX-XXXX
Title		Email	
Example Title		supervisor@example.com	

PHASE INFORMATION

Phase Site Name		Training/Internship Field		Phase Site Address	
Example Site Name		Hospitality and Tourism		Example Address	
Phase Name		Start Date (<i>mm-dd-yyyy</i>) of Phase	End Date (<i>mm-dd-yyyy</i>) of Phase	Phase	
Introduction/Orientation		01/01/2023	01/14/2023	1 of 4	
Primary Phase Supervisor			Supervisor Title		
Example Supervisor			Human Resources Director		
E-mail			Phone Number		
example@email.com			xxx-xxx-xxxx		

Description of Trainee/Intern's role for this program or phase

The trainee will complete the companies onboarding, orientation, and new employee training under the guidance of department heads and Human Resources. They will be asked to provide feedback on the onboarding and training procedures.

Specific goals and objectives for this program or phase

The trainee will gain an overview of company's history and general company structure. The trainee will meet various managers and employees in each department and learn each departments responsibilities and goals and how they contribute to the overall mission of the company. The trainee will understand the company's policies and expectations through the onboarding program and new employee training.

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?

EXAMPLE NAME HERE: Human Resources Director-Masters in Human Resources and 22 years experience in the Human Resources field.

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

The trainee will have the opportunity to participate in group lunches and other social activities with the team. The trainee will also be able to participate in various events in the city where the traineeship is taking place.

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

The trainee will learn the companies standard operating procedures and policies, as well the company culture and goals/mission. The trainee will become familiar with the employee/managerial structure of the training site. The trainee will gain specific skills and knowledge because of mandatory trainings and classes and understand the new employee onboarding and training process through participation.

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*).

Trainee will shadow, assist, and observe various department heads within the company. Trainee will develop relationships with co-workers and supervisors. Trainee will complete specific trainings and classes required for company/specific role and gain experience and knowledge in communication and workplace laws and policies relevant to the United States and state of their traineeship. They will complete all new employee onboarding and specific training courses to become familiar with their industries required skills and trainings. Any software used for their traineeship will be taught.

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

At the end of each week, trainee will meet with a department head one on one to review week's progress and what goals they have set for the upcoming week. Human Resources will be checking in with the trainee daily to ensure all questions are answered and the trainee is orientated appropriately.

Additional Phase Remarks (*optional*)

The trainees direct supervisor will be the primary source for continuous on-site supervision and mentoring. Additionally, during this phase each team member will give an overview of their role to the trainee and train them on specific aspects of the projects they will be involved in.

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.), if applicable. I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Agricultural 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 Example 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.

PAPERWORK 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-4E, U.S. Department of State, Washington, DC 20522-0505.

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:	
Trainee Example		Trainee <input type="button" value="v"/>	
Program Sponsor		Program Number	
American Institute For Foreign Study - Trainee Program		P-XXXXXX	
Main Program Supervisor/POC at Host Organization		Supervisor Contact Information	
Example Supervisor		Phone XXX-XXX-XXXX	Fax XXX-XXX-XXXX
Title		Email	
Example Title		supervisor@example.com	

PHASE INFORMATION

Phase Site Name		Training/Internship Field		Phase Site Address	
Example Name		Hospitality and Tourism		Example Address	
Phase Name		Start Date (mm-dd-yyyy) of Phase	End Date (mm-dd-yyyy) of Phase	Phase	
Culinary Management		01/15/2023	05/01/2023	2 of 4	
Primary Phase Supervisor			Supervisor Title		
Example Name Here			Director of Culinary		
E-mail			Phone Number		
example@email.com			xxx-xxx-xxxx		

Description of Trainee/Intern's role for this program or phase

The trainee will assist in coordinating operations in different kitchen and dining departments at a fine dining restaurant and resort. The trainee will shadow a head chef, kitchen manager and Dining Room manager and take on leadership tasks in each department towards to end of this phase. The trainee will then be assigned one of the 3 departments to lead, under the supervision of the supervisor for the last month of their traineeship.

Specific goals and objectives for this program or phase

The trainee will gain experience and skills in standard operations and safety standards in using kitchen equipment, staff management, food safety, budgets and inventory, vendor coordination and guest services. They will complete this phase with a broad understanding of the Food and Beverage industry. They will obtain their Serv Safe certificate during this phase. The trainee will also gain a full month of hands on leadership and managerial experience in either front of house, kitchen manager or chef at the end of the 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?

