

# SHRM Exchange Visitor Program

## Instructions for Completing the Form DS-7002 (Training/Internship Placement Plan)

*Updated October 2018*

### What Is the purpose of this form?

The Form DS-7002 must be completed for all exchange visitors in the trainee, intern, and student intern program categories and it must be presented when applying for a J-1 Visa.

### General Instructions

- **Each separate Site of Activity (SOA) requires a separate Form DS-7002, including at least one phase. Multiple phases are permitted for each site of activity.**
- For programs with more than one phase, use additional Pages 3, 4, and 5.
- Gaps between phase dates are not permitted.
- Orientation and program conclusion-related activities can be incorporated into other existing phases as appropriate.
- For each phase, page 5 must be signed by the Phase Supervisor as listed on Page 3 (not by the POC at host organization).
- The character limit for each question on pages 3 and 4 is 3000 characters.
- Signatures are required before the sponsorship application is submitted to SHRM.
- Host Organizations must submit both a signed version of the Form DS-7002 (with all signatures) and a copy of the fillable PDF version of the form with the sponsorship documents. The fillable PDF version is required as SHRM must enter the DS-7002 information into SEVIS.

### Step-by-Step Instructions

#### Page 1

**Trainee/Intern Name:** Enter family/primary name(s) followed by the given name(s). If the machine-readable portion of passport shows only one name, enter it as the primary name

**E-mail Address:** Enter Trainee's/Intern's personal or work e-mail that will remain valid through the end of program

**Program Sponsor:** This should read Society for Human Resource Management

**Program Category:** Select Trainee or Intern

**Occupational Category:** Select one of the four categories listed in the dropdown menu:

- Management, Business, Commerce and Finance
- The Sciences, Engineering, Architecture, Mathematics, and Industrial Occupations

- Public Administration and Law
- Information Media and Communications (*for Trainees only*)

**Current Field of Study/Profession:** Must match field of training/internship

**Experience in Field:** For trainees, please list number of years of experience in the field of training; for interns, please enter "0"

**Type of Degree or Certificate:** Bachelors/Masters/PhD, etc.

**Date Awarded or Expected:** Must be the date listed on degree/certificate in MM/DD/YYYY format

**Training/Internship Dates:** List full dates of program. For programs with more than one phase, SEVIS will not allow any gaps between phases. If there are multiple phases, phase dates can overlap

**Organization Name:** List name of U.S. host organization applying for J-1 sponsorship

**Address:** Enter address of the Site of Training

**Employer ID Number (EIN):** List for U.S. host organization

**Exchange Visitor Hours Per Week:** Per Federal Regulations, the minimum hours permitted is 32 hours per week

**Compensation:** Divide the total compensation amount into:

- Stipend – any compensation that the Intern/Trainee will be given directly by the host organization, foreign employer, or another party. For example, salary, stipend, and per diem. It can also include other money to pay for housing or transportation, if it is given directly to Intern/Trainee. Please enter the total of all such payments per program.
- Non-Monetary Compensation Value – any form of compensation that will benefit the intern/trainee but that will be paid for or provided directly by the host organization on their behalf, rather than directly to them. For example, when host organization will be paying housing or transportation costs (even partially) for an Intern/Trainee directly to a vendor. Please enter the total of all non-monetary compensation per program.

Make sure to click "Yes" or "No" on both Stipend and Non-Monetary Compensation and list amounts as appropriate. Depending on how you break up the compensation amounts, type "Week," "Month," "Year," or "Program" in the box after "per."

