

**Intern / Trainee Program Application**

Dear Program Applicant,

Thank you for your interest in becoming an Intern/Trainee through the Council on International Educational Exchange (CIEE).

CIEE is authorized by the US Department of State to sponsor eligible candidates on programs of practical training as part of the J-1 Exchange Visitor Program. To verify basic program eligibility, and to ensure that the proposed internship/training is fully compliant with governing program regulations, CIEE has created a set of application materials to be completed by both the applicant and his or her proposed Host Organization. In order to complete their portion of the application, Host Organizations should be directed to CIEE's main program website ([www.ciee.org/trainee/newhc](http://www.ciee.org/trainee/newhc)), where they will find all relevant application materials and instructions for completing these. Alternately, applicants can also visit this same site to download the relevant Host Organization form, completing those fields that relate to his or her status and then forwarding on to the Host Organization for completion.

Applicants, on the other hand, are required to complete the following Intern/Trainee Program Application in its entirety and to submit it to the CIEE Representative in their home country or country of residence along with the completed Host Organization materials. In order to allow sufficient time for application processing, CIEE recommends that applicants submit materials to the local CIEE Representative at least six weeks prior to their intended travel date. This timeline, however, may vary slightly from country to country, and applicants should therefore correspond directly with their local CIEE Representative to understand the exact process and procedures that apply to them.

Depending on your educational and professional background, you may be eligible for either the **Internship USA** or **Professional Career Training USA** program. If you are currently an enrolled student at an accredited post-secondary institution or will begin training within 12 months of graduation from such an institution, you should apply for the Internship USA program (INT). Candidates who have completed a degree in the proposed field of training and have at least one year of prior related work experience should apply for the Professional Career Training USA program (PCT). If you do not have a relevant degree, but you have at least five years professional experience in the field, you may also be eligible for PCT.

To help you in completing the Intern/Trainee Program Application, we have included checklists below. Please use the respective checklist to guide you through the process of completing the application.

For further assistance, you may contact the CIEE Representative in your home country at any time. Additional instructions and information can also be found on CIEE's main program website at [www.ciee.org/trainee](http://www.ciee.org/trainee).

Thank you again for your interest in CIEE's Intern/Trainee Program and we look forward to working with you and your Host Organization in the near future.

Sincerely,

CIEE Intern/Trainee Team





## How to Complete Your Intern/Trainee Application

Please fill in the application in full, then print and sign it. Typed applications are strongly preferred. Alternatively you can print it and fill it in by hand, please ensure that your handwriting is legible!

Applications must be submitted in full. We cannot accept applications that are sent in separate parts.

You will be contacted shortly after SWAP initially receives your application to let you know whether or not you have been accepted and to go through the participant interview (page 14). SWAP is fully committed to assisting you throughout every aspect of the application process and will do everything possible to ensure that your application is successfully lodged.

### **Applicant Information section (page 5 – 6)**

#### **Departure & Return dates (page 5)**

Training dates should be no longer than the maximum of 12 months for Internship / 18 months for PCT.

You can enter the US (=date of departure to US) maximum 14 days before the training start date and stay up to 30 days after the training end date. You absolutely have to be insured for the entire time of your stay!

Note: We recommend to count in a few extra days at the beginning of your stay to make sure that even if your travel plans change slightly you are entering the US while being fully covered by insurance. You must be insured for the entire time of your stay!

Also check out the instructions on how to calculate your registration fee based on your departure and return dates.

#### **Personal Details & Passport Information (page 5)**

Please note that your passport has to be valid for your entire stay in the US! If it is not, please start the process to get a new passport right away: <http://www.ppt.gc.ca/>

#### **Contact Information (page 5)**

Please ensure you enter an email address that you are able to check on a regular basis. Important information concerning your visa will be sent by email. (e.g. SEVIS reminder, link to CIEE's online orientation, etc)

#### **Financial Security Information (page 6)**

Please find an example of a guarantor letter on our website.

#### **Proof of Academic Status and Academic Endorsement (page 8) – CURRENT STUDENTS ONLY**

Please have this page filled in by a representative from your school to confirm your student status. Ensure that there is a signature and a stamp/seal/school emblem.

#### **Recent Graduates & Professional Career Training participants ( page 9)**

Please fill in and add a copy of your diploma/degree to your application (if applicable). If your diploma/degree is not issued or not available (yet), please add a written confirmation from your school that you have graduated.

#### **CIEE Participant Declaration (page 11 – 15)**

Reminder – don't forget to sign on page 15! 😊

**Intern Trainee interview form (page 16)**

Please leave this section blank – once we have received your application the USA Internship Coordinator will give you a call to conduct this interview.

**Privacy, HIPPA and Confidentiality Release Form (page 16)**

Please fill in if applicable

**SWAP application conditions (page 17)**

Reminder – don't forget to sign on page 17! ☺

**Registration fee pages (page 18 – 19)**

Calculation of your registration fee

Please calculate your registration fee depending on your total stay in the US, so from the date of departure to the US to the date of return to home country. Beginning a new month (even one day) will be calculated as an entire month to your registration fee.