EXAMPLE NAME: Director of Culinary Arts. Bachelors Degree in Culinary Arts and Masters in Business. 12 years of experience at the company.

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

Trainee will team up with US co-workers to plan themed menus for holidays and special events. Trainee will have the opportunity to attend various events sponsored by company (trips to local water parks, volunteer at sports events etc)

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

The trainee will learn how to produce high quality dishes of various cuisines in a luxury restaurant and resort. They will also maintain appropriate service and sanitation standards. The trainee will also learn how to perform inventory at various stations in the food and beverage division, as well completing and supervising opening, mid, and closing shifts checklists. They will become competent in safe food handling and all tasks related to achieving a high inspection score. They will gain skills in restaurant management and guest services, including managing all teams of staff in a large restaurant, basic accounting and budgeting and vendor relations and management. They will gain hands on experience supervising teams.

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*).

Trainee will perform daily accounting and receiving of inventory. Trainee will learn and observe from a variety of supervisors. Trainee will also attend classes and in person courses to develop culinary techniques and skills and have the opportunity to practice those in the restaurant. Trainee will rotate through different areas of the kitchen (bakery, sauces, butchery, restaurant etc) as well as the front of house and kitchen manager areas. Towards the end of the phase the trainee will take on tasks independently in one of the 3 assigned areas.

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

Trainee will receive daily/shift feedback from direct supervisors. A one-on-one feedback session will occur weekly, and then formal, written evaluations at 4 and 8 weeks (mid phase) the end of phase.

Additional Phase Remarks (*optional*)

The hospitality and tourism is constantly evolving, and many techniques and methods used are unique to the US and not provided in the trainee's home country. The scope and access provided in a hands-on manner is invaluable in the development of the trainee in order to return to their home country with new skills.

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.), if applicable. I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Agricultural 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 Example Name Here

Date (mm-dd-yyyy) 01/01/2023

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.

PAPERWORK REDUCTION ACT

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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:	
Trainee Example		Trainee <input type="button" value="v"/>	
Program Sponsor		Program Number	
American Institute For Foreign Study - Trainee Pr		P-XXXXXX	
Main Program Supervisor/POC at Host Organization		Supervisor Contact Information	
Example Supervisor		Phone XXX-XXX-XXXX Fax XXX-XXX-XXXX	
Title		Email	
Example Title		supervisor@example.com	

PHASE INFORMATION

Phase Site Name		Training/Internship Field		Phase Site Address	
Example Name Here		Hospitality and Tourism		Example Address Here	
Phase Name		Start Date (mm-dd-yyyy) of Phase	End Date (mm-dd-yyyy) of Phase	Phase	
Event Management		05/02/2023	09/01/2023	3 of 4	
Primary Phase Supervisor			Supervisor Title		
Example Name Here			Director of Special Events		
E-mail			Phone Number		
example@email.com			xxx-xxx-xxxx		

Description of Trainee/Intern's role for this program or phase

Building on skills in Human Resources and food and beverage management the trainee is well prepared to utilize all skills in event management at a luxury resort. The trainee will receive specialized training in event coordination and management prior to participating in the management and coordination of a luxury event held at the resort. Once trained the trainee will be assigned an upcoming event that will be held towards the end of this phase. The trainee will become orientated into that events team and will take on roles in the planning, coordination, and evaluation periods to ensure a successful event.

Specific goals and objectives for this program or phase

The trainee will gain practical experience in event development, management and evaluation and will be integral in all facets of organizing a luxury event including planning, execution, and evaluation. The trainee will gain skills in vendor hiring and management, recruiting and onboarding seasonal event employees and staff management.

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?

EXAMPLE NAME HERE: Director of Special Events. Bachelors Degree in Event Management. 22 years experience in the field.

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

Trainee will team up with US co-workers to plan themed menus for holidays and special events. The trainee will have the opportunity to attend various events sponsored by company (trips to local water parks, volunteer at sports events etc)

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

The trainee will gain experience in a variety of areas specific to event management including organizing luxury events, communicating with staff, vendors, guests, event venues etc., working on marketing materials in collaboration with the marketing department and coordination and hiring of all external vendors required. The trainee will gain extensive experience in team management and scheduling and communication.

