



# TRAINING/INTERNSHIP PLACEMENT PLAN

|  |                    |                                    |                               |
|--|--------------------|------------------------------------|-------------------------------|
| <b>Check one:</b><br><input type="checkbox"/> Trainee<br><br><input type="checkbox"/> Intern | Occupational Field |                                    | Number of Years of Experience |
|  | Level of Degree    | Date Awarded ( <i>mm-dd-yyyy</i> ) | Field of Study                |

### PARTICIPANT INFORMATION

|  |            |                        |  |
|--|------------|------------------------|--|
| Trainee/Intern Name ( <i>Last, First, MI</i> ) |            | U.S. Residence Address |  |
| U.S. Telephone Number                          | FAX Number | Email Address          |  |

### SITE OF ACTIVITY INFORMATION

|   |            |                    |  |
|---|------------|--------------------|--|
| Host Organization   |            | Address            |  |
| Supervisor's Name ( <i>Last, First, MI</i> )                  |            | Email Address      |  |
| Phone Number  | FAX Number | Supervisor's Title |  |
| Dates of Program ( <i>mm-dd-yyyy</i> )<br>From _____ To _____ |            | Hours Per Week     | Will Trainee/Intern receive a stipend?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |            |                    | If so, how much?<br>\$ _____ per _____   |

### CONTRACT AGREEMENT

**NOTE-** Sponsors will not approve any contracts, and Trainees/Interns may not begin their programs until both a Training/Internship Placement Plan (*page 2*) and proof of required insurance that meets 22 CFR 62.14 is on file with the sponsor.

**Trainee/Intern-** I hereby acknowledge, understand and agree to the attached Training/Internship Placement Plan.

|                          |                            |
|--------------------------|----------------------------|
| Trainee/Intern Signature | Date ( <i>mm-dd-yyyy</i> ) |
|--------------------------|----------------------------|

**Supervisor-** I certify that I will provide on-site supervision and that this training/internship is known and approved by this company/business or organization (*site of activity*). I will ensure that the required insurance is in place that meets 22 CFR 62.14 and provide the sponsor with written evaluations of the trainee/intern's performance, including the number of hours performed, the type of training, and the quality of the performance. At minimum, I will submit the evaluation at the mid-point and end of the program.

|                        |                            |
|------------------------|----------------------------|
| Supervisor's Signature | Date ( <i>mm-dd-yyyy</i> ) |
|------------------------|----------------------------|

**Sponsor-** I approve the attached Training/Internship Placement Plan. I certify the following:

1. Sufficient planning, equipment, and trained personnel will be dedicated to provide the training/internship specified;
2. The training/internship program is not designed to recruit and train aliens for employment in the United States;
3. Trainees/Interns will not displace full-time or part-time U.S. employees; and
4. That training and internship programs in the field of agriculture meet all requirements of the Employment Relationship under the Fair Labor Standards Act and the Migrant and Seasonal Agricultural Worker Protection Act (*29 CFR Part 500*).

I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both."

|                                       |                            |
|---------------------------------------|----------------------------|
| Sponsor's Signature ( <i>RO/ARO</i> ) | Date ( <i>mm-dd-yyyy</i> ) |
| Program Sponsor Name                  | Program Number             |

|   |   |   |                      |
|---|---|---|----------------------|
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| Name of Trainee/Intern ( <i>Last, First, MI</i> )   |   | Field of Training/Internship                              |                      |
| Name of Phase   | Start Date for this Phase<br>_____<br>( <i>mm-dd-yyyy</i> ) | End Date for this Phase<br>_____<br>( <i>mm-dd-yyyy</i> ) | Phase _____ of _____ |
| Specific Objective for This Phase   |   |   |                      |
| Skills to be Imparted for This Phase  |   |   |                      |
| Justification for On-The-Job Training   |   |   |                      |
| Chronology or Syllabus of Training or Tasks Performed During This Phase   |   |   |                      |
| Method of Evaluation and the Frequency of Supervision During This Phase   |   |   |                      |

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