For example:

Date of departure to US (insurance starts):	<u>07</u> Nov 2009	}	Registration fee for 12 months
Internship/Training start date:	15 Nov 2009		
Internship/Training end date:	01 Nov 2010		
Date of return to home country (insurance ends):	<u>06</u> Nov 2010		

Date of departure to US (insurance starts):	<u>07</u> Nov 2009	}	Registration fee for 13 months
Internship/Training start date:	15 Nov 2009		
Internship/Training end date:	01 Nov 2010		
Date of return to home country (insurance ends):	<u>07</u> Nov 2010		



**SUBMITTING YOUR APPLICATION**

Processing time is **4-6 weeks** from the time the USA Programs Coordinator receives your correctly completed application. Please note that additional processing time is needed if a site visit is required. Please refer to [http://www.swap.ca/out\\_eng/destinations/usa\\_internship.aspx](http://www.swap.ca/out_eng/destinations/usa_internship.aspx) and the FAQ section to find out if a site visit will be required in your case.

Refer to the **Application Checklist** above to ensure you have acquired all documents.

Submitting your application by

- **Courier** (please do not send by regular mail) to – **PLEASE NOTE THAT SWAP HAS MOVED, THE NEW ADDRESS IS:**

**SWAP – attn. USA Internship Coordinator  
187 College st, 2<sup>nd</sup> floor  
Toronto, ON, M5T 1P7**

- **FAX** to 416 966 6644, attn.USA Internship Coordinator, SWAP

Please ensure your faxed application is legible! Please follow up with a call to ensure your fax has arrived.

Contact the USA Internship Coordinator with any questions or concerns at (416) 966 2887 ext. 203.

## Checklist of documents to submit

Internship USA Checklist	Professional Career Training USA Checklist
<input type="checkbox"/> Applicant Information	<input type="checkbox"/> Applicant Information
<input type="checkbox"/> Financial Security Statement	<input type="checkbox"/> Financial Security Statement
<input type="checkbox"/> Proof of English Ability	<input type="checkbox"/> Proof of English Ability
<input type="checkbox"/> Proof of Student Status and Academic Endorsement (current students) <p style="text-align: center;">- OR -</p> <input type="checkbox"/> Copy of Academic Diploma (recent graduates)	<input type="checkbox"/> Copy of Academic Diploma <input type="checkbox"/> Not applicable
<input type="checkbox"/> Interview Form ( <i>To be completed by SWAP</i> )	<input type="checkbox"/> Interview Form ( <i>To be completed by SWAP</i> )
<input type="checkbox"/> Program Information Page	<input type="checkbox"/> Program Information Page
<input type="checkbox"/> Applicant Declaration and Signature	<input type="checkbox"/> Applicant Declaration and Signature
<input type="checkbox"/> Form DS-7002 <i>(To be completed by US Host Organization – signed by host organization and by YOU)</i>	<input type="checkbox"/> Form DS-7002 <i>(To be completed by US Host Organization – signed by host organization and by YOU)</i>
<input type="checkbox"/> Certified Copy of Academic Transcript in English	<input type="checkbox"/> Certified Copy of Academic Transcript in English
<input type="checkbox"/> Copy of Valid Passport	<input type="checkbox"/> Copy of Valid Passport
<input type="checkbox"/> Copy of Resume or C.V.	<input type="checkbox"/> Copy of Resume or C.V.
<input type="checkbox"/> Copy of Previous Visas and DS- 2019s or IAP-66s <input type="checkbox"/> Not applicable	<input type="checkbox"/> Copy of Previous Visas and DS- 2019s or IAP-66s <input type="checkbox"/> Not applicable
<input type="checkbox"/> Application for J-2 Dependent(s) <input type="checkbox"/> Not applicable	<input type="checkbox"/> Application for J-2 Dependent(s) <input type="checkbox"/> Not applicable
<input type="checkbox"/> SWAP Internship & PCT application conditions	<input type="checkbox"/> SWAP Internship & PCT application conditions
<input type="checkbox"/> Payment of your registration fee	<input type="checkbox"/> Payment of your registration fee

## APPLICANT INFORMATION

### Departure and Return Dates

Date of departure to US (mm/dd/yy):

Internship/Training Start date (mm/dd/yy):  
(Must be no more than 14 days after departure date as listed above)

Internship/Training End date (mm/dd/yy):  
Must be no more than 12 months (INT) or 18 months (PCT) after Internship/Training start date as listed above

Date of return to home country (mm/dd/yy):  
Must be no more than 30 days after Internship/Training end date as listed above

### Personal Details (please fill these in as they appear on your passport)

Last name:	First name:	Middle name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth (mm/dd/yy):	City of birth:
Country of birth:	Country of citizenship:	Country of legal permanent residence:
Passport number:	Passport expiration date (mm/dd/yy):	

### Contact Information

E-mail (mandatory):		
Current street address:		
Postal code:	City:	Country:
Telephone – Home (country code/ city code/ number):	Telephone – Mobile (country code/ city code/ number):	
Permanent address ( <input type="checkbox"/> Check if same as above):		
Street address:		
Postal code:	City:	Country:

