



Place this completed checklist on top of the application you send to AIPT.

Regular Service: 4-6 week review

Expedited Application Review: 10 business-day review (Additional Cost) Expedited Site Visit: 10 business-day review (Additional Cost)

Participant & Host Employer Information

Mr.

Ms.

Dr.

Exchange Visitor Participant Name

Nationality of Participant

Student

Technical

Student (IAESTE)

Professional

Host Employer Organization Name

Has your application been approved by AIPT's global partner in your country? (See "J-1 Visa Program Instructions and Information" to learn whether or not you must submit your application for partner approval) Yes No

Application Checklist

Your application to AIPT must include these items. Use this checklist to help ensure that your application is complete.

Signed, completed Exchange Visitor Application form

Photocopy of a valid passport photo page and name/issuance page (name and birth date must be clear and legible)

Statement of Motivation (250 words or less) describing how this program will benefit you in terms of cultural exchange and your career development. Statement of Motivation must be typed and attached to the application at time of submission to AIPT. **This must be completed by exchange visitor and not third party and must be in your own words.**

Proof of English ability (certificate, exam, interview document, or school course verification)

If you are a student, send (in English):

Letter from school confirming full-time student status

One letter of reference from a professor or past employer

If you are a recent graduate, please provide:

A copy of the certificate or diploma

One letter of reference from a professor or past employer (in English)

If you are a non-student, send employment verification letters, in English, from your two most recent employers: (AIPT reserves the right to request paycheck stubs or other proof of previous employment)

Current employer

Previous employer

If self-employed, provide two letters from recent clients

Program fee (Paid by: Participant Host Organization Other) * Includes mandatory U.S. Department of State insurance

\$1025 for programs up to 3 months

\$1525 for programs 3 to 6 months

\$2025 for programs 6 to 12 months

\$2525 for programs 12 to 18 months (training only; non-agricultural and non-hospitality)

\$180 SEVIS Fee (required by Department of Homeland Security)

Optional Expedited Service (Expedited files must include a completed application from both host employer AND exchange visitor program participant along with program fee)

\$1250 Expedited Application Review Fee (see AIPT Fees and Refunds for more information)

\$1250 Expedited Site Visit Fee (see AIPT Fees and Refunds for more information)

Dependent Application Yes No

Dependent Fee \$500



AIPT J-1 Visa Exchange Programs Exchange Visitor Application Form

IMPORTANT:

1. This application must be typed. All items must be answered completely and in English.
2. Photocopy of your passport (photo and name pages) must accompany this application.
3. Payment of program fee must accompany this application (unless paid by host employer).
4. No previous versions of this application form will be accepted.
5. All information on this form is subject to verification.

Program fee will be paid by: Exchange Visitor Host Organization Other:

Exchange Visitor Name (as it appears on passport) Mr. Ms. Dr. _____
Surname (family name)

Date of Application _____ First Name _____ Other Name(s) (as on passport) _____

Biographical Information Gender: Male Female Marital Status: Single Married

City of Birth _____ Country of Birth _____

Date of Birth _____ Country of Citizenship _____ Country of Permanent Legal Residence _____

(month day, year)
Write out month.
Example: March 5, 1976

- I am: **Student:** Foreign national currently enrolled in and pursuing studies at a degree- or certificate-granting post-secondary academic institution outside the U.S. or graduated from such an institution no more than 12 months prior to the start date of the exchange visitor program.
- Technical Student:** Foreign national currently enrolled in and pursuing technical studies (such as architecture, engineering, information technologies, or other) at a degree- or certificate-granting post-secondary academic institution or graduated from such an institution no more than 12 months prior to the start date of the exchange visitor program.
- Professional:** Foreign national holding degree or professional certificate from a post-secondary academic institution outside the United States and at least one year of prior related work experience in their occupational field acquired outside the United States or five years of work experience in their occupational field acquired outside the United States.

Permanent Address

(Must be address outside of U.S.)

Street Address _____

City _____ Country _____ Postal Code _____

Telephone (country code)(city code)phone number _____ Fax _____ E-mail _____

Current Address

(AIPT documents will be sent to this address.)

Street Address (no P.O. boxes) _____

Check here if current address is same as address given above.

City _____ Country _____ Postal Code _____

Home or Evening Telephone (country code)(city code)phone number _____ Daytime or Work Telephone _____

Fax _____ E-mail _____ Current Address is Valid Until (month/day/year) _____

Visa Information

At which U.S. Embassy/Consulate will you apply for the J-1 visa? _____

Have you previously visited the United States on a J-1 visa? Yes No
If yes, please provide a copy of visa documents and answer the following:

_____ to _____
Date of entry to U.S. _____ Date of exit from U.S. _____

_____ Purpose of Visit _____
Name of Sponsor(s) _____

Are you currently in, or have you in the last 12 months visited, the U.S.? Yes No
If yes, please complete:

Type of Visa Held Purpose of Visit

Date of Entry (month/day/year)

Expiration date of I-94 form (month/day/year) Date you actually exited the United States (month/day/year)

(If you are currently in the United States, you must attach a PHOTOCOPY of your I-94 form, both front and back, usually located in your passport. Do not send the original document.)

