

## TRAINING/INTERNSHIP PLACEMENT PLAN

SECTION 1: ADDITIONAL EXCHANGE VISITOR INFORMATION			
Trainee/Intern Name (Surname/Primary, Given Name(s) (must match passport name))		E-mail Address	
[REDACTED]		[REDACTED]	
		Program Category	
Occupational Category	Current Field of Study/Profession	Experience in Field (number of years)	
Type of Degree or Certificate	Date Awarded (mm-dd-yyyy) or Expected	Training/Internship Dates (mm-dd-yyyy)	
		From	To
SECTION 2: HOST ORGANIZATION INFORMATION			
Organization Name		Phase Site Address	Suite
City	State	ZIP Code	Website URL
Employer ID Number (EIN)			

Annual Revenue
----------------

Trainee/Intern - I certify that:
----------------------------------

Sponsor-

DS-7002  
02-2018

## SECTION 4: TRAINING/INTERNSHIP PLACEMENT PLAN

Each Training/Internship 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. A separate copy of pages 3 and 4 must be completed for each phase if applicable (e.g.; if the trainee/intern is rotating through different departments).

Surname/Primary, Given Name(s) (must match passport name)

--	--

The Exchange Visitor is:

Program Sponsor

Program Number

Main Program Supervisor/POC at Host Organization

Supervisor Contact Information

Title

Phone

Fax

Email

## PHASE INFORMATION

Phase Site Name

Training/Internship Field

Phase Site Address

Phase Name

Start Date (mm-dd-yyyy) of Phase

End Date (mm-dd-yyyy) of Phase

Phase

\_\_\_\_\_ of \_\_\_\_\_

Primary Phase Supervisor

Supervisor Title

E-mail

Phone Number

Description of Trainee/Intern's role for this program or phase

Specific goals and objectives for this program or phase

Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

How will the Trainee/Intern's acquisition of new skills and competencies be measured?

Additional Phase Remarks (optional)

Phase Supervisor - I certify that:

1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (T36 t Plan Phase Supervisor -