### Emergency Contact

Last name:	First name:
Relationship to participant:	E-mail:

Street address:		
Postal code:	City:	Country:
Home Telephone:		Mobile/Cellular:
<b>Previous Visas</b>		
Have you ever received a J-1 Visa to enter the US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? <i>(Please include copies of previous visas and DS-2019/IAP-66 forms)</i>		
1) Type of program: <input type="checkbox"/> Summer work/travel <input type="checkbox"/> Au Pair or EduCare <input type="checkbox"/> Camp Counselor <input type="checkbox"/> Trainee <input type="checkbox"/> Intern <input type="checkbox"/> Other, specify:		Organization (employer): J-1 Sponsor: City: State:
Dates of previous DS-2019 or IAP-66 (mm/dd/yy): From: To:		
2) Type of program: <input type="checkbox"/> Summer work/travel <input type="checkbox"/> Au Pair or EduCare <input type="checkbox"/> Camp Counselor <input type="checkbox"/> Trainee <input type="checkbox"/> Intern <input type="checkbox"/> Other, specify:		Organization (employer): J-1 Sponsor: City: State:
Dates of previous DS-2019 or IAP-66 (mm/dd/yy): From: To:		
<b>Other visa information (If you answered yes to any of these questions, please submit explanatory documentation with this application)</b>		
Have you ever applied for a visa to immigrate permanently to the US?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested and convicted of a crime in your home country?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested and convicted in the US?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been refused a visa by a US Embassy or Consulate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Financial Security Statement (To be completed by the applicant and guarantor/bank official)</b>		
Applicants who earn less than \$750 per month of stay will have to show evidence that they will be able to support themselves during their entire stay in the US (duration of Internship/Training plus travel dates). The total amount required is \$750 multiplied by the total number of months spent in the US. Any stipend stated on the Training/Internship Placement Plan (Form DS-7002) is to be subtracted from this amount. For example, if you are paid \$350 per month, you must prove that you have an additional \$400 per month.		
<input type="checkbox"/> My salary totals \$750 or more per month as indicated and confirmed by my US Host Organization. <input type="checkbox"/> My salary does NOT total \$750 per month, and I have attached an original bank statement or certified copy of a bank's statement. <input type="checkbox"/> My salary does NOT total \$750 per month, but I have a guarantor and I have attached a guarantor letter.		

**English Ability** (*Applicant must possess sufficient English language proficiency to participate in the Internship/Training program*)

- Native speaker, OR please choose one of the following
- Attach a copy of an official score that you received on an English exam that you recently completed (TOEFL, TOEIC, etc.) OR
  - Attach a copy of your grades/marks/transcripts (translated to English) for English classes taken at University (should have at least 2-3 English courses and high marks), OR
  - Attach a letter from your English professor/docent certifying your level of English, OR
  - Have your English professor/docent complete the following:

Oral English Ability	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Written English	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Listening Comprehension	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Additional comments about the applicant's knowledge of English and his/her ability to function in an English-speaking work place:

Name of Professor/Docent (please print):

Telephone:

Name of Educational Institution (please print):

Academic emblem or seal:

Signature:

Date (mm/dd/yy):

**Proof of Academic Status and Academic Endorsement**

**Internship USA  
Enrolled Students**

If you are an enrolled student applying to the Internship USA program, you must have this section completed by an Academic Advisor, Placement Officer, Counselor, or Department Head from your academic institution. If your academic institution will not sign this form, you must attach a letter on official institution letterhead verifying the same information. The person completing this form should be instructed to complete it in English and not to use abbreviations.

Name:	Title:
Telephone:	E-mail:
Website:	
Name of academic institution:	
I certify that _____, the applicant for an internship program in the US, is currently enrolled at my institution.	
Years of study completed at the time of departure:	Anticipated graduation date (mm/dd/yy):
Major/field of study:	Name of diploma/degree:
Will this Internship program be evaluated by the academic institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How will your academic institution evaluate the Internship? <input type="checkbox"/> Written/oral report <input type="checkbox"/> On-site evaluation by an official from the school <input type="checkbox"/> Other, specify:	
How does your institution view this program? <input type="checkbox"/> It is required for the applicant to graduate, OR <input type="checkbox"/> It is an integral part of the curriculum, OR <input type="checkbox"/> It is optional but supported by our academic institution.	
<input type="checkbox"/> I certify that the applicant may interrupt his/her studies for a maximum of _____ months to complete this Internship program.	
Signature:	Academic emblem, seal or stamp:
Date:	

**Recent Graduates**

If you have already graduated and will begin your Internship USA program within 12 months of graduation, please complete the following form.

I certify that I have graduated. A copy of my diploma is attached.

Date of graduation:

Degree Type:

Field of Study:

**Professional Career Training**

If you are an applicant to the Professional Career Training USA program, you need not have a post-secondary degree. However, your academic record does impact your program eligibility and we therefore require that you complete the following:

I certify that I have graduated. A copy of my diploma is attached.