Have you ever been refused a visa to the United States? Yes No
If yes, provide the following information:

Type of Visa Date of Refusal (month/day/year)

Reason for Refusal

Have you ever overstayed the approved time on a visa or tourist waiver status during a trip to the United States?
 Yes No
If yes, please explain on a separate sheet of paper.

Knowledge of English Language

Is English your native language? Yes No

If no, AIPT will require documentation to verify your English language skills. Please rate your knowledge of the English language:

- Speaking: Poor Fair Good Excellent
- Reading: Poor Fair Good Excellent
- Writing: Poor Fair Good Excellent

Emergency Contact Information

(This cannot be the host employer. The emergency contact must be located outside the U.S.)

Mr. Ms. Dr. _____
Full Name Relationship to You

Street Address

City Country Postal Code

E-mail Telephone (country code)(city code)phone number

Internship Position Information

- I have interviewed in person, by video conference, telephone, or Web camera with one of the following:
 AIPT Host Employer AIPT Global Partner Other:
- I have not interviewed in person.

List Your Expected Dates of Internship:

_____ to _____
Start Date (month/day/year) End Date (month/day/year)

Prospective Host Employer/Organization in the U.S.

Mr. Ms. Dr. _____
Name of Contact Person Job Title

Street Address

City State Postal Code

Telephone Fax E-mail

Statement of Motivation

Please explain the reasons why you are seeking a practical training experience in the United States. Describe how this internship program will benefit you in terms of your own career development and as an international cultural experience. What impact do you expect such an experience to have on your life?

The response should be:

- 250 words or less
- typed
- attached on a separate sheet of paper
- **written by you, the exchange visitor, not a third party**

Referral Information

How did you learn of this position in the United States? _____

How did you learn about AIPT?

- Host Organization
 Participant
 IAESTE Network
 AIPT Web site
 Other Web Site

Attorney:

Name _____

Phone or E-mail _____

Other:

Please Explain _____

School Background

- First list the school in which you are currently enrolled or from which you recently graduated.
- Do not list primary or secondary schools.
- You may add a current CV to supplement this information.
- **Please attach a separate sheet for others, if needed.**

	SCHOOL 1	SCHOOL 2
	School Name _____	School Name _____
	City _____ Country _____	City _____ Country _____
	Begin Date (month/year) _____ End Date (month/year) _____	Begin Date (month/year) _____ End Date (month/year) _____
	Field of Study _____	Field of Study _____
	Degrees or Certificates _____	Degrees or Certificates _____
	SCHOOL 3	SCHOOL 4
	School Name _____	School Name _____
	City _____ Country _____	City _____ Country _____
	Begin Date (month/year) _____ End Date (month/year) _____	Begin Date (month/year) _____ End Date (month/year) _____
	Field of Study _____	Field of Study _____
	Degrees or Certificates _____	Degrees or Certificates _____

Work Experience <ul style="list-style-type: none"> • Start with current company or activity. • Most recent work experience must be within the past six months. • Please attach a separate sheet for others, if needed. 	COMPANY 1		COMPANY 2	
	Company Name		Company Name	
	City	Country	City	Country
	Begin Date (month/year)	End Date (month/year)	Begin Date (month/year)	End Date (month/year)
	Job Title		Job Title	
	COMPANY 3		COMPANY 4	
	Company Name		Company Name	
	City	Country	City	Country
	Begin Date (month/year)	End Date (month/year)	Begin Date (month/year)	End Date (month/year)
	Job Title		Job Title	
	COMPANY 5		COMPANY 6	
	Company Name		Company Name	
	City	Country	City	Country
	Begin Date (month/year)	End Date (month/year)	Begin Date (month/year)	End Date (month/year)
	Job Title		Job Title	
	COMPANY 7		COMPANY 8	
	Company Name		Company Name	
	City	Country	City	Country
	Begin Date (month/year)	End Date (month/year)	Begin Date (month/year)	End Date (month/year)
	Job Title		Job Title	

Dependent Information

(Please disregard this section if you are not bringing dependents.)

Please make sure you include passport copies. If a last name is different, please supply a copy of the marriage certificate.

- Please indicate below if you plan to request authorization for your dependents to accompany you to the United States during your training program. Dependents are defined as a legally married spouse and/or children less than 21 years of age. Photocopy of marriage certificate may be required for spouse dependents.
- **If dependents will be accompanying you, please complete Dependent Health Insurance information on following page.**

Select one:

- No dependents will accompany me during my training program.
 Dependents will arrive with me.
 Dependents will arrive later.

