

International Support Services

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U.S. Department of State		*OMB APPROVAL NO. 1405-0170 EXPIRATION DATE: 12-31-2014 ESTIMATED BURDEN: 1.5 hours	
TRAINING/INTERNSHIP PLACEMENT PLAN			
SECTION 1: PARTICIPANT INFORMATION			
Trainee/Intern Name (Family Name, First Name, Middle Name)		E-mail Address	
Select One: (Click Here) 1		Current Field of Study or Profession	If Professional, Number of Years Experience in Field 3
Type of Degree or Certificate 2	Date Awarded (mm-dd-yyyy) or Expected	Training/Internship Dates (mm-dd-yyyy) From To	
SECTION 2: SITE OF ACTIVITY INFORMATION			
Name of Supervisor (Last, First, MI)		Title	
E-mail Address		Telephone Number	
Host Organization Name		Street Address of Training/Internship Site	Suite
City	State	ZIP Code	Website
Employer ID Number (EIN) 4	Hours Per Week 5	Will Trainee/Intern receive a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much? _____ per _____	
Does your organization have a Worker's Compensation (WC) policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Name of Carrier 6		Will your WC Policy cover the intern/trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No 7	
Number of Full-Time Employees 8	Annual Revenue 9 <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: CONTRACT AGREEMENT			
Trainee/Intern - I certify the following: 1. I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP); 2. That I am entering into this Exchange Visitor Program in order to participate as a Trainee or Intern as delineated in the T/IPP, and not to simply engage in labor or work in the United States. 3. That 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 is not providing me with a legitimate internship or training, as delineated on my T/IPP. 4. I understand that any attempt to falsify, conceal, or cover up by any trick, scheme, or device a material fact by making any materially false, fictitious, or fraudulent statement or representation; or making or using any false writing or document, knowing the same to contain any materially false, fictitious, or fraudulent statement or entry is punishable by fine or imprisonment of up to 5 years under Title 18 U.S.C. § 1001.			
Signature of Trainee/Intern		Date (mm-dd-yyyy) 10	
Supervisor - I certify the following: 1. I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP); 2. I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62). 3. That Trainees and Interns will not displace full- or part-time, seasonal or permanent American workers, or serve to fill a labor need. 4. I will conduct the required periodic evaluations of this trainee/intern. 5. I will notify the designated Sponsor contact regarding any concerns about, changes in, or deviations from the T/IPP at the earliest available opportunity, to include, but not limited to, changes of Supervisor or Host Organization, or changes in rotational assignments. 6. I will notify the Sponsor in the event of an emergency involving a Trainee or Intern, as well as any information that I receive about the Trainee or Intern that might represent a possible threat to their safety, security, welfare, or general well-being. 7. I will notify the Sponsor in the event I receive any information regarding the Trainee or Intern that might be a cause of embarrassment or disgrace to the Department of State or the Exchange Visitor Program, to include, but not limited to, arrest, or engagement in illegal or immoral activities. 8. That I am participating in this Exchange Visitor Program in order to provide the above listed individual with training or an internship as delineated in the T/IPP, and not to simply to engage this individual in labor. 9. I understand that any on-the-job training or internship that the Trainee or Intern participates in meets all of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. § 201 et seq.).			

How to Complete a DS-7002 Training/Internship Placement Plan for J-1 Student Interns

The DS-7002 is only to be used for foreign nationals coming to Virginia Tech whose J-1 category is Student Intern. It should not be completed for J-1 Scholars. Complete all fields on the DS-7002. Pay special attention to the numbered fields on page 1 as these fields are most often completed incorrectly. Please see the list below for responses for each of the numbered fields.

1. Select "Student Intern" from the drop down box.
2. Enter the degree currently being pursued, e.g., Bachelor's, Master's, etc.
3. Enter the years of field experience the Student Intern has. If currently an undergrad, most likely they have no experience.
4. VT's EIN is 54-6001805.
5. Must be at least 32 hours/week.
6. Check "Yes." VT's WC Carrier is Managed Care Innovations.
7. Student Interns who are VT employees (e.g. paid an hourly wage or salaried) are covered. Non-employees (those whose funding is from abroad or who only receive a VT stipend) are not covered.
8. VT has about 7000 full-time employees
9. Check "\$0 to \$3 Million."
10. Let the Student Intern sign and date WHEN THEY RECEIVE IT.
11. VT faculty host should sign and date the Supervisor section on page 2.
12. ISS will complete the sponsor section on page 2.

11	If 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 or stipend delineated on their T/IPP. I understand that any attempt to falsify, conceal, or cover up by any trick, scheme, or device a material fact by making any materially false, fictitious, or fraudulent statement or representation; or making or using any false writing or document, knowing the same to contain any materially false, fictitious, or fraudulent statement or entry is punishable by fine or imprisonment of up to 5 years under Title 18 U.S.C. § 1001.
Signature of Supervisor _____	
Printed Name of Supervisor _____ Date (mm-dd-yyyy) _____	

12	I understand that any on-the-job training or internship that the Trainee or Intern participates in meets all of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. § 201 et seq.). I understand that any on-the-job training or internship that the Trainee or Intern participates in meets all of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. § 201 et seq.).
Signature of Responsible Officer or Alternate Responsible Officer _____	
Printed Name of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) _____	
Name of Sponsor Organization _____ Program Number _____	

Page 3: Complete all fields. Use the same dates for the phase start and end dates as you requested on the J-1 request form for the J-1 program start and end dates.