INTERNSHIP USA/PROFESSIONAL CAREER TRAINING USA ONLINE DS-7002 INSTRUCTIONS FOR HOST ORGANIZATIONS

The Department of State recently released updates to SEVIS, the tracking system for J-1 Exchange Visitors. In conjunction with this release, CIEE has transitioned the DS-7002 to an online format.

Host Organizations will now complete the DS-7002 through CIEE's online portal: <u>https://exchanges.ciee.org/</u>

Steps to Completing the DS-7002

1. Receive an email invitation from CIEE inviting you to complete a DS-7002:



- 2. Follow the <u>Training Plan Link</u>.
- 3. Using your email address that received the invitation, create a password:

CIC exchange pro	GRAMS
CREATE PASSWORD Please enter the email address that the Training Pla to, along with your new Password.	n request was addressed
email new password	
new password	
SET PASSWORD	
Return to Login	

ciee.org



4. Receive the following message and click **OK** to log in.



5. Log in using your newly created password:

CICC EXCHA	ANGE PROGRAMS
LOGIN	
User Name	
Password	
LOG IN	
Forgot your password?	

6. Once logged in, you will see a list of all Interns/Trainees assigned to you under the header **APPLICANTS**. Click on the name of the Intern/Trainee you would like to work on.

Cle	96	EXCHANG	E PROGRA	MS						
HOME										
APPLICA	NTS							Search		
Full Name	First Name	Last Name	Gender	Email	Date of Birth	City of Birth	T/IPP Status	Program Status	▼ Last Updated	
Shannon	Shannon	Sample	Female	electronicds7002+example@gmail.com	Jan 1, 1985	Cork	Incomplete	Incomplete	13 Oct 2015	

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- 7. On the left sidebar is a list of what needs to be completed. On the right, you can expand the following sections to view additional information by clicking **VIEW**:
 - Participant information
 - Program Details
 - Dates

HOME SHANNON SAMPLE				PRINT
SHANNON SAMPLE				
IRELAND / INTERN Incomplete	If you have questions as	IN PROCESS you're working on the training plan, cal	1.888.369.1620 to connect with a	a CIEE expert.
NEXT STEP	PARTICIPANT INFORMATION Shannon Sample - electronicds7002+exa Atlas ID: 43515446824C Program Status	nple@gmail.com - Cork, EI - 01/01/1985. Incomplete		VIEW
The training plan is incomplete and cannot yet be signed.	First Name * 📀	City of Birth *	Email Address	* 😧
	Shannon	Cork	electronicds	7002+example@gmail.com
SIGN	Last Name * 😢	Country of Birth *	RESEND	
	Sample	IRELAND	▼ Gender	
	Middle Name	Date of Birth *	🖲 Female 🤅	🗇 Male
		01/01/1985	e	
The training plan cannot yet be signed because of the following requirements:	CLOSE			
 One site of activity must be designated as the primary site of activity. A completed site of activity is 	PROGRAM DETAILS			VIEW
required.	DATE			VIEW
	UNICO			

8. The main program supervisor should reflect the person overseeing the overall program. There are options to edit the main program supervisor information, to change the main program supervisor, and to resend the email invitation to complete the DS-7002. Click **EDIT** to add your professional title and phone number.

IN PROGRAM SUPERVISOR/P	0 00		
		Di su s	
Last Name	President	207.233.1010	
First name	Email		

9. Next, click **ADD SITE OF ACTIVITY** to create the content of the DS-7002:

	PLACEMENT PLAN
	Each TrainingInternship 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 (e.g. classes, individual instruction, shadowing). Each phase must build upon the previous phase to show a progression in the training/internship. Each field must be completed and should include individualized information. Phases cannot be duplicative of a participant's prior experience or of skills developed in previous phases.
\rightarrow	ADD SITE OF ACTIVITY



10. Complete primary site of activity: this information should reflect the physical office location where the training will take place. It is important to **VALIDATE THE ADDRESS**.

EVAMPLE COMPANY		
EXAMIFLE GUNIFANT		
Portland, ME 04101		
Host Organization Name * 🚱		
Example Company		
Street * 😮		
300 Fore Street		
address line 2		
Postal Code *		
04101		
City*		
Portland		
State *		
MAINE		

- 11. Complete the Host Organization details accordingly, noting the following requirements:
 - Employer ID Number: 9-digit Employer ID number, also referred to as a Federal Tax ID Number
 - Number of FT Employees: list the number of full-time employees company-wide in the U.S.
 - Annual revenue: annual revenue of U.S. based branches
 - Exchange Visitor Hours Per Week: minimum requirement of 32 hours per week

Web Site Url * 😧		Worker's comp policy *
www.ciee.org		O No 💿 Yes
Employer ID Number (Fe	deral Tax ID Number) * 📀	Travelers
123456789		1234567
Number Of FT Employee:	5 %	
300		Does your worker's compensation policy cover exchange visitors? *
Annual revenue * \$0 to \$3 Million	O \$10 Million to \$25 Million	Yes O No, exempt No, but equivalent coverage
Million	O \$25 Million or More	Has the HO hosted an intern/trainee through CIEE in t past 3 years? *
		O No 🖲 Yes
Exchange Visitor Hours P	er Week * 😮	Stipends *
40		O No 💿 Yes
		\$ 1500 per month