Expected arrival date:

DEPENDENT 1		DEPENDENT 2	
Full Name of Dependent <i>(as it appears in passport)</i>		Full Name of Dependent <i>(as it appears in passport)</i>	
Relationship to You		Relationship to You	
City of Birth	Country of Birth	City of Birth	Country of Birth
Country of Citizenship	Country of Legal Residence	Country of Citizenship	Country of Legal Residence
Birth Date <i>(month/day/year)</i>		Birth Date <i>(month/day/year)</i>	
DEPENDENT 3		DEPENDENT 4	
Full Name of Dependent <i>(as it appears in passport)</i>		Full Name of Dependent <i>(as it appears in passport)</i>	
Relationship to You		Relationship to You	
City of Birth	Country of Birth	City of Birth	Country of Birth
Country of Citizenship	Country of Legal Residence	Country of Citizenship	Country of Legal Residence
Birth Date <i>(month/day/year)</i>		Birth Date <i>(month/day/year)</i>	

**If your dependents will join you at a later date, you must contact AIPT so that the proper documents can be issued.*

Program Terms and Conditions

In order for AIPT to grant approval for you to intern or train at the organization, you must accept the responsibilities and obligations listed below.

Your signature means that you understand and agree to the conditions as stated. This is considered a binding agreement between you and AIPT.

EXCHANGE VISITOR OBLIGATIONS AND RESPONSIBILITIES

Read and initial or check the statements below to indicate acceptance and agreement. Please also sign the application before sending to AIPT.

I agree to the following terms and conditions:

- I understand that I am not authorized to leave my AIPT-sponsored training/internship program, nor will I seek a training/internship position with any other U.S. company/firm/organization while I am sponsored by AIPT. However, in the event of a breach in the internship program on the part of the host organization, I will contact AIPT immediately to seek assistance.
- If I voluntarily leave my host organization, I agree to leave the United States within 10 days and will indicate that to AIPT by surrendering the Certificate of Eligibility to AIPT, along with a copy of my airline ticket out of the United States. I understand that if I leave my training/internship program and **do not** surrender the Certificate of Eligibility along with proof of transportation out of the United States, AIPT will withdraw its sponsorship and notify the U.S. Department of State and immigration authorities. I realize that once this step has been taken, I am in the United States **illegally**.
- I understand that the intent of the J-1 Exchange Visitor Visa program is to allow me to enhance my skills and improve my knowledge of American methods which will be useful to me when I return home. I hereby pledge that I will not seek any changes in visa status during my AIPT-sponsored J-1 visa program. Therefore, it is my intention to leave the United States at the end of my program.
- I recognize that AIPT is my legal sponsor while I am in the United States as a J-1 participant. I acknowledge that AIPT must approve in advance any changes in the program and that I am responsible for reporting to AIPT, in a timely manner, any changes in the program, such as a change in program location; a change in the dates of the program which would cause me to leave the United States more than 30 days before the end date on the Certificate of Eligibility; or any substantial changes in the content of my program.
- I agree to provide AIPT with my date of entry to the United States, an established local U.S. address and phone number within 10 days of arrival, as well as all AIPT forms and evaluations. During my stay in the United States, I will notify AIPT of any changes in my current address within 10 days of the change. **U.S. government regulations stipulate that failure to do so will result in the automatic cancellation of my J-1 visa.**
- I understand that the time allowed for internship is limited to a maximum of 12 months and for training is limited to a maximum of 18 months (dependent upon the career field), and that my Certificate of Eligibility will reflect the dates of my training/internship program. I realize that I will have 30 days beyond the end date given on the Certificate of Eligibility to conclude my affairs and travel in the United States, and that I will then be expected to exit the United States.
- I have read, understood, and do agree to follow the AIPT Policies listed in the *J-1 Visa Program Instructions and Information*. I understand that AIPT can withdraw sponsorship if any of the conditions of my training/internship are changed without AIPT's advance permission. If sponsorship is withdrawn, I will return the Certificate of Eligibility to AIPT, and exit the country immediately.
- I understand that in the case of a visa denial by a U.S. Consulate, a partial refund of the program fee (50%) is due once the Certificate of Eligibility is returned to AIPT. If the Certificate of Eligibility is not returned to AIPT, then AIPT reserves the right to withhold additional funds or refuse a refund request. All refund requests must be received by AIPT within 60 days of program start date.
- I certify that I will comply with laws, regulations and/or instructions of appropriate government agencies in the United States.
- I understand that use of the Certificate of Eligibility provided by AIPT confirms acceptance of all terms and conditions outlined in the training/internship program.
- The Parties [person or entity named in this application] agree that arbitration is the required and exclusive forum for the resolution of any and all disputes between them. Read the entire arbitration agreement on our Web site at <http://www.aipt.org/Programs/Apps/Arbitration+Agreement.htm> or request a copy be sent to you by contacting us at 410.997.2200.**

I have read the entire arbitration agreement statement and my signature on this application verifies my agreement to this provision.

Signature: _____ Date: _____

(Signature is required for processing)

Full Name *(please print)*: _____

City: _____ Country: _____

If you have any questions about the above-stated program conditions or other program details, it is important you contact AIPT.

Please review the checklist on page one to ensure that your application is complete.

Attach checklist on top of this completed application and submit to AIPT at:

10400 Little Patuxent Parkway, Suite 250
Columbia, MD 21044-3519
U.S.A.

Tel: +1.410.997.2200
Fax: +1.410.997.7813 or 5186
aipt@aipt.org