Date of graduation:

Degree Type:

Field of Study:

I also have at least 1 year of experience in the field of training in which I intend to complete my Internship.

I do not hold a degree in a relevant field, but I have at least 5 years of experience in the industry/field in which I intend to train. A copy of my resume or CV is attached.

## PROGRAM INFORMATION

Name of Host Organization:

Address:

City:

State:

Zip Code:

Contact name:

Telephone:

Fax:

1. What knowledge and/or skills have you acquired during your studies or previous work experience that has prepared you for this Internship/Training program?

2. What are your future professional goals and how will this Internship/Training program assist you in fulfilling those goals upon return to your home country? Please be as specific as possible.

3. Explain the skills and knowledge you aim to acquire from this Internship/Training.

## PARTICIPANT DECLARATION

The following section serves to outline the terms and conditions of the Applicant's participation on CIEE's Intern/Trainee Program. We require that you carefully read the following information, and confirm that you have read, understood and agree to these terms by signing and dating the last page. If you fail to sign or date this section, we will be unable to process your application until you have done so.

### SECTION I. – Applicant Responsibilities

1. The Applicant agrees that all the information provided in the application is true to the best of his or her knowledge, and acknowledges that any false or misleading information may lead to the rejection of the application or, if discovered later, to immediate dismissal from the program.
2. The Applicant is responsible for considering his or her personal health and safety needs when applying for and participating in the program. If the Applicant suffers from any health or other condition that would create a risk for him or her while abroad, he or she should not apply.
3. The Applicant agrees to pay all fees in accordance with the requirements of the CIEE Representative through which he or she is submitting an application.
4. The Applicant is responsible for submitting all requested documentation (including a passport) to the CIEE Representative in a timely fashion for visa processing. CIEE cannot be held responsible for any additional costs incurred (including the cost of rebooking a flight) by the Applicant due to delays in submitting documentation or delays by the US Embassy in issuing a visa. Moreover, CIEE advises the Applicant not to book a flight until she or he has secured the visa, since CIEE cannot be held responsible for the costs of rebooking or cancelling a flight due to delays in processing or visa rejections.
5. The Applicant must pay the local visa fee to the US Embassy. The Applicant is also responsible for any additional visa fees that might apply at the US Embassy or Consulate in the country where he or she is applying for the visa, as well as the government SEVIS fee collected as part of the application.
6. The Applicant will be subject to English language screening and will need to complete an interview in order to participate in the program.
7. The Applicant must supply CIEE with the name and contact details of next of kin to be contacted in the case of emergency.
8. The Applicant must not submit a program application with the intent to train in the US in prohibited positions, including as an au pair, childcare giver, teacher, teaching assistant, camp counselor, in private households, as a ship or aircraft crew member, or as medical staff having patient contact. More information on prohibited positions can be found on CIEE's main program website at [www.ciee.org/trainee](http://www.ciee.org/trainee).
9. If the Applicant has recently held a J-1 Exchange Visitor Visa for the US, he or she may have to remain in his or her home country for a period of 90 days before beginning of new J-1 program.
10. CIEE may issue a DS-2019 form if the Applicant meets all relevant program requirements, but has no control over the decision of the US Embassy or Consulate in the Applicant's country of residence to issue a J-1 Visa.

## **SECTION II. – General Program Participant Responsibilities**

1. The Participant is responsible for reading and carefully considering all materials made available to him or her that relate to safety, health, legal, environmental, political, cultural and religious customs and conditions in the US. The Participant must take full responsibility in the event that laws, regulations, or customs are broken, regardless of his or her actual knowledge of these laws, regulations, or customs.
2. In addition to reviewing all program materials, the Participant may be required to complete a CIEE orientation online.
3. The Participant must exercise due care once in possession of the legal documentation (DS-2019, DS-7002, J-1 Visa, etc.) for the program. The Participant should be advised that these documents are difficult to replace and that she or he shall bear the cost of replacing these items if they are lost.
4. The Participant is responsible for all of his or her acts along with any resulting loss or damage while on the program. The Participant agrees to indemnify and hold harmless CIEE for damages or loss to any party caused by his or her conduct.
5. The Participant is required to maintain communication with his or her Host Organization prior to arrival, notify the Host Organization in advance of his or her arrival and departure dates, and promptly advise the Host Organization of any changes to his or her travel itinerary due to visa delays or any unforeseen circumstances.
6. All travel before, during and after the program is at the Participant's own risk. Also, if the Participant chooses to operate motorized vehicles, he or she is responsible for obtaining the necessary license, permission and insurance, and does so at his or her own risk.
7. Once the Participant has commenced his or her travel to the US, CIEE cannot amend the program dates as listed on the DS-2019 for any reason. It is the Participant's responsibility to check the program start and end dates prior to traveling to the US to ensure that the dates are correct.
8. If during the course of the program the Participant encounters any difficulties with his or her training position, or with safety, health, housing, the Participant should notify CIEE as soon as possible by phoning CIEE at 1-888-268-6245. In the event of an emergency, the Participant can also reach CIEE at the above number any time night or day.
9. The Participant is required to comply with all US Government visa and immigration requirements, including the SEVIS requirement as follows:
  - a) Notification of arrival at US Host Organization to CIEE within 20 days of the DS-2019 program start date.
  - b) Notification to CIEE of any change in US home address within 10 days of the change.
10. The Participant agrees that he or she will not engage in any activity that would bring the Intern/Trainee Program or the US Department of State into notoriety or disrepute. The Participant should contact CIEE for guidance if any proposed activity might cause this result.
11. The Participant agrees to complete an online evaluation at the mid-point and end of the program.

