

Training/Internship Placement Plan		
<p>The sponsoring professor of a prospective Cambridge Culture Exchange should complete the information below and sign the form electronically. Forward the information to the prospective Cambridge Culture Exchange, collect his/her electronic signature on the form and submit the form through IP Connect.</p> <p>Signatures from the sponsoring professor and the prospective Cambridge Culture Exchange will be required before CCE documents will be issued for the Student Intern.</p> <p>The information provided on this form will be entered into the Training/Internship Placement Plan required for Cambridge Culture Exchange Exchange Visitors.</p> <p>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 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 this document must be completed for each phase if applicable (e.g.; if the trainee/intern is rotating through different departments).</p>		
Exchange Visitor Category: Cambridge Culture Exchange	Program Sponsor:	Program Number:
Cambridge Culture Exchange Surname/Last Name:	Cambridge Culture Exchange Primary/Given Name(s):	Cambridge Culture Exchange Middle Name:
Phase Information (complete new form for each phase of the internship)		
Phase Site Name:	Training/Internship Field:	Phase Site Address:
Phase Name (e.g., Phase 1):	Start Date (mm-dd-yyyy) of Phase:	End Date (mm-dd-yyyy) of Phase:
Main Program Supervisor:	Supervisor Title	Phase Supervisor (if different):
E-mail:	Phone Number:	Fax:
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 Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?:

What plans are in place for the Intern to participate in cultural activities while in the UK?:
International Scholar and Faculty Services will encourage Exchange Visitors to participate in various cultural activities available through the OSU community.
Include additional information if Intern is outside Corvallis:

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

How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and or methodology of training:

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

Additional Phase Remarks (optional):

Phase Supervisor Certification

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 ;
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 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):

Student Intern Certification

Student Intern – I certify that:

1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
2. 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 UK.
3. I understand that the intent of the Exchange Visitor Program is to allow me to enhance my skills and gain exposure to UK culture and business in a way that will be useful to me when I return home upon completion of my program.
4. 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.

5. I will contact the Sponsor at the earliest available opportunity regarding any concerns, changes in, or deviations from this T/IPP.
6. I will respond in a timely way to all inquiries and monitoring activities of my sponsor.
7. I will follow all of my sponsor's guidelines required for my participation in my program.
8. I will contact the UK 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; and
9. 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 Intern:

Printed Name of Intern:

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) 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; 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.