



**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

Exchange Visitor Participant Name

- Student  
 Technical student (IAESTE)  
 Professional

Nationality of Participant

Host Employer Organization Name

### Application Form Checklist

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

- Signed, completed Host Employer Application form
- Training/Internship Placement Plan that describes:
- Departments in which the exchange visitor participant will gain experience
  - Length of time spent in each area
  - Specific training/internship activities
  - New skills the participant will acquire
  - How the participant will be supervised and evaluated
  - Objectives the participant is to achieve
  - Objectives the organization has for the training/internship period
  - How those objectives relate to the participant's previous experience
  - Why the training/internship program is needed
  - How the participant will be oriented to the host facility
  - How the participant will be oriented to the community
  - Cultural activities organized through your company and/or available in the immediate area
- Program fee\* (*unless paid by participant*) \*Includes medical and dental discount plan for J-1 visa participant
- \$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*)
- \$200 New Employer Fee (*see AIPT Fees and Refunds for more information*)
- Optional Expedited Service (*Expedited files must include completed applications 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*)



# AIPT J-1 Visa Exchange Programs Host Employer Application Form

- IMPORTANT:**
- A complete application includes:** Program fee, both host employer and participant applications, and Training/Internship Plan Outline.
  - This application must be typed. All items must be answered completely and in English.
  - No previous versions of this application form will be accepted.
  - All information on this form is subject to verification.
  - For further information, see application instructions and FAQs.

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

**Exchange Visitor Participant Information**

Mr.  Ms.  Dr. \_\_\_\_\_  
 First Name Last Name

Date of application \_\_\_\_\_ E-mail (required) \_\_\_\_\_ Citizenship \_\_\_\_\_

**Host Employer Profile**

Organization/Company Name/DBA \_\_\_\_\_ Parent Company \_\_\_\_\_

Type of Business or Product \_\_\_\_\_ Web site \_\_\_\_\_

Employer Identification Number (EIN) \_\_\_\_\_  
 Dunn & Bradstreet Number  
 Prior year's annual revenue greater than or equal to three million U.S. dollars?  Yes  No

Number of Employees \_\_\_\_\_

Workman's Compensation Insurance Carrier \_\_\_\_\_ Start Date of Policy \_\_\_\_\_ End Date of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_

**Training/Internship Program Site Information**

Program Location/Worksite Name \_\_\_\_\_ Department \_\_\_\_\_ Number of Employees at Program Site \_\_\_\_\_

Program Site Street Address \_\_\_\_\_ Number of J-1 Trainees at Program Site \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Suite or Floor \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Direct Supervisor of Training/Internship Program**

Mr.  Ms.  Dr. \_\_\_\_\_  
 First Name Last Name Title

**Supervisor - may be contacted for evaluations**

Supervisor's Location Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Supervisor's E-mail \_\_\_\_\_

**Company Representative (responsible for completing application)**

Mr.  Ms.  Dr. \_\_\_\_\_  
 First Name Last Name Title

Street Address \_\_\_\_\_

*Provide contact information and address if different from program site location.*

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Attorney Information** Is an attorney representing you in presenting this application?  Yes  No

(if applicable)

If yes:

Attorney Name \_\_\_\_\_ Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Position Offer**

**Details**

(Non-expedited processing takes 4-6 weeks from receipt of completed Host Employer Application, Exchange Visitor Application, and applicable program fee(s). Please plan the start date accordingly.)

**PLEASE answer all questions. Blank responses will cause delay in processing.**

(Please advise the participant **not** to make travel arrangements until he or she receives the J-1 visa.)

Training/Internship Position Title \_\_\_\_\_

Desired Length of Training/Internship (in months) \_\_\_\_\_ Nearest Airport \_\_\_\_\_

Proposed Start Date (month/day/year) \_\_\_\_\_ Proposed End Date (month/day/year) \_\_\_\_\_

- Will a contract or agreement be signed between the host organization and the exchange visitor participant? (If so, attach a copy of the document signed by both parties.)  Yes  No
- Will the participant be subject to a medical exam upon arrival?  Yes  No
- Will the participant be subject to drug testing?  Yes  No
- Is successful completion of a medical exam required for program to begin?  Yes  No
- Did host organization representative interview participant and was it documented?  Yes  No

Interview performed by: \_\_\_\_\_ Interview method: \_\_\_\_\_ Date: \_\_\_\_\_

- How did you and the exchange visitor locate each other? \_\_\_\_\_

How did AIPT's program come to the attention of your organization?