### **SECTION III. – Participant Responsibilities with Respect to His or Her US Host Organization**

1. CIEE does not guarantee the availability of internship/training positions. A Host Organization's representation that a position is being held does not constitute a binding contract that the internship/training position will be available when the Participant arrives. The Host Organization's commitment is one of good faith only. In addition, if the Participant does not have sufficient English proficiency, does not arrive on the expected start date, or made any false or inaccurate statement on the application, the Host Organization may choose not to provide training. Furthermore, if the Participant does not meet the contractual obligations of the Host Organization or of CIEE, the program may, at CIEE's sole discretion, be terminated.
2. CIEE and its Representatives are not responsible for any expenses incurred by the Participant if he or she has not started training by the agreed date due to any circumstances not under the direct control of CIEE or its Representatives.
3. The Participant must only train at the Host Organization listed in his or her application and on the DS-2019 form. If for any reason a change of Host Organization becomes necessary, The Participant must contact CIEE, submit a new Host Company Training Proposal, and obtain approval from CIEE **before** changing internship/training positions. Failure to do so will result in the Participant's withdrawal from the program.
4. If the actual internship/training position deviates significantly from the terms set forth in Form DS-7002, or if the internship/training environment, for whatever reason, proves unsupportive, the Participant should contact CIEE directly. If warranted, CIEE will endeavor to assist the Participant in finding another position. However, CIEE makes no guarantee that it will be able to do so and, furthermore, makes no representation that it will be able to find an internship/training position for the Participant in the same geographical area or at the same compensation level.
5. If Participant is terminated by the Host Organization from the internship/training program for non-compliance with the Internship/Training Placement Plan or the workplace rules of the Host Organization, he or she will be also terminated from the program.
6. If the Participant's original internship/training program, for whatever reason, ends prior to the end date listed on the DS-2019 form, it is the Participant's responsibility to inform CIEE as soon as this is known and, in any case, before the last day of training. Depending on the situation, the Participant will either be required to end the program early or allowed to search for a new internship/training position.
7. Once the Participant has arrived in the US to begin his or her program, CIEE will not for any reason refund his or her program fees nor be responsible for the refund of any fees paid to third parties (e.g., the US Department of State, SEVIS, etc.).
8. The Participant agrees not to engage in training in any unskilled or casual labor positions, in positions that require or involve child care or elder care, or in any kind of position that involves patient care or contact. Furthermore, Participant also agrees not to engage in training in a position that involves more than 20 percent clerical work.

### **SECTION IV. – Participant Responsibilities at the Conclusion of the Internship/Training Program**

1. The Participant agrees that he or she intends to return home upon completion of the program and not to attempt to stay in the US.

## **SECTION V. – Contractual Terms and Other Program-Related Conditions**

1. This English language version of the Intern/Trainee Program Application, including this Participant Declaration, is the binding contract between the Participant and CIEE.
2. CIEE makes no representation or warranty of any kind, expressed or implied, as to the suitability of the program for the Participant, and CIEE disclaims all such warranties to the full extent of the law.
3. The conduct of the Intern/Trainee Program is subject to US government approval and may change without notice.
4. CIEE does not own or operate any entity which provides goods or services for the program, including but not limited to arrangements for or ownership or control over houses, apartments or other lodging facilities; airline, vessel, bus or other transportation companies; food service; or entertainment providers. All such persons and entities are independent contractors and enter into legal relationships directly with the Participant (and not through CIEE). As a result, CIEE is not liable for any act or failure to act of any such person or entity, or of any third party. Without limitation, CIEE is not responsible for any injury, loss, or damage to person or property, death, delay or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal or terrorist activities of any kind, overbooking or downgrading of accommodations, structural or other defective conditions of houses, apartments or other lodging facilities (or in any heating, plumbing, electrical or structural problem therein), mechanical or other failure of airplanes or other means of transportation or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with domestic or wild animals, sanitation problems, food poisoning disease, lack of, access to or quality of medical care, difficulty in evacuation in case of medical or other emergency, or for any other cause beyond the direct control of CIEE.
5. The Participant agrees that any dispute concerning, relating, or referring to the Internship/Training Placement Plan, the Intern/Trainee Program Application, any other literature concerning the program, or the program itself shall be resolved exclusively by binding arbitration in Maine, according to the existing rules of the American Arbitration Association. Such proceedings will be governed by Maine law.
6. CIEE reserves the right to refuse sponsorship to any applicant that CIEE deems does not meet program eligibility requirements or any applicant that CIEE does not deem appropriate to accept in the general interests of the program. In the event that CIEE rejects the Applicant's application to the program, any applicable refund will be made via the CIEE Representative through which the original application was submitted.
7. Program participation begins on the day of departure from the Participant's home country and terminates on the day of departure from the US (so long as this occurs within the legal program dates). The maximum length of training is 12 months for Interns and 18 months for Trainees; however, the overall period of time in the US may extend beyond the respective maximum durations as follows:  
The Participant can arrive to the US a maximum of 14 days prior to the DS-2019 program start date and remain in the US for up to 30 days beyond the DS-2019 program end date. The 30 days after the program end date represent a "Grace Period" extended to the Participant by the US Government. This period is intended to be used for travel within the US and the Participant is not allowed to train or to work in any capacity during this time. Moreover, the Participant also is not allowed to leave and re-enter the US during this period, since the DS-2019 has expired.
8. As part of this program, the US Government requires that all participants have a certain level of insurance coverage, which CIEE includes as a mandatory part of its program. The Participant is