12. Complete the additional primary site of activity details (all starred fields are required) and click **SAVE**:

		300	
		Number Full-Time Employees Com	panywide in the U.
		500	
		Number of employees in departme intern/trainee will be placed *	nt(s) in which
		10	
51E)		Number of international Interns/Tr applicant who will also be training	ainees other than t in department(s) *
		0	
provide any of the following Board *	g, indicate approximat Transportation	te value for each per month:	~
\$ 0	3 0	\$ 9	^
on Value			
	provide any of the following Board * \$ 0 on Value	provide any of the following, indicate approxima Board * Transportation S 0 S 0 on Value	Number of employees in department intern/trainee will be placed * 10 ble) Number of international Interna/Trapplicant who will also be training indicate approximate value for each per month: Board * Transportation * So So So So So So So So

13. A green check mark next to the primary site of activity will indicate that this section is complete. Click **ADD PHASE** to complete a phase of training. The phase is where you will outline the internship/training plan.

PRIMARY SITE OF ACTIVITY EXAMPLE COMPANY 300 FORE ST PORTLAND, ME 04101-4200	EDIT	MAKE PRIMARY	ADD PHASE	4
Host Organization Name * 😧 Example Company				

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14. Complete the phase information. Phase information serves as the internship/training description and should provide a clear and detailed understanding of the Intern/Trainee's goals, as well as the projects/tasks they will complete to achieve these goals.

Items to note:

- Dates:
 - a. If the DS-7002 will be one phase, the start date and end date must match the DS-2019 start and end dates provided in the dates section at the top of the page.
 - b. If the DS-7002 will have multiple phases, the start date of the first phase should match the DS-2019 start date, and the end date of the final phase should match the DS-2019 end date.
- Each phase must have a supervisor assigned to it. This can be the same person as the main program supervisor or a different person who is responsible for the phase of training. Select a supervisor from the drop-down list or click **ADD A NEW SUPERVISOR**.
- Adding a new supervisor will send an email invitation to the new supervisor to sign-in and complete the phase of the DS-7002 that is assigned to them. Each phase can have the same supervisor, or each phase can have a different supervisor. Only the person listed as the phase supervisor can sign the phase.

Example Company	Ŧ				
ASIC INFORMATION					
hase name * 😧		Start Dat	e *		
Concentration for this phase		01/01/20	016		#
raining field * 🔇		End Date	s		
Ex.: Finance		03/01/2	03/01/2016		
UPERVISOR DETAILS elect Supervisor * 🕢 Supervisor Last Name, Presiden	·	OR	ADD A NEW SUPERVISOR		
UPERVISOR DETAILS elect Supervisor * 🕢 Supervisor Last Name, Presiden Last name	Title	OR	ADD A NEW SUPERVISOR		
UPERVISOR DETAILS elect Supervisor * • Supervisor Last Name, Presiden Last name Last Name	▼ Title President	OR	ADD A NEW SUPERVISOR Phone 207.233.1010		
UPERVISOR DETAILS elect Supervisor * • Supervisor Last Name, Presiden Last name Last Name First name	▼ Title President Email	OR	ADD A NEW SUPERVISOR Phone 207.233.1010		



15. Complete phase specifics according to the guidelines below:

PHASESPECIFICS
Description of trainee/intern's role for this phase * 🖸
This should be a broad, high level description of the internytrainee's role in this phase of training. Think about what the internytrainee's main responsibilities will be and what role they will fill within your organization. Two or three sentences are fine.
Characters Remaining: 2742
Specific goals and objectives for this phase " 😧
This section should be focused on answering what the training will accomplish for the participant, and not what the participant will do for the company. The training goals need to show what will be learned by the participant. Remember: these are high level goals, and not the details of what will be taught. Provide a minimum of two-three goals.
Characters Remaining: 2655
Who will provide daily supervision of the trainee/intern? What are their qualifications to teach the planned learning? * 🚱
Please provide the supervisor for this phase and the overall supervisor if they are different people. This box should include all supervisors' names, titles and a brief description of their professional backgrounds. Please also include how the participant will be supervised. You could include how often the supervisor and participant meet, what will be discussed and how it aligns with the objectives of the training. You could also list how and when the participant can access their supervisor.
Characters Remaining: 2504
What plans are in place for the trainee/intern to participate in American cultural activities? * 🕄
As Host Organization, you are responsible for intentionally providing American cultural experiences as part of the training. Provide at least one specific example of a cultural activity that you will facilitate for the participant. Examples include: sporting events, company happy hour, dinner at a coworker's home, movie premiere or fashion show, company sponsored events.
Characters Remaining: 2627

