



TRAINING/INTERNSHIP PLACEMENT PLAN

PARTICIPANT INFORMATION

Trainee/Intern Name (<i>Last, First, MI</i>)		Email Address		
Check one: <input type="checkbox"/> Trainee <input type="checkbox"/> Intern <input type="checkbox"/> Student Intern	Current Field of Study or Profession		If Professional, Number of Years Experience in Field	
	Type of Degree or Certificate	Date Awarded (<i>mm-dd-yyyy</i>) or Expected	Training/Internship Dates (<i>mm-dd-yyyy</i>) From _____ To _____	

SITE OF ACTIVITY INFORMATION

Name of Supervisor (<i>Last, First, MI</i>)		Title			
Email Address		Telephone Number			
Host Organization Name					
Street Address of Training/Internship Site		Suite	City	State	ZIP Code
Website		DUNS Number		Employee Identification Number (<i>EIN</i>)	
Hours Per Week	Will Trainee/Intern receive a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much? \$ _____ per _____			

CONTRACT AGREEMENT

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."

NOTE- Sponsors will not enter into any contracts, issue Forms DS-2019, or allow a Trainee/Intern to begin a training/internship program until all three parties have executed this Training/Internship Placement Plan and proof of the insurance required under 22 CFR 62.14 is on file with the sponsor.

Trainee/Intern- I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan.

Trainee/Intern Signature	Date (<i>mm-dd-yyyy</i>)
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Supervisor- I certify the following:

1. I have reviewed and approved and will follow this Training/Internship Placement Plan;
2. I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62);
3. I will conduct the required periodic evaluations of trainees/interns; and
4. I will notify a designated sponsor contact (1) regarding any concerns about, changes in, or deviations from the Training/Internship Placement Plan; and (2) in the event of an emergency involving a trainee/intern.

Supervisor Signature	Date (<i>mm-dd-yyyy</i>)
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Sponsor - I certify as the sponsor that the attached Training/Internship Plan is approved and that:

1. Sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training/internship program;
2. Continuous on-site supervision and mentoring of trainees/interns will be provided by experienced and knowledgeable staff;
3. Trainees/interns will obtain 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 experiences, as appropriate in specific circumstances;
4. Trainee/interns will not displace full- or part-time or temporary or permanent American workers or serve to fill a labor need, and the positions that trainees/interns fill exist solely to assist them in achieving the objectives of their participation in training/internship programs; and
5. Training/internship programs in the field of agriculture meet all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.) and the Migrant and Seasonal Agricultural Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).

Sponsor Signature	Date (<i>mm-dd-yyyy</i>)
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Program Sponsor Name	Program Number
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