automatically covered within the internship/training program dates as outlined on the DS-2019 form. Should the Participant plan to arrive to the US before the program start date, or to remain in the US after the program end date during the "Grace Period" as outlined above, this must be made known to CIEE during the initial processing of the application. CIEE cannot be held responsible for any insurance claim made outside of the insurance dates confirmed to the Participant in his or her pre-departure program materials.

9. Under the US government's Health Insurance Portability and Accountability Act (HIPAA), CIEE is restricted in its access to certain medical information or records in the event that a participant has an accident in the US. In order for CIEE to assist the Participant to the fullest extent possible with insurance-related issues, CIEE will need to have a signed Privacy and Confidentiality Release Form from the Participant. This form is optional and the Participant can choose whether or not CIEE is granted access to this information.

10. CIEE reserves the right to dismiss the Participant from the program if, in its best judgment, the Participant is deemed to be a danger to him- or herself or to others, or if his or her conduct is deemed to be detrimental to the program in any way. In the event of such a dismissal, CIEE shall not be held responsible for any resulting expenses incurred by the Participant such as airfare, and shall not be required to return any fees paid by the Participant.

11. Once the Participant has departed for the US, he or she will receive no refund should he or she choose to withdraw or terminate her or his program. The Participant will also receive no refund should CIEE find it necessary to withdraw sponsorship after the Participant has departed for the US.

12. CIEE and its Representatives do not provide housing. Whether the Participant arranges housing independently or through the Host Organization where possible, he or she will be required to sign a lease and pay a deposit, which usually amounts to the first and last month's rent and may include an additional security deposit.

**Participant Signature**

By signing below, you indicate that you have read, understood and agree to all terms outlined in the Participant Declaration section. Additionally, by signing below, you also confirm that, to the best of your knowledge, all information contained in the Intern/Trainee Program Application is true and accurate.

Participant Signature:	Date (mm/dd/yy):
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## For CIEE Representative Use Only

<b>Intern/Trainee Interview Form</b>	
I confirm that I have interviewed the applicant and posed the following questions to her/him. Based on her/his response, as well as on the other information submitted as part of the application process, I feel that this applicant is an appropriate candidate for the Intern/Trainee Program and that s/he has a proper understanding of its purpose and intent.	
<ol style="list-style-type: none"> <li>1. How did applicant locate his or her internship/training program?</li> <li>2. Has the applicant ever been to the US before? If so, for what purpose?</li> <li>3. What is the applicant's educational and/or career plan upon returning to home country?</li> </ol>	
Interviewer Name:	Signature:
Title and Organization:	Interview Date: (mm/dd/yy)
Interview was conducted: <input type="checkbox"/> In-Person <input type="checkbox"/> Webcam <input type="checkbox"/> Videoconference <input type="checkbox"/> Telephone	
<b>Program Type</b>	
Please check all boxes that apply to this application:	
<input type="checkbox"/> Internship USA <input type="checkbox"/> Professional Career Training USA <input type="checkbox"/> Trainee Select <input type="checkbox"/> CIEE Recruitment Fair	

<b>Privacy, HIPPA and Confidentiality Release Form</b>		
By completing this form, you consent to CIEE, CIEE's designated insurance claims management company, your physician's and/or other medical providers to discuss medical and/or insurance issues with CIEE or CIEE's designated insurance claims management company.		
You also consent to CIEE that we may notify your emergency contact listed in this application of any situation that CIEE deems to be an emergency. You also consent to CIEE that CIEE may notify your official CIEE Partner from whom you purchase this program of any situation that CIEE deems to be any emergency.		
<b>This authorization is valid for 2 years from the date signed.</b>		
<b>I give CIEE permission to release any or all of the following information. (Please initial and select)</b>		
Initial:	<input type="checkbox"/> All financial and claim information related to medical bills or Claimant's Statement and Authorization	
Initial:	<input type="checkbox"/> Provide name, date or service, total charge, total paid and date of payment.	
Initial:	<input type="checkbox"/> Insurance ID number and/or social security number.	
<i>Under no circumstances can CIEE release medical information obtained from your physician or provider of service to your or anyone. Your medical information has been disclosed to us from your physician or provider of service and we are prohibited by federal law for further disclosure. Please contact your physician or provider of service for your medical information.</i>		
Print Patient Name:	Date: (mm/dd/yy)	Signature of Patient, Adult Parent or Guardian:

