

The InterExchange Career Training USA Program offers qualified applicants an opportunity to gain quality training in their field with U.S. companies for 1-18 months.

- InterExchange is designated to sponsor J-1 training programs for 1 - 18 months in a variety of fields including: Architecture, Business, Commerce and Finance, Engineering, Hospitality & Tourism, Information Media and Communications, Management, Marketing & Sales, Public Administration and Law, The Sciences and Industrial Occupations.
- InterExchange cannot sponsor training programs in the arts (arts administration is allowed), medicine, teaching, social work or manual labor.
- If your request for J-1 Visa sponsorship is approved, InterExchange will send you a DS-2019 form which you will need to apply for your J-1 Visa at the U.S. Embassy or Consulate in your home country. The DS-2019 form confirms that InterExchange has entered you in the U.S. Government's SEVIS (Student and Exchange Visitor Information System) database system. You will be required to pay a SEVIS fee of \$100 to the U.S. Department of Homeland Security (DHS) before you apply for your J-1 Visa in your home country. For more information on the SEVIS fee, please visit www.fmjfee.com
- Please submit your completed application at least 6 weeks before your intended start date. We recommend that you also contact the U.S. Embassy or Consulate in your home country to find out their current requirements and time constraints.

PROGRAM ELIGIBILITY REQUIREMENTS

- Be a first time participant on the J-1 visa trainee program
- Be either a full-time university student having completed at least 2 years of study in the field of training
 - OR** A recent graduate with 2 years relevant study / work experience in the field of training
 - OR** A young professional with 2 years relevant work experience in the field of training
- Be 20 to 38 years of age
- Be proficient in English and possess comprehension of English terminology of your field
- Be covered by sufficient Accident & Sickness insurance for the length of your stay in the United States prior to your arrival in the U.S., in accordance with U.S. State Department regulations. Insurance is available through InterExchange.

HOW TO APPLY

Please submit the items from the Application Checklist 1-5. Please note that all application materials and payment must be submitted together. Incomplete applications (including missing payment) will be delayed.

EXTENSION APPLICATIONS

Extensions to the training program are possible (for a total program duration of 18 months). Contact Career Training USA for an Extension Application. Please note that all Extension Applications:

- Must be submitted to InterExchange no later than 30 days before the end of the original program date on the original DS-2019
- Require a program and insurance fee based on the length of the extension

We strongly advise you to consider the amount of time you can commit to your original training period so that you will not need to apply for an extension later.

1. THE CURRICULUM VITAE (CV) OR RESUME

Your American-style resume should be one page and must:

- Demonstrate past work experience and educational background
- Give detailed job descriptions and emphasize the skills you learned and the contributions you made to each company listed for employment
- See the enclosed sample for details on how to prepare a resume

2. THE PERSONAL ESSAY

- Based on your previous academic and work experience, describe the skills and knowledge you would bring to your U.S. training program
- If accepted to the program what do you hope to gain, personally and professionally, from the experience?
- The essay must be as detailed as possible but should not exceed 2 pages

3. LEARNING OBJECTIVES

- Type your detailed answers to Questions 1-5 in the Learning Objectives page
- Consider how your period of practical training relates to your field of study or profession and future career goals
- Your name and the company name must be on each page
- Remember to sign the Statement of Purpose and Agreement page and send this form along with a copy of your Learning Objective responses to your supervisor so that s/he can effectively complete the Training Plan

FREQUENTLY ASKED QUESTIONS

Please consult our website www.careertrainingusa.org for more information and general FAQs about the program.



Program Sponsor: INTEREXCHANGE, INC.	Program Number: P-4-05739
Name of Trainee:	Field of Training:
Host Employer Name:	Supervisor:

1. How will you prepare yourself to participate in a period of training in the United States?

2. What skills and knowledge do you expect to gain during each of the following stages of your training in the U.S.? Please explain how you plan to attain these goals:

- a. During your initial introduction period to the company

- b. Through rotations through several departments and/or your actual on-the-job training

- c. Through training seminars, attendance at conferences and/or research work

3. How does the proposed training relate to your field of study and/or your present occupation?

4. Why it is necessary for you to complete a period of practical training in the U.S.?

5. How would successful completion of a training program in the U.S. assist you in fulfilling the goals you have established for yourself once you have returned to your home country?

CLAUDINE SEDILLE

14 Rue du Bac, 75007 Paris, France Tel: (011) + 33 + 1578 291 Email: cpsedille12@hotmail.com

Objective: Creative, innovative and motivated Business graduate with strong communication skills, seeking an 18 month business traineeship within a US company. Seeking to broaden business expertise, which can be applied to my future career in France.