16. Complete the knowledge & skills section according to the guidelines below:

KNOWLEDGE & SKILLS	
What specific knowledge skills or techniques will be learned? * 😧	
This box should outline what skill(s) and knowledge the participant will gain as they work toward their goals. Add 2-3 sentences or a list to explain the knowledge, skills or teo to the field that the participant will learn if they achieve the goals of the training.	hniques related
Characters Remaining: 2719	
How specifically, will these knowledge, skills or techniques be taught? * Include specific tasks/activities (interns) and/or Methodology of training and Chronology/Syl	labus (Trainee) ዐ
Answer HOW you will conduct the training, include specific task and projects the participant will complete and provide a clear picture of a typical day in this training phase. you train the participant is relevant to what they need to learn.	Be sure that how
Characters Remaining: 2742 How will trainee/intern's acquisition of new skills and competencies be measured? * 📀	
In this section, we want to see how the supervisor/Host Organization is evaluating the performance of the participant against the goals and objectives stated in this training J metrics will be considered to understand that the training is a success or not? It is important that this evaluation plan is in place and that both participant and the Host Orga agreed on this process in order to ensure a successful and measurable outcome to the program.	olan. What nization are
Characters Remaining: 2531	
Additional phase remarks 🕄	
OPTIONAL: Provide any additional important information.	



17. Click SAVE!

PHASE SUPERVISOR SIGNATURE			
Electronic Signature Not Signed	Email Not Signed	Date Not Signed	SIGN PHASE
SAVE CANCEL DELETE			

18. Click **SIGN PHASE**: Read the terms of agreement, scroll to the bottom of the pop-up window, and check "I agree with the above." Enter your full name, the date, and click **SIGN**.

SIGN PHASE: CONCENTRATION FOR THIS I	PHASE	×
 I will notify the Sponsor in the event of named in this T/IPP, as well as any infor Intern that might have an effect on this I will notify the Sponsor if I receive infor controversy involving the Trainee or In expected to bring the Department of S Sponsor's exchange visitor program inin I am participating in this Exchange Visit Intern named in this T/IPP with training I certify that this training or internship Standards Act, as amended (29 U.S.C. 2 internships in the field of agriculture m Seasonal Worker Protection Act, as an I declare and affirm under penalty of p made herein are true and correct to th belief. The law provides severe penaltic concealing a material fact, or using any 	t an emergency involving the Trainee or Intern rmation that I receive about the Trainee or at exchange visitor's health, safety, or welfare; romation regarding a serious problem or ittern named in this T/IPP that could be state, the Exchange Visitor Program, or the to notoriety or disrepute; tor Program in order to provide the Trainee or gor an internship as delineated in this T/IPP; meets all the requirements of the Fair Labor 201 et seq.) I also certify that training or neet all requirements of the Migrant and hended (ag U.S.C. 180 ret seq.). erjury that the statements and information he best of my knowledge, information and as for knowingly and willfully falsifying or false document in the submission of this form.	^
I agree with the above.		
Type your name *	Enter the date *	
First Name Last Name	10/14/2015	~

19. A green checkmark should be next to the name of the phase, indicating that the phase is complete and signed:

 	Name Concentration for this phase	Start 01-01-2016	End 03-01-2016	VIEW
SITE OF Site O	F ACTIVITY			
Exar	mple Company			

20. Should you wish to add an additional phase go to the primary site of activity, click **ADD PHASE**, and repeat steps 14-19.

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21. After completing the phase(s), the main program supervisor will complete the top section, **SIGN THE TRAINING PLAN**:

SHANNON SAMPLE IRELAND / INTERN INCOMPLETE	READY TO SIGN You've provided all of the information required to sign the Training Plan. When you're ready, click Sign Training Plan.	
NEXT STEP	PATTICPANT INTERNATION Shannon Sample - electronicds70001-example@gmail.com - Cork, El - o/lo/ij985. Adlas ID - 435:9446824C - Program Status: Incomplete	VIEW
The training plan is nearly complete. The signature of the primary contact for this Host Organization is required to complete the plan.	PROSRAM DETAILS INT 2016 -	VIEW
SIGN	DATES DS Dates: 01/01/2016 - 03/01/2016	VIEW

Read the terms of agreement, scroll to the bottom of the pop-up window, and check "I agree with the above." Enter your full name, the date, and click **SIGN**.

	Sponsor's exchange visitor program into notoriety or disrepute;	
9. 10. 11. 12. 13.	approximation programming in this Exchange Visitor Protegram in order to provide the Trainee or Intern named in this T/IPP with training or an internship as delineated in this T/IPP, I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 2010 et seq.) I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. 1801 et seq.). I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowledge, information of this form. I centrify the Supervisor(s) listed are capable of and committed to providing the supervision and training outlined in the DS7002 Training/Internship Placement Plan for the named individual. I am an authorized employee of the listed organization with the authority to commit Placement Plan.	^

The following message will appear after successfully signing the training plan:

TRAINING PLAN SIGNED	×
The Training Plan has been successfully Signed.	
	CLOSE

An automatic email will be sent to the Intern/Trainee inviting them to review and sign the DS-7002.

Congratulations! You have successfully completed the DS-7002 Training/Internship Placement Plan.