

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.

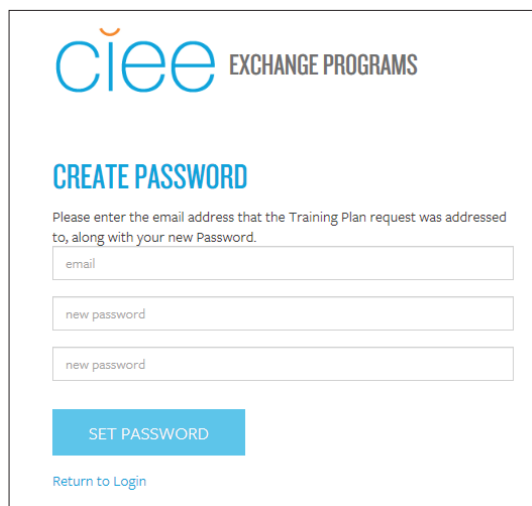
Host Organizations will now complete the DS-7002 through CIEE's online portal: <https://exchanges.ciee.org/>

Steps to Completing the DS-7002

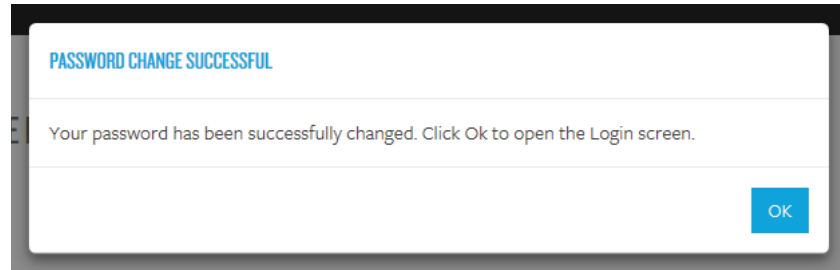
1. Receive an email invitation from CIEE inviting you to complete a DS-7002:



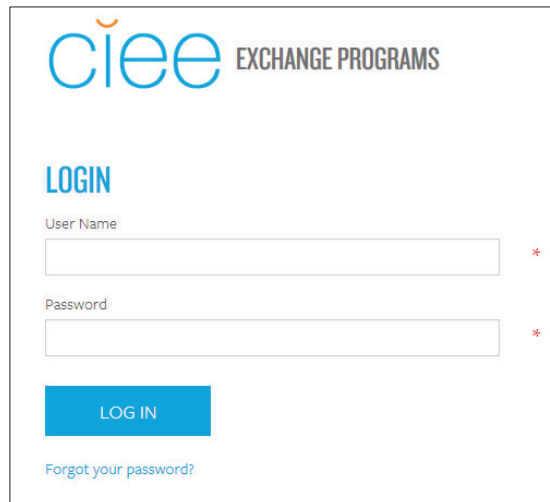
2. Follow the [Training Plan Link](#).
3. Using your email address that received the invitation, create a password:



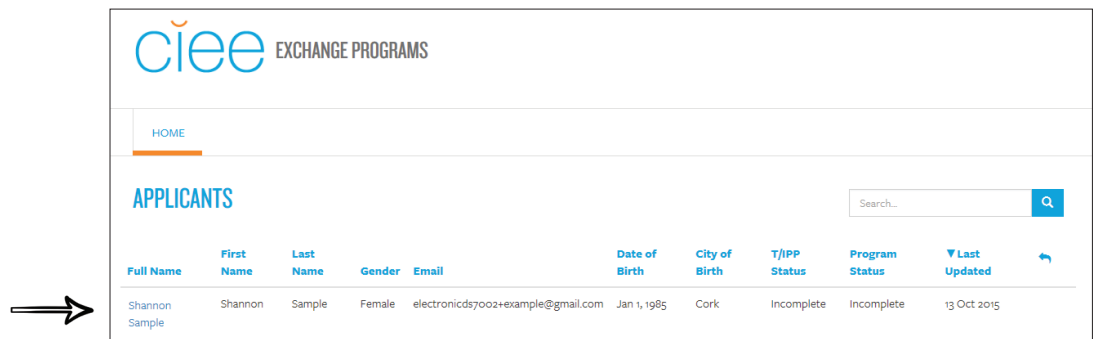
4. Receive the following message and click **OK** to log in.