**Number of Full-Time Employees Onsite at Location:** list number of employees at Site of Training/Internship (not the total number of employees at host organization)

## **Page 2**

Leave blank (for SHRM to complete)

## **Pages 3 and 4**

**Program Number:** Leave blank (for SHRM to complete)

**Main Program Supervisor/POC:** Main POC for the entire program; can be same or different than Primary Phase Supervisor

**Phase Site Name:** Include host organization's name in the Phase Site Name as this is what is going to appear on the Form DS-2019

**Training/Internship Field:** Must match education/work experience

**Phase Site Address:** Please enter the entire address, including city, state and zip code (should match corresponding site of activity address listed on page 1)

**Phase Name:** Must provide detail, cannot list "Phase 1"

**Start/End Date of Phase:** Enter phase-specific dates; no gaps between phases are allowed in SEVIS (the subsequent phase must begin on the next calendar date after the last day of the previous phase)

**Primary Phase Supervisor:** List person who is providing supervision on-site, can be different from the POC

### **Description of Trainee/Intern's role**

Description must provide a clear and concise overview of the purpose of this phase.

### **Specific goals and objectives for this program or phase**

This section must provide specific details as to what will be ongoing during the phase and address how and why the Trainee/Intern needs to acquire the new skills or experience.

### **Please list the names and titles of those who will provide continuous supervision, including the primary supervisor**

The supervisor name, at a minimum, should match the name of the Main Phase Supervisor listed above and that signs the form on page 5. It is acceptable to list multiple individuals in this section as necessary.

Please provide a brief description of the qualifications of all Supervisors that will oversee this phase. This can include, but is not limited to, relevant degrees and professional experiences and years of employment with the U.S. host organization.

### **What plans are in place for the Trainee/Intern to participate in cultural activities in the US?**

The primary purposes of the J-1 program are cultural exchange and public diplomacy. Please include specific plans of cultural activities and opportunities available in the workplace and in the community that Trainee/Intern will engage in.

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

Please list specific knowledge, skills, and techniques to be covered during this phase. This section must also demonstrate how this phase reflects new skills/knowledge/experience.

### **How specifically will these knowledge, skills, or techniques be taught?**

How will Trainee/Intern be learning these new skills or techniques (i.e. on-the-job training, workshops, classroom instruction, etc.). Detail must be provided showing how this will be done.

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

The evaluation tools should be appropriate for measuring whether the specific goals and objectives of the phase have been met. It must also be clear that evaluation will be occurring throughout the duration of the phase.

**Additional Phase Remarks**

Enter any additional information about the program. This section is optional but available for use if necessary.

**Page 5**

**Signature of Supervisor:** The Primary Phase Supervisor should sign here (not the Host Organization POC).



### TRAINING/INTERNSHIP PLACEMENT PLAN

SECTION 1: ADDITIONAL EXCHANGE VISITOR INFORMATION				
Trainee/Intern Name (Surname/Primary, Given Name(s) (must match passport name))  <div style="display: flex; justify-content: space-between;"> <span style="background-color: yellow;">Family/Primary Name(s)</span> <span style="background-color: yellow;">Given Name(s) - including middle names</span> </div>			E-mail Address Trainee/intern's personal or work email Must remain valid through program end date	
Program Sponsor  Society for Human Resource Management (SHRM)		Program Category  Must select from drop-down options		
Occupational Category Must select from drop-down options	Current Field of Study/Profession  Must match field of training/internship		Experience in Field (number of years) Trainees: List years of experience in field of training Intern: List "0" or N/A	
Type of Degree or Certificate  Bachelors/Masters/PhD/etc.	Date Awarded (mm-dd-yyyy) or Expected Must be MM-DD-YYYY format For trainees and interns with degrees - must match date listed on degree/certificate		Training/Internship Dates (mm-dd-yyyy)  From _____ To _____ List full dates of program	
SECTION 2: HOST ORGANIZATION INFORMATION				
Organization Name List name of U.S. host organization applying for J-1 Visa sponsorship through SHRM			Phase Site Address Must be the site of training address Address here must match address listed on Page 3.	
City		State	ZIP Code	Suite List if applicable
Website URL Include website for U.S. host organization listed above				
Employer ID Number (EIN) List for U.S. host organization named above	Exchange Visitor Hours Per Week Must be minimum of 32 hours/week	<small>Answer to Yes/No required for stipend and non-monetary compensation</small> Stipend <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____ <small>Total of salary/stipend per diem/other monetary comp per</small> Non-Monetary Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, value? _____ <small>Total of all non-monetary comp per</small>		<small>Week/Month/Year/Program</small> Compensation _____ <small>Week/Month/Year/Program</small>
Workers' Compensation Policy <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Carrier _____ List name of carrier Answer Yes/No			Does your Workers' Compensation policy cover exchange Visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage <small>Select applicable answer</small>	
Number of FT Employees Onsite at Location Employees at site of training	Annual Revenue List revenue figure for U.S. host organization listed above <input 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				
<b>Trainee/Intern - I certify that:</b>  1. 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 2. engage in labor or work within the United States.  3. 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.  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 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  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.				
Printed Name of Trainee/Intern _____			Date (mm-dd-yyyy) _____	
<small>Ensure that a date is listed</small>				
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 needed 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 of 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.)
  - 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 Leave blank - for SHRM to complete