- I am a previous host employer with AIPT.
- Participant
- AIPT Exchange Explorer
- Attorney: \_\_\_\_\_
- Advertisement: \_\_\_\_\_
- Conference: \_\_\_\_\_
- Friend
- AIPT Web site
- Other Web site: \_\_\_\_\_
- Other: \_\_\_\_\_

\$ \_\_\_\_\_ per  hour  week  month

Maintenance Wages (salary) \_\_\_\_\_ Training Hours Worked Per Week (Min. 32) \_\_\_\_\_

Party responsible for paying salary: \_\_\_\_\_

- Participant will be paid:  Weekly  Biweekly  Monthly  Other (please explain): \_\_\_\_\_
- Overtime — If applicable, estimated number of overtime hours: \_\_\_\_\_ hours per week.  
Overtime rate of: \$ \_\_\_\_\_ per hour.
- Host organization will pay for  all,  some, or  none of the participant's travel from participant's home country to the program location. If some of the participant's travel will be provided by the organization, please state the portion provided (such as travel from U.S. port-of-entry to program location): \_\_\_\_\_
- Please state any other benefit(s) that the host organization will provide at **no cost** to the participant (such as use of an organization-owned vehicle, housing, tools, uniforms, etc.) and list the estimated monthly value of each: \_\_\_\_\_
- Do you advise an automobile purchase?  Yes  No
- Transportation available:
  - Employer provided (company car or shuttle bus)  Public (bus, subway, rail, ferry)
  - Walk  Other: \_\_\_\_\_
- Estimated monthly cost of:
  - Transportation: \_\_\_\_\_ Rent: \_\_\_\_\_ Food: \_\_\_\_\_ Entertainment: \_\_\_\_\_
  - Other: \_\_\_\_\_
- Will you provide any assistance in finding housing?  Yes  No
- If yes, please explain how you are providing assistance: \_\_\_\_\_

**Giving and Support**

AIPT is a nonprofit 501(c)(3) organization. Its operational costs are not entirely covered by fees. If you are interested in supporting AIPT's mission to enhance global competencies and increase mutual understanding, please consider donating to AIPT today. Donations to AIPT are tax-deductible as charitable contributions. If you would like to make a donation, please use our Fee Payment Form to do so or do so online at [www.aipt.org/donate](http://www.aipt.org/donate). Thank you for your support.

### Training/Internship Plan Outline

An acceptable Training/Internship Plan Outline 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.e. classes, individual instruction, shadowing, etc.*). Each phase must build upon the previous phase\* to show a progression in the training/internship. **A separate copy of this page must be completed for each phase if applicable** (*i.e.; if there are three phases of training, please fill out this page once for each phase*).

\*All hospitality and restaurant plans must have a minimum of three phases.

How many phases will take place in this training/internship plan?

Please outline, using the prompts and questions below, each phase of the training/internship plan. Continue on separate page if necessary.

	/ /	/ /	Phase of
Name of This Phase	<i>Anticipated Start Date for this Phase (mm/dd/yyyy)</i>	<i>Anticipated End Date for this Phase (mm/dd/yyyy)</i>	

Please describe the goals and objectives for the participant during this phase of the training program.

Please summarize, in four (4) lines or less, the specific objectives for This Phase. *(This section is required.)*

An attachment can be provided to outline the goals/objectives, BUT must be summarized in this section. →

Please provide a detailed description of the new skills to be acquired in this phase of the training and the method for obtaining each skill.

An attachment can be provided to outline the skills/methods, BUT must be summarized in this section. →

In four (4) lines or less, list the new skills to be imparted for This Phase. *(This section is required.)*

Briefly explain why the use of "on-the-job" training for the participant is preferable to a strictly theoretical (*i.e.* classroom instruction, etc.) approach for this training position.