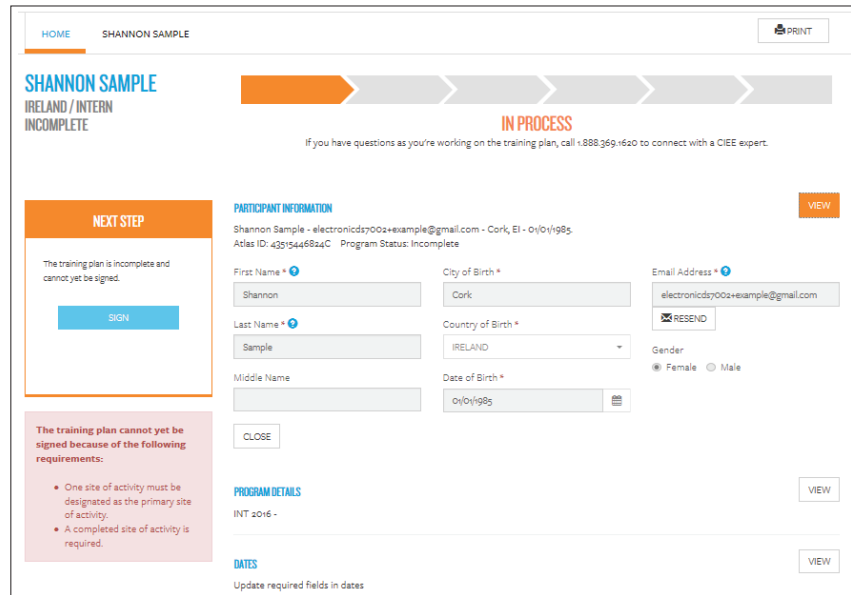
5. Log in using your newly created password:



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.



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

IN PROCESS

If you have questions as you're working on the training plan, call +888.369.1620 to connect with a CIEE expert.

NEXT STEP

The training plan is incomplete and cannot yet be signed.

SIGN

PARTICIPANT INFORMATION VIEW

Shannon Sample · electronicds7002+example@gmail.com · Cork, EI · 01/01/1985
Atlas ID: a3515446824C Program Status: Incomplete

First Name * Shannon City of Birth * Cork Email Address * electronicds7002+example@gmail.com
Last Name * Sample Country of Birth * IRELAND RESEND
Middle Name Date of Birth * 01/01/1985 Gender
 Female Male

CLOSE

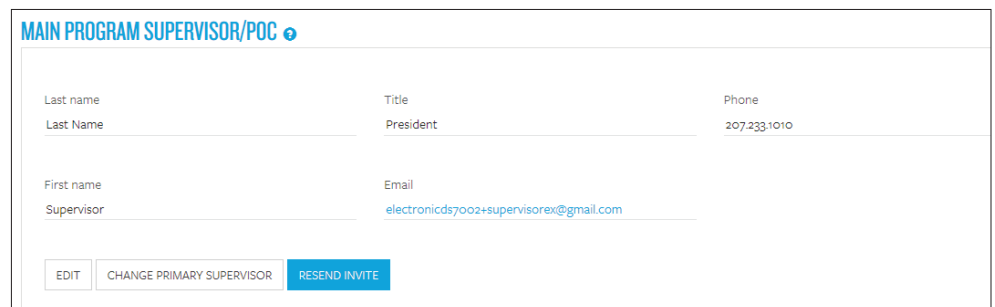
PROGRAM DETAILS VIEW

INT 2016 -

DATES VIEW

Update required fields in dates

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.