## For CIEE Representative Use Only



## INTERNSHIP & PCT PROGRAM Application Conditions

1. Participants must meet the eligibility requirements that have been set by SWAP and Council Exchanges.
2. Participants agree to allow SWAP to represent their INTERNSHIP/PCT Program application to the American partner organization on their behalf. Participants furthermore agree not to interfere with this process in any way.
3. Upon payment, registration fees are non-refundable. Exceptions apply when the applicant is not accepted on the INTERNSHIP/PCT Program or cancels due to family death or illness (documentation is required). If a participant is not approved, a \$250 USD fee plus an administrative fee is held back by the U.S. sponsor and SWAP.
4. Participants agree to pay the mandatory SEVIS fee of \$235 CAD.
5. Participants understand that if their host company has not had a trainee with CIEE within the last three years, that new US government regulations require the sponsor (CIEE) to visit the site prior to approving the project. In such an instance, the candidate must subsidize the travel costs which have been established at an additional fee of \$255 CAD. CIEE is not required to visit any host company which has either a minimum of 25 employees OR an annual minimum revenue of \$3 Million USD. If a visit from CIEE staff is required, participants must add 4 additional weeks to the usual 4-6 week processing time.
6. Because applicants are screened for their maturity and independence, all dealings regarding the applicant's registration will be made between SWAP and the applicant. Information will not be divulged to third parties, including friends and/or family members.
7. Medical insurance included in your registration will cover you between the dates you specify on your application. If entering the US before insurance coverage starts or stay longer after coverage ends (as long as legally allowed), participants have to purchase additional insurance coverage for these extra days. This is the participant's sole responsibility and participants waive SWAP of any responsibility, financial or otherwise.
8. All participants understand that the INTERNSHIP/PCT Program is not a language instruction program.
9. The Internship/PCT program asks that participants **apply at least 6 weeks prior to their departure (10 weeks prior if a site visit at your host company applies)** Failure to do so may result in a delay of receiving the DS-2019 pre-departure kit.
10. All participants understand that it is their own responsibility to make sure that their travel plans are as flexible as possible, and if any changes need to be made it is the participant, and not SWAP that is accountable.

.....  
***I certify that I meet the eligibility requirements for the USA INTERNSHIP/PCT Program, and the statements I have provided in my application are correct. Further, I have read the procedures & conditions of the program and agree to be bound by them.***

***I understand that my registration fee is non-refundable once my application has been processed, and that any request for a refund will be refused.***

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please choose the applicable fee page for USA INT or USA PCT (non-students)

## Registration fees Internship USA (students and recent grads only!)

Participant First Name:

Last Name:

1- 2 months, including insurance	<input type="checkbox"/>	\$970
3 months, including insurance	<input type="checkbox"/>	\$1,065
4 months, including insurance	<input type="checkbox"/>	\$1,165
5 months, including insurance	<input type="checkbox"/>	\$1,265
6 months, including insurance	<input type="checkbox"/>	\$1,360
7 months, including insurance	<input type="checkbox"/>	\$1,460
8 months, including insurance	<input type="checkbox"/>	\$1,560
9 months, including insurance	<input type="checkbox"/>	\$1,655
10 months, including insurance	<input type="checkbox"/>	\$1,755
11 months, including insurance	<input type="checkbox"/>	\$1,855
12 months, including insurance	<input type="checkbox"/>	\$1,950
13 months, including insurance	<input type="checkbox"/>	\$2,050
14 months, including insurance	<input type="checkbox"/>	\$2,150
Site visit (if applicable)	<input type="checkbox"/>	\$255
<b>SEVIS fee (mandatory)</b>	<input checked="" type="checkbox"/>	<b>\$ Cdn 235</b>
<b>Subtotal of registration fees</b>		<b>\$ Cdn _____</b>
<b>Applicable taxes (see chart below)</b>		<b>\$ Cdn _____</b>
<b>Total</b>		<b>\$ Cdn _____</b>

\*Applicable taxes are based on the province of residence of the registrant and must be added to all registration fees. All fees are subject to change without notice.

