



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).

Host Organization

Host Organization Name: {HC name}

Address: {HC address}

Phase Name: *sjkdbnkl vdfb bif*

Phases: 1 of 1

Training/Internship Field: Business Administration and Management,
General

Supervisor: {supervisor information}

Start Date: 06/01/2024

End Date: 08/28/2024

Description of Trainee/Intern's role for this Program or Phase

slkdjf kjnvkljn n
sdfkksdfnl k;
mlfk

Specific Goals and Objectives for this Program or Phase

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mlfk

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?

Confidential

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

Confidential

What specific knowledge skills, or techniques will be learned?

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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).

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

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Additional Phase Remarks

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Certifications**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.

Date: _____

Signature of {supervisor name}_____
mm/dd/yyyy