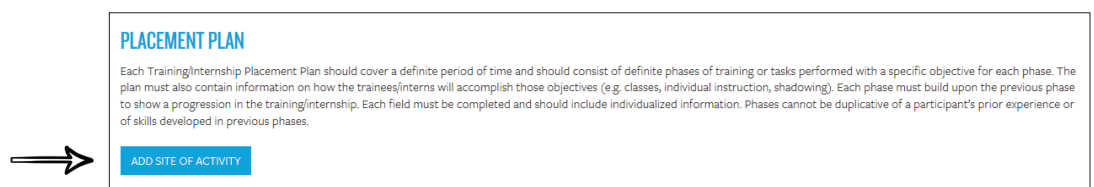
MAIN PROGRAM SUPERVISOR/POC

Last name Title Phone
Last Name President 207.233.1010

First name Email
Supervisor electronicds7002+supervisorex@gmail.com

EDIT CHANGE PRIMARY SUPERVISOR RESEND INVITE

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

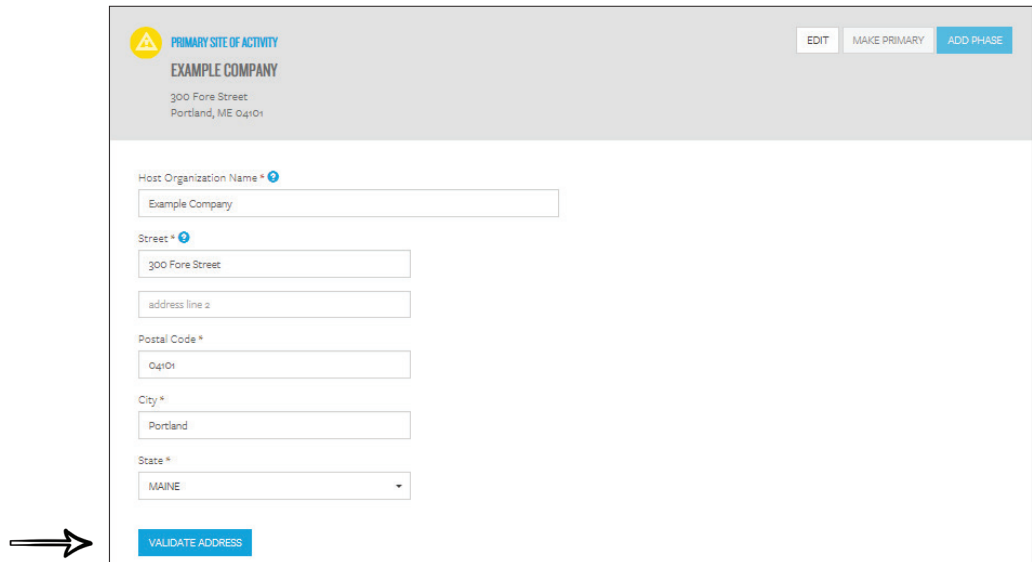


PLACEMENT PLAN

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. 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.

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**.



PRIMARY SITE OF ACTIVITY [EDIT] [MAKE PRIMARY] [ADD PHASE]

EXAMPLE COMPANY
 300 Fore Street
 Portland, ME 04101

Host Organization Name *
 Example Company

Street *
 300 Fore Street
 address line 2

Postal Code *
 04101

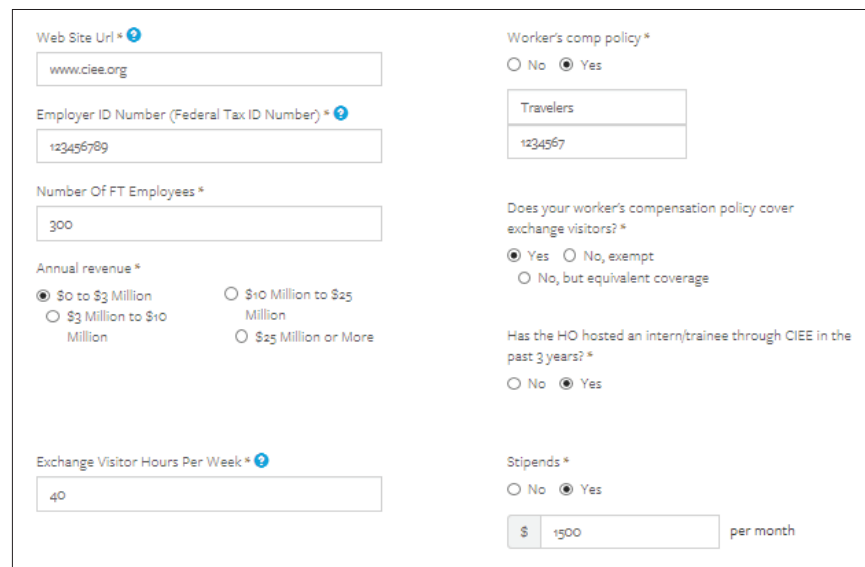
City *
 Portland

State *
 MAINE

VALIDATE ADDRESS

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. * * *Please enter the numbers only. No hyphen.
- 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 *
 www.ciee.org

Employer ID Number (Federal Tax ID Number) *
 123456789

Number Of FT Employees *
 300

Annual revenue *
 \$0 to \$3 Million
 \$3 Million to \$10 Million
 \$10 Million to \$25 Million
 \$25 Million or More

Exchange Visitor Hours Per Week *
 40

Worker's comp policy *
 No Yes
 Travelers
 1234567


Does your worker's compensation policy cover exchange visitors? *
 Yes No, exempt
 No, but equivalent coverage