Alberta	5%	Nova Scotia	15%
British Columbia	12%	Ontario	13%
Manitoba	5%	PEI	5%
New Brunswick	13%	Quebec	5%+QST
Newfoundland/Labrador	13%	Saskatchewan	5%



Please choose the applicable fee page for USA INT or USA PCT (non-students)

## Registration fees PCT USA (non-students)

Participant First Name:

Last Name:

1- 2 months, including insurance	<input type="checkbox"/>	\$1,265
3 months, including insurance	<input type="checkbox"/>	\$1,360
4 months, including insurance	<input type="checkbox"/>	\$1,460
5 months, including insurance	<input type="checkbox"/>	\$1,560
6 months, including insurance	<input type="checkbox"/>	\$1,655
7 months, including insurance	<input type="checkbox"/>	\$1,755
8 months, including insurance	<input type="checkbox"/>	\$1,855
9 months, including insurance	<input type="checkbox"/>	\$1,950
10 months, including insurance	<input type="checkbox"/>	\$2,050
11 months, including insurance	<input type="checkbox"/>	\$2,150
12 months, including insurance	<input type="checkbox"/>	\$2,250
13 months, including insurance	<input type="checkbox"/>	\$2,345
14 months, including insurance	<input type="checkbox"/>	\$2,445
15 months, including insurance	<input type="checkbox"/>	\$2,545
16 months, including insurance	<input type="checkbox"/>	\$2,640
17 months, including insurance	<input type="checkbox"/>	\$2,740
18 months, including insurance	<input type="checkbox"/>	\$2,840
19 months, including insurance	<input type="checkbox"/>	\$2,935
Site visit (if applicable)	<input type="checkbox"/>	\$255
<b>SEVIS fee (mandatory)</b>	<input checked="" type="checkbox"/>	<b>\$ Cdn 235</b>
<b>Subtotal of registration fees</b>		<b>\$ Cdn _____</b>
<b>Applicable taxes (see chart below)</b>		<b>\$ Cdn _____</b>
<b>Total</b>		<b>\$ Cdn _____</b>

\*Applicable taxes are based on the province of residence of the registrant and must be added to all registration fees. All fees are subject to change without notice.

Alberta	5%	Nova Scotia	15%
British Columbia	12%	Ontario	13%
Manitoba	5%	PEI	5%
New Brunswick	13%	Quebec	5%+QST
Newfoundland/Labrador	13%	Saskatchewan	5%

**Form of Payment**

Payments can be made by certified cheque or money order made payable to SWAP, or by credit card (Visa and Master Card).

Cheque       Money Order (made payable to SWAP)       Visa       Master Card

Credit card # \_\_\_\_\_ Expiry \_\_\_\_\_ . month \_\_\_\_\_ year

Cardholder name \_\_\_\_\_ Cardholder Signature .....

Participant Signature (if different from Cardholder) .....



## Insurance Coverage

Included in your registration you will be covered by medical, liability and travel insurance during your traineeship in the US (you will receive your insurance confirmation in your final kit).

More details about your insurance are available at [www.ciee.org/insurance](http://www.ciee.org/insurance)

***It is important that at the same time your provincial GHIP does NOT expire during your absence from Canada as this will cause your existing GHIP to be void for as long as three months after you return home, leaving you without medical coverage in this time while you wait to be re-instated.*** It is your responsibility to maintain the status of your provincial GHIP

### **NOTIFYING PROVINCIAL GOVERNMENT HEALTH INSURANCE PLAN (GHIP)**

Often people travelling outside of Canada for longer than 3 months, (this varies between provinces), are not covered by their provincial government health insurance plans, (GHIP). Ensure that you contact your provincial GHIP office.

Many provincial GHIP plans require you notify them about leaving Canada for longer than 3 months in order to qualify for coverage. **Note:** If you are asked the purpose of your trip, remember that SWAP is a programme of cultural exchange and that “work” is incidental to the “holiday”. Some provincial GHIP plans will not cover citizens leaving Canada for the sole purpose of work, in other GHIP plans the reason “work” could be the easiest way to get your coverage extended. So please check the regulations of your provincial health insurance plan.

### **PROVINCIAL HEALTH INSURANCE AGENCY PHONE NUMBERS**

Nunavut

<http://www.gov.nu.ca>

North West Territories Department of Health  
(403) 873-7731

<http://www.hlthss.gov.nt.ca>

Yukon Territory Extended Health Benefits 1-  
800-661-0830 or 1-867-777-7400

<http://www.hss.gov.yk.ca>

British Columbia Medical Services Plan (250)  
952-2657

<http://www.hlth.gov.bc.ca>

Alberta Health Care Insurance Division (780)  
427-1432

<http://www.health.gov.ab.ca>

Saskatchewan Medical Insurance Branch  
(306) 787-3251

<http://www.health.gov.sk.ca>

Manitoba Health Services Commission  
(204) 786-7101

<http://www.gov.mb.ca>

Ontario Health Insurance Plan (OHIP)  
(416) 314-7575

<http://www.health.gov.on.ca>

Quebec

<http://www.msss.gouv.qc.ca>

Newfoundland and Labrador Medical Care  
Commission (709) 292-4027

<http://www.gov.nf.ca>

Nova Scotia Department of Health (902) 481-  
5800

<http://www.gov.ns.ca>

P.E.I. Hospital & Health Services Commission  
(902) 838-4064

<http://www.gov.pe.ca>

New Brunswick

<http://www.gnb.ca>