

Exchange Visitor Program

Participant Attestations

The Exchange Visitor Program participant understands, attests to, and will comply with the following:

A. General Requirements

1. As a participant in the Society for Human Resource Management's (SHRM) Trainee/Intern Exchange Visitor program, I agree to abide by all program policies as outlined in this application and in the instructions and information provided to me.
2. I will participate in all aspects of the Exchange Visitor Program, including orientations, cultural activities, and evaluations.
3. I agree to abide by all laws of the United States, including the regulations that govern participants on a J-1 visa.
4. I attest to the accuracy of the information that I provide in this application. I understand that SHRM reserves the right to deny or terminate sponsorship of my J-1 visa should information be found to be inaccurate or incomplete at any point.
5. I take part in my training program in the United States at my own risk and of my own volition. SHRM cannot be held liable under U.S. or my home country's laws for any damage or injury; in particular injury to persons or damage to property, suffered by or caused by myself, during the course of the program.
6. I agree that any disputes shall be subject to the exclusive jurisdiction of the federal and state courts in the Commonwealth of Virginia.
7. I understand and agree that all personal information I provide in any applications, materials, and communications related to my J-1 visa sponsorship are subject to SHRM's Privacy Policy (<https://www.shrm.org/about-shrm/Pages/Privacy-Policy.aspx>). I understand that SHRM is a U.S. organization, and that my personal information will be transferred to and stored in the United States by SHRM and its subcontractors, who are subject to obligations of confidentiality and data security no less restrictive than the SHRM Privacy Policy. Further, I understand that SHRM may be required by law to disclose my personal information to the Department of State, or other regulatory authorities of the United States (which govern J-1 visa sponsorship and U.S. immigration laws) or in other jurisdictions. By signing these attestations, I hereby consent to the collection and processing of my personal information by SHRM and its subcontractors, in accordance with the SHRM Privacy Policy, for the purpose of the J-1 visa sponsorship.
8. I understand that I will receive communications from SHRM in connection with my Exchange Visitor program and that I may also receive communications from the Department of State regarding my program.

B. Training/Internship Program

1. I have read and understood the DS-7002, "Training/Internship Placement Plan" (Training Plan)
2. I understand that I cannot train, work, or take assignments outside of the Training Plan or host organization approved by SHRM. Unauthorized employment will result in my program's termination.
3. I understand that the intent of the training program is to receive appropriate training in U.S. business practices and methods and to promote the general interest of international exchange.
4. I agree to abide by all policies and rules of my host organization. I will report any problems to my immediate supervisor and to SHRM.

C. Compliance Requirements

1. I understand that the Society for Human Resource Management, as my J-1 visa sponsor, is responsible for

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monitoring compliance with J-1 visa regulations, the Training Plan, and SHRM policies. The Training Plan cannot be modified without SHRM's approval, and I agree to notify SHRM in a timely manner (within 5 business days) of any changes or issues related to my Exchange Visitor program.

2. I understand that I am required by U.S. law to notify SHRM within 10 calendar days of any changes to my telephone number, email address, U.S. residential address, and sites of training.
3. I understand that I am required to participate in SHRM's online orientation prior to the start of my Exchange Visitor program.
4. I understand that I am required to provide SHRM my Arrival Verification documentation (completed and signed Arrival Verification Forms for myself and any J-2 dependents over the age of 18, along with copies of electronic I-94 records, DS-2019 forms, and J visa stamps for myself and any J-2 dependents, and the certificate confirming my completion of SHRM's online orientation) within 10 business days of the start of my Exchange Visitor program. Failure to do so can result in the termination of J-1 visa status.
5. I will submit the mid-point and final evaluations to SHRM. I understand that SHRM may terminate my program should I fail to do so.
6. I acknowledge that if I travel outside the United States during the course of my Exchange Visitor program I am required to obtain a travel validation on my DS-2019 form. I also understand that my J-1 visa stamp must be valid throughout any international travel, and if it is not I must obtain a new visa stamp before re-entry into the United States.
7. I understand that if there is an interruption of my program for more than 30 days my J-1 visa sponsorship could be suspended or terminated.

D. Insurance Requirements

1. I understand that I, along with any J-2 dependents, must maintain illness and accident insurance meeting the requirements of the J-1 visa sponsorship at all times during my training program. I acknowledge that failure to do so will result in the termination of my Exchange Visitor program.
2. I understand that I have the ability to select my own insurance coverage. If my Host Organization or foreign employer is providing me (and any J-2 family members, if applicable) with insurance coverage for the program, I understand that I must opt into this coverage in writing and this must be provided to SHRM.

E. Post-Program Requirements

1. I declare that I have no intention of remaining in the United States after the period allowed by my Exchange Visitor program. I, along with any dependents receiving J-2 sponsorship as part of my program, will leave the United States after completion of my program and the end of my J-1 visa status.
2. I agree that I will not pursue any changes in visa status during my SHRM-sponsored Exchange Visitor program.
3. I understand the requirements of the 212(e) 2-year home residency rule (if deemed applicable for my Exchange Visitor program by the U.S. consulate).

Signature of Participant: _____

Participant Name: _____

Date: _____