Has the HO hosted an intern/trainee through CIEE in the past 3 years? *
 No Yes

Stipends *
 No Yes
 \$ 1500 per month

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

ADDITIONAL PRIMARY SITE OF ACTIVITY DETAILS

Fax Number <input type="text"/>	Number of Full-Time Employees Onsite *  <input type="text" value="300"/>
DBA (if applicable) <input type="text"/>	Number Full-Time Employees Companywide in the U.S. * <input type="text" value="500"/>
Year Founded * <input type="text"/>	Number of employees in department(s) in which intern/trainee will be placed * <input type="text" value="10"/>
Parent Company (if applicable) <input type="text"/>	Number of International Interns/Trainees other than this applicant who will also be training in department(s) * <input type="text" value="0"/>

If the host organization will provide any of the following, indicate approximate value for each per month:

Housing * <input type="text" value="\$ 0"/>	Board * <input type="text" value="\$ 0"/>	Transportation * <input type="text" value="\$ 0"/>	Other * <input type="text" value="\$ 0"/>
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Non-Monetary Compensation Value



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

Host Organization Name * 



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.**

SITE OF ACTIVITY
 Select or change Site of Activity *

Example Company

BASIC INFORMATION

Phase name * Start Date *

Concentration for this phase 01/01/2016

Training field * End Date *

Ex: Finance 03/01/2016

SUPERVISOR DETAILS

Select Supervisor *

Supervisor Last Name, Presiden... OR

Last name	Title	Phone
Last Name	President	207.233.1010
First name	Email	
Supervisor	electronicds7002+supervisorex@gmail.com	



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

15. Complete phase specifics according to the guidelines below:
(clicking the blue question mark will provide additional guidance.)

PHASE SPECIFICS

Description of trainee/intern's role for this phase * [?](#)

This should be a broad, high level description of the intern/trainee's role in this phase of training. Think about what the intern/trainee'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 techniques related to the field that the participant will learn if they achieve the goals of the training.

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/Syllabus (Trainee) [?](#)

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. Be sure that how you train the participant is relevant to what they need to learn.

Characters Remaining: 2742

How will trainee/intern's acquisition of new skills and competencies be measured? * [?](#)

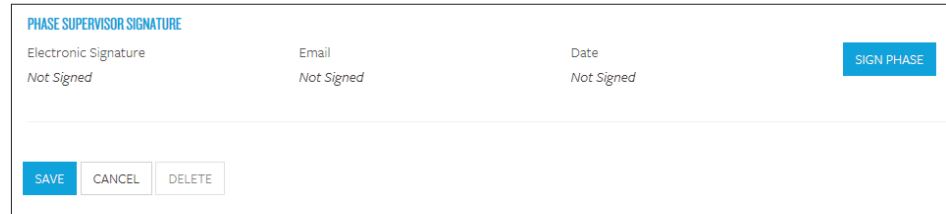
In this section, we want to see how the supervisor/Host Organization is evaluating the performance of the participant against the goals and objectives stated in this training plan. What metrics will be considered to understand that the training is a success or not? It is important that this evaluation plan is in place and that both participant and the Host Organization are agreed on this process in order to ensure a successful and measurable outcome to the program.

Characters Remaining: 2531

Additional phase remarks [?](#)

OPTIONAL: Provide any additional important information.

17. Click **SAVE!**

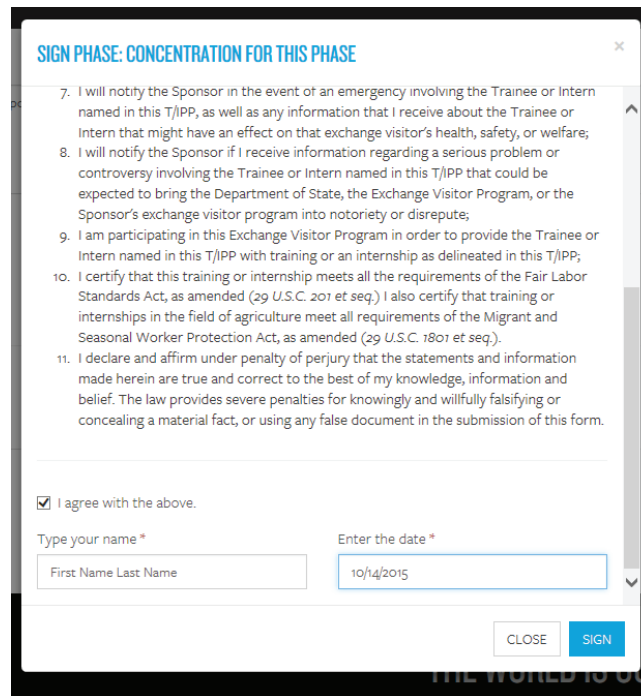


PHASE SUPERVISOR SIGNATURE

Electronic Signature	Email	Date	SIGN PHASE
Not Signed	Not Signed	Not Signed	

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 PHASE

7. I will notify the Sponsor in the event of an emergency involving the Trainee or Intern named in this T/IPP, as well as any information that I receive about the Trainee or Intern that might have an effect on that exchange visitor's health, safety, or welfare;