Printed Name of Responsible Officer or Alternate Responsible Officer Leave blank - for SHRM to complete Date (mm-dd-yyyy) Leave blank

Name of Sponsor Organization Society for Human Resource Management (SHRM) Program Number Leave blank

**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:	
Family/Primary Name(s)	Given Name(s)	Select	Select from drop-down options
Program Sponsor Society for Human Resource Management (SHRM)		Program Number Leave blank - for SHRM to complete	
Main Program Supervisor/POC at Host Organization List main point of contact (POC) for entire program Title Can be same or different than Phase Supervisor below.		Supervisor Contact Information Phone List info for main POC Fax Email	

**PHASE INFORMATION**

Phase Site Name Host Organization's Name		Training/Internship Field Must match education/work experience		Phase Site Address Street, City, State, Zip Code (must match Page 1)	
Phase Name Must provide detail related to program; cannot just like "Phase 1"		Start Date (mm-dd-yyyy) of Phase Ensure no gaps in phase dates if multiple phases		End Date (mm-dd-yyyy) of Phase	
Primary Phase Supervisor List name of individual providing on-site supervision for this phase Can match or be different than Main Program POC above		Supervisor Title			
E-mail		Phone Number			

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

Description must provide a clear and concise overview of the purpose of this phase

Specific goals and objectives for this program or phase

This section must provide specific details as to what will be ongoing during the phase and address how and why the Trainee/Intern needs to acquire the new skills or experience

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?

This section must include the name, title, and a description of the qualifications for anyone that will provide supervision during this phase. At a minimum, this section must include information for the phase supervisor listed above.

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

The primary purpose of the Exchange Visitor Program is to facilitate cultural exchange and public diplomacy. Please list the specific plans for cultural activities that the trainee/intern will engage in during the program. Sufficient examples must be provided in order to successfully demonstrate that cultural activities are a regular and integral part of the trainee/intern's experience. Items listed can include activities occurring within the workplace setting and/or within the community.

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

Please list specific knowledge, skills, and techniques to be covered during this phase.  
This section must also demonstrate how this phase reflects new skills/knowledge/experience.

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*).

How will trainee/intern be learning these new skills or techniques? Examples: on-the-job training, workshops, classroom instruction, etc.  
Detail must be provided showing how this will be done.

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

The evaluation tools should be appropriate for measuring whether the specific goals and objectives of the phase have been met.  
It must also be clear that evaluation will be occurring throughout the duration of the phase.

Additional Phase Remarks (*optional*)

Enter any additional information that is not covered in the previous fields. This section is optional but available for use if necessary.



**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.

[Signature and printed name on this page should reflect the primary phase supervisor listed on page 3.](#)

Signature of Supervisor \_\_\_\_\_

Printed Name of Supervisor \_\_\_\_\_

Date (*mm-dd-yyyy*) [Ensure that a date is listed.](#) \_\_\_\_\_

**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.

**PAPER WORK REDUCTION ACT**

Public reporting burden for this collection of information is estimated to average 2 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-4, U.S. Department of State, Washington, DC 20522.