An attachment can be provided to explain the use of on-the-job training, BUT must be summarized in this section. →

Summarize, in four (4) lines or less, the need for "on-the-job" training for this position. *(This section is required.)*

Provide a detailed chronology or syllabus of training activities and/or projects in This Phase of the training. What activities do you expect the participant to undergo in this phase? How much time will be spent learning each activity? To what areas will the participant be exposed during this phase?

An attachment can be provided to explain the chronology/syllabus, BUT must be summarized in this section. →

Summarize, in four (4) lines or less, the chronology or syllabus for This Phase of the training. *(This section is required.)*

Report how the participant will be supervised and evaluated during this phase of the training program. For example, will the participant receive progress reports or have periodic reviews, and, if so, how often will they occur? How much and in what way will they interact with their supervisor?

An attachment can be provided to explain the evaluation/supervision, BUT must be summarized in this section. →

Summarize, in four (4) lines or less, the method of evaluation and the frequency of supervision during this phase. *(This section is required.)*

**Program Terms and Conditions**

*(In order for AIPT to approve for a participant to train at your organization under AIPT sponsorship, 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 AIPT and your organization.)*

**HOST EMPLOYER 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 conditions:*

- I affirm that this application and Training/Internship Placement Plan truly reflect the content of the on-the-job training being extended to the international exchange visitor participant.
- I understand that AIPT, and not the company or organization that I represent, is the legal sponsor of this program and of this exchange visitor.
- I certify that: sufficient physical plant, equipment, and trained personnel will be dedicated to providing the specified on-the-job training; the training/internship program is not designed to recruit and train aliens for employment in the United States; and the participant will not displace a full-time or part-time employee of the business.
- As a host employer, I understand that compliance with federal, state, and local labor and wage regulations with respect to the international exchange visitor is my responsibility.
- I agree to immediately notify AIPT by phone or e-mail, and then by signed letter, of any circumstances that differ from the statements made in this application. Any changes that affect the participant and accompanying dependents will be submitted to AIPT **in advance** for approval. Such changes include, but are not limited to, location or program, content of program, length of program, and maintenance wages paid.
- To the best of my knowledge, the participant intends to enter the United States for practical training and does not intend to abandon his/her non-immigrant status. I will not encourage nor assist the exchange visitor participant to stay in the United States beyond his/her program end date, which is the end date shown on the Certificate of Eligibility document governing the participant's admission and stay in the United States. I certify that I will not assist in any way to help a participant change visa categories. I further understand that 12 months is the maximum time allowed for internship and 18 months is the maximum time allowed for training (dependent upon participant's career field) under the J-1 visa.
- I agree to respond to any requests by AIPT concerning my organization's participant(s) in a timely manner and to complete any paperwork, including program evaluations within 30 days of end of program, as required by AIPT.
- I understand that AIPT has the right to withdraw sponsorship from any exchange visitor participant whose host organization does not comply with the AIPT-sponsored program, compelling that participant to leave the country, and to deny all future applications from that employer.
- I understand that in the case of a visa denial, a partial refund of the program fee (50%) is due after 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 to refuse a refund request. All refund requests must be received by AIPT within 60 days of program start date.
- The Parties [persons 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.**

**By checking this box, I am indicating that I have read the entire arbitration agreement statement and my signature on this application verifies my agreement to this provision.**

*I understand and agree to the conditions above as set forth in this Host Employer Application. I realize that if I do not fulfill my obligations and responsibilities as stated, AIPT will end its sponsorship of my organization's exchange visitor program participant(s).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature required for processing)*

Full Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

*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 1 to ensure that your application is complete. Read AIPT obligations below. 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.

Fax: 410.997.7813 or 5186  
Email: [aipt@aipt.org](mailto:aipt@aipt.org)

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*To be signed by  
AIPT personnel.*

### **AIPT (SPONSOR) OBLIGATIONS AND RESPONSIBILITIES**

- AIPT has the responsibility to ensure that the third-party host organization complies with all Exchange Visitor Regulations, including assuring adherence to the training plan and periodic evaluation.
- AIPT has the responsibility to respond to any inquiries from the U.S. Department of State regarding the Exchange Visitor.
- AIPT has the responsibility to report any incidents that would bring notoriety to the Exchange Visitor Program.
- AIPT has the responsibility to report all changes of address to the Student & Exchange Visitor Information System (SEVIS).

AIPT ARO  
Signature: \_\_\_\_\_