8. I will notify the Sponsor if I receive information regarding a serious problem or controversy involving the Trainee or Intern named in this T/IPP that could be expected to bring the Department of State, the Exchange Visitor Program, or the Sponsor's exchange visitor program into notoriety or disrepute;

9. I am participating in this Exchange Visitor Program in order to provide the Trainee or Intern named in this T/IPP with training or an internship as delineated in this T/IPP;

10. I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 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.).

11. 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 knowingly and willfully falsifying or concealing a material fact, or using any 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

CLOSE **SIGN**

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



<input checked="" type="checkbox"/>	Name	Start	End	VIEW
	Concentration for this phase	01-01-2016	03-01-2016	

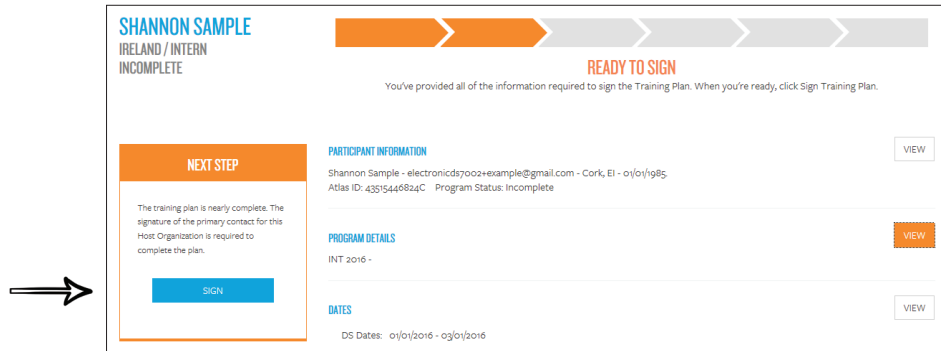
SITE OF ACTIVITY

Site Of Activity

Example 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.

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.

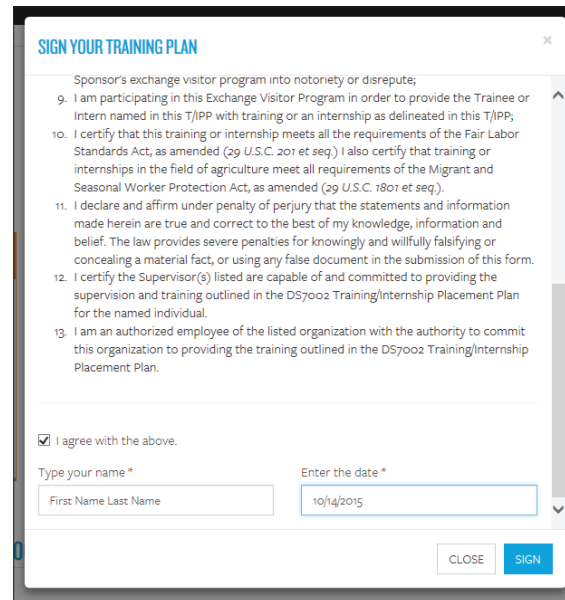
NEXT STEP
The training plan is nearly complete. The signature of the primary contact for this Host Organization is required to complete the plan.
SIGN

PARTICIPANT INFORMATION **VIEW**
Shannon Sample - electronics7002+example@gmail.com - Cork, EI - 01/01/1985
Atlas ID: 43315446824C Program Status: Incomplete

PROGRAM DETAILS **VIEW**
INT 2016 -

DATES **VIEW**
DS Dates: 01/01/2016 - 03/01/2016

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 YOUR TRAINING PLAN

Sponsor's exchange visitor program into notoriety or disrepute;

- I am participating in this Exchange Visitor Program 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. 201 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 knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.
- I certify 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 this organization to providing the training outlined in the DS7002 Training/Internship Placement Plan.

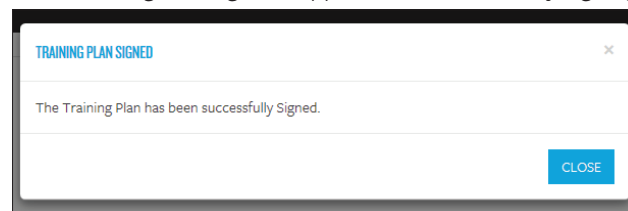
I agree with the above.

Type your name *
First Name Last Name

Enter the date *
10/14/2015

CLOSE SIGN

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.