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TRAINING/INTERNSHIP PLACEMENT PLAN

SECTION 1: ADDITIONAL EXCHANGE VISITOR INFORMATION

Trainee/Intern Name (Surname/Primary, Given Name(s) (must match passport name))		E-mail Address
[Redacted]		[Redacted]
Program Sponsor	Program Category	
Occupational Category	Current Field of Study/Profession	Experience in Field (number of years)
Type of Degree or Certificate	Date Awarded (mm-dd-yyyy) or Expected	Training/Internship Dates (mm-dd-yyyy) From _____ To _____

SECTION 2: COMPENSATION

Organization Name		Address		Suite
City	State	ZIP Code	Website URL	
Employer ID Number (EIN)	Exchange Visitor Hours Per Week	Compensation Stipend <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much? _____ per _____	
Workers' Compensation Policy <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Name of Carrier _____		Does your Workers' Compensation policy cover exchange Visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage		
Number of FT Employees Onsite at Location	Annual Revenue <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

Trainee/Intern - I certify that:

- 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 engage in labor or work within the United States.
- 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.
- 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.
- I will contact the Sponsor at the earliest available opportunity regarding any concerns, changes in, or deviations from this T/IPP.
- I will respond in a timely way to all inquiries and monitoring activities of my sponsor.
- I will follow all of my sponsor's guidelines required for my participation in my program.
- 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
- 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) _____

Signature of Trainee/Intern _____



J-1 STUDENT INTERN HEALTH INSURANCE FORM
PART C (this section must be completed by the student intern).

The U.S. Department of State (DOS) requires all J-1 exchange visitors and J-2 dependents to obtain adequate health insurance coverage for the duration of their programs in the U.S. The DOS regulations pertaining to the Exchange Visitor Program are published in the Code of Federal Regulations (22 CFR § 62.14).

The federal regulations are very specific regarding the amount and type of insurance required (all amounts are in USD)

- Medical benefits of at least \$100,000 per accident or illness;
- In case of death, repatriation of remains in the amount of \$25,000;
- In case of serious illness or injury, payment of expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000; and
- A deductible not to exceed \$500 per accident or illness.

Maintaining insurance coverage is a term of the J visa. No one is exempted from this requirement. An exchange visitor who **willfully** fails to maintain insurance or who provides false documentation will be subject to termination as a participant in the Exchange Visitor Program.

J-1 Exchange Visitor Health Insurance Coverage Options

1) Please check with your host department to determine if you are eligible for UTEP health insurance benefits. If you are benefits eligible, you will be enrolling in the UTEP sponsored health insurance plan provided by Academic Health Plans. An Insurance Waiver will be given to you at OIP check-in and orientation. Please note the UTEP plan only covers medical insurance and you will be asked to provide additional insurance for repatriation and medical evacuation. To purchase repatriation and medical evacuation policy add-on's, please visit Academic Health Plans Enrollment page (utep.myahpcare.com/enrolment) and complete the "Enrollment Form – AES".

2) If you are not being paid by UTEP and/or do not receive health insurance benefits from UTEP, we have provided a resource list of different types of health insurance companies offering plans for international exchange visitors. Please refer to our website page under "Other Health Insurance Plans" <http://sa.utep.edu/oip/health-insurance-plans/> for additional information.

3) J-1 visitors may also bring insurance from their home country that will cover them for the entire time they are in the U.S. In order to satisfy the insurance requirements the policy must be in English and the insurance amounts must be provided in U.S. dollars. Usually an English copy of the declarations page will be sufficient if it shows:

- 1) Names of the insured people on the policy
- 2) Descriptions, amounts and dates of coverage

J-1 Intern Agreement:

I have read and I understand the above information. I agree to obtain health insurance coverage for myself and for my J-2 dependents that meets the above requirements for the duration of my/our participation in the J-1 Intern Program at The University of Texas at El Paso. I understand it is my sole responsibility to maintain the required health insurance coverage for the duration of my program and that my willful failure to do so constitutes a violation of my status, which may result in the termination of my participation in the Exchange Visitor Program and the loss of my legal immigration status. I agree to provide documentary evidence of my health insurance coverage within 15 days of having arrived to the United States.

Student's Signature

Date



**J-1 STUDENT INTERN FINANCIAL INFORMATION (NOT FUNDED BY UTEP)
PART D (this section must be completed by the student intern).**

In order to issue a DS-2019 Form, proof of financial support is needed. Funding for a J-1 Student Intern may come from various sources including UTEP, foreign universities or agencies, or personal funds. Funding must meet or exceed these total costs at UTEP for 2015-2016.

Yearly Total	\$18,369
Monthly Total	\$ 1,531
Daily Total	\$ 50
\$4,210 per dependent (yearly amount)	

**Please note that proof of investment accounts, stocks or securities holdings, insurance, property or employment income are not acceptable financial support. Provide documentation of any non-UTEP funding, normally a letter from the funding organization specifying the dates and amount of funding. A letter from the visitor is not sufficient documentation. We accept copies and original documents.

A. PERSONAL FUNDS (including scholarships and grants): Please attach a bank statement printed out by the bank and/or a signed and stamped letter from a bank representative stating the amount in the account.

I certify that through my account with a banking institution, I have available the minimum financial guarantee, as specified above, required for university attendance.

Signature of Student

Date

Amount of funds coming from this source: \$ _____

B. THIRD PARTY FUNDING (from family & friends): Please attach a bank statement, in your sponsor's name, printed out by the bank and/or a signed and stamped letter from a bank representative stating the amount in the account. ALSO, the student must show a connection between the sponsor and the student; please have your sponsor sign below the following statement OR attach a signed letter containing the below statement and contact information.

"I am willing and able to guarantee the financial support of the student for the required amount (as listed above) per year including the appropriate higher amount depending on situation or the duration of his/her university studies. I am NOT a nonimmigrant student and I do not hold any other temporary visa status in the United States."

Signature _____

Sponsor's relationship to the student _____ (example: parent, friend...)

Sponsor's Name _____

Sponsor's Telephone Number _____ Sponsor's Email _____

Address _____

Amount of Funds Coming from this Source: \$ _____

C. Visitor's government (award letter): _____ Funding per month \$ _____

D. Other organization (award letter): _____ Funding per month \$ _____



**J-1 STUDENT INTERN HOME INSTITUTION CERTIFICATION
PART E (this section must be completed by academic advisor at home institution).**

Student Name: _____
(Family Name) (First Name) (Middle Name)

Academic Advisor Information

Name: _____
(Family Name) (First Name)

Email: _____ Phone Number: _____
(Country code first)

Title: _____ Institution Name: _____

Institution Address: _____

Degree student is currently pursuing: _____

Student field of study: _____

Student's estimate degree/certification completion date: _____

Please answer the questions below:

This student is in good standing and is progressing normally toward the completion of his or her degree. Yes No

Upon completion of J-1 Student Intern Program at The University of Texas at El Paso, this student plans to return and complete his or her degree at this institution Yes No

I have read the information provided on the DS-7002 Training/Internship Placement Plan and I agree that this experience will enhance this student's academic program at this institution. Yes No

Additional comments: _____

Advisor signature: _____ Date: _____

Please return this form to the Student Intern or to the UTEP host Department. The UTEP host Department's contact information can be given to you by the student participant.

Thank you very much for taking the time to complete this form!