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*).

The trainee will initially be working under the direct supervision of an event coordinator during the training phase. They will be trained in all required software at the start of this phase as well as orientated and introduced to all people and information to be successful in this phase. They will gain practical hands on experience in all elements of planning and executing the event-including marketing, hiring, and managing vendors, budget management, emergency response protocols, public outreach and sponsorship via calls and emails. They will be assigned tasks and responsibilities on a weekly basis before taking on a managerial role towards the end of the phase.

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

Throughout this phase, the trainee will fill out a brief daily report and send it to their direct supervisor for feedback so progress can be monitored on an ongoing basis. Weekly meetings and active participation in specific projects with the rest of the team will also enable the staff to provide feedback to the trainee regularly.

Additional Phase Remarks (*optional*)

Phase Supervisor - I certify that:

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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;
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Signature of Supervisor _____

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

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Surname/Primary, Given Name(s) (must match passport name)		The Exchange Visitor is:	
Trainee	Example	Trainee	<input type="checkbox"/>
Program Sponsor		Program Number	
American Institute for Foreign Study - Trainee Program		P-XXXX	
Main Program Supervisor/POC at Host Organization		Supervisor Contact Information	
Example Supervisor		Phone xxx-xxx-xxxx	Fax xxx-xxx-xxxx
Title	Example Title	Email	Example@email.com

PHASE INFORMATION

Phase Site Name		Training/Internship Field		Phase Site Address	
Example Site Name		Hospitality and Tourism		Example Address	
Phase Name		Start Date (mm-dd-yyyy) of Phase		End Date (mm-dd-yyyy) of Phase	
Guest Services		09-01-2023		01-01-2024	
Primary Phase Supervisor		Supervisor Title			
Example Name Here		Director of Guest Services			
E-mail		Phone Number			
example@email.com		xxx-xxx-xxxx			

Description of Trainee/Intern's role for this program or phase

With skills now in Human Resources, event management and the food and beverage industry the trainee will build on their guest services skills at a high-end hotel and resort working in all areas of the guest services team. They will shadow the front desk staff, the guest services and concierge team, the amenities department, and the lodging manager. They will perform tasks in each department under the supervision of the department manager. At the end of the phase, for 1 month, the trainee will take the lead in one department and design a new program or policy that will benefit the team and company.

Specific goals and objectives for this program or phase

The trainee will gain a broad understanding of the guest services industry, spending time working with all departments and a variety of supervisors. They will liaise and communicate directly with guests via email, phone and in person, they will schedule and cancel room bookings and amenities offered at the hotel and they will assist in handling guest feedback. They will assist with scheduling guests into the different amenities offered and observe and participate in all offered amenities (sports, nature, spa etc.). At the end of the phase, they will be able to independently work in all sectors of the guest services departments.

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?

EXAMPLE NAME HERE: Director of Guest Services. Bachelors Degree in Business and Masters Degree in Communications. 8 years experience in the field.

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

During this phase, the trainee will spend a long weekend with all employees at a company retreat to a local ski resort. The trainee will also have the opportunity to attend a local sports event and celebrate the start of a new season with a company event.

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

Customer service and communication skills will be the most important skills practiced and learned during this phase. The trainee will be communicating via phone, email and in person daily with guests. The trainee will also gain skills in scheduling in the guest services industries-including rooms, staff, and amenities. They also will gain experience in handling positive and negative guest feedback. They will gain skills in evaluating the systems and policies in place and designing and suggesting improvements.

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*).

The trainee will work directly with the front desk team, guest services/concierge, amenities department and the lodging manager-initially spending 1 week shadowing tasks in each team. They will then begin to work independently on tasks within each department-including scheduling, managing guest check ins/outs, managing guest feedback, and helping coordinate lodgings and amenities and ensuring adequate staffing. The trainee will be tasked with a project to evaluate current systems and policies in place and research and suggest improvements.

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

The trainee will receive daily feedback during the initial phase rotations as they shadow managers. Following the initial training period, they will transition to weekly written evaluations with their immediate supervisor.

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.), if applicable. I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Agricultural 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 Example 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.

PAPERWORK 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-4E, U.S. Department of State, Washington, DC 20522-0505.