



# TRAINING/INTERNSHIP PLACEMENT PLAN

<b>Check one:</b> <input type="checkbox"/> Trainee  <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> ) From _____ To _____		Hours Per Week	Will Trainee/Intern receive a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If so, how much? \$ _____ 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> )
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**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> )
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**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

Program Sponsor Name		Program Number	
<b>TRAINING/INTERNSHIP PLACEMENT PLAN</b>			
An acceptable 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 ( <i>i.e. classes, individual instruction, shadowing, etc.</i> ). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of page 2 must be completed for each phase if applicable ( <i>i.e., if the trainee/intern is rotating through different departments</i> ).			
Name of Trainee/Intern ( <i>Last, First, MI</i> )		Field of Training/Internship	
Name of Phase	Start Date for this Phase _____ ( <i>mm-dd-yyyy</i> )	End Date for this Phase _____ ( <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			