EDUCATION

University of Lyon, School of Business 2000-2003
BA Business Management & English

The International School, Geneva, Switzerland 1996- 2000
International Baccalaureate

WORK EXPERIENCE

HSBC Bank, Paris, France 2005-present
Marketing Executive

- Planned, managed and implemented brand marketing campaigns for bank's international divisions increasing customer sales by 15%.
- Managed mailings, point of sale and customer acquisition projects throughout France.
- Coordinated creative agency and production team to ensure marketing products met company policies and standards.

Citron Production, Lyon, France 2004-2005
Marketing Administrator

- Developed partnerships with consumer goods companies, including Danone and Nestle.
- Promoted a new company DVD to market product launch.
- Established new project for a Golf Tournament at Cannes.

French Tourism Office, London, UK 2003-2005
Client Services Representative

- Provided clients with advice and information on France, including travel and culture.
- Organized fifteen group trips to France and booked accommodation.
- Coordinated French tourism presentations at the French Consulate, London.

McDonald's, Lake George, NY Summer 2002

- InterExchange J-1 Summer Work & Travel program.
- Provided excellent customer service to all guests.
- Handled cash, processed customer orders.

SKILLS

Fluent in French, English and Spanish
Word, Excel, PowerPoint, Internet, Database and Email systems
International Driving License

INTERESTS

Tennis, yoga, traveling, jazz music

All items listed in the checklist are required. Your complete application must include the five sections below to ensure timely processing.

1. THE APPLICATION FORM

- A complete application form
- 2 color passport photos; attach one to the application form
- Your American style CV or resume
- A personal essay written about your previous academic work and/or professional experiences and training program aspirations
- 2 letters of reference written within the last 12 months from a past employer or professor. The letters must be signed and on letterhead or be included with the recommender's business card
- A photocopy of your passport photo page (also for any dependents)
- Copy(ies) of all previous U.S. visa(s) (for you and any dependents coming on the program)
- Copy(ies) of your degree or transcript with official English translation (from a three year university or professional school)

2. THE LEARNING OBJECTIVES

- Detailed answers to Learning Objective questions 1 – 5

3. THE TRAINING PLAN

- Detailed answers to Training Objective questions 1-10 by your host employer **AND**
- A Training Outline created by your host company

4. INSURANCE

- A completed "Application for Insurance Coverage" (if you do not have your own insurance)

OR

- A complete and signed "Confirmation of Existing Insurance Coverage" Form (if you have your own insurance coverage, make sure that it meets the requirements)

5. PROGRAM FEES

Please contact your International Cooperator in your home country or InterExchange for current fee information. InterExchange also offers Accident and Sickness insurance.

DON'T FORGET!

- You must sign your application cover page
- You and your host employer must sign the "Statement of Purpose and Agreement"
- Include your payment for the program fee and, if applicable, the insurance coverage

The U.S. Department of State requires that all applicants to the J-1 Career Training program submit a bona fide training plan. Every Training Plan (comprised of Training Objectives and a Training Outline) must focus on the specific objectives of the training, the skills to be imparted, the methods of training and finally the tasks to be performed by the trainee. Please remember that the J-1 Career Training USA Program is a training program (not work) for young professionals.

TRAINING PLAN

The Training Plan consists of Training Objective questions (1-10) and a Training Outline. Please discuss the details of the placement with your trainee so that s/he can accurately complete the Learning Objectives.

TRAINING OUTLINE

An acceptable Training Plan should cover a definite period of time and should consist of phases (3-4 months each) of training or tasks to be performed with a specific objective for each phase. Phases may be defined by the trainee's exposure to different functional areas or departments, by the various projects, or the unique skill set the trainee will acquire. Each phase should build on the previous phase to show a progression in the traineeship.

Please remember to sign the Statement of Purpose and Agreement page and return all required application documents to InterExchange for review.

FREQUENTLY ASKED QUESTIONS

Please consult our website www.careertrainingusa.org for more information and general FAQs about the program.



Copy additional pages for longer Training Plans. Please note that each phase should be 3-4 months.

Program Sponsor: INTEREXCHANGE, INC.	Program Number: P-4-05739
Name of Trainee:	Field of Training:
Host Employer Name:	Supervisor:

PHASE ____	Months: Department:
Objectives/Tasks:	
Skills:	

PHASE ____	Months: Department:
Objectives/Tasks:	
Skills:	

PHASE ____	Months: Department:
Objectives/Tasks:	
Skills:	



Copy additional pages for longer Training Plans. Please note that each phase should be 3-4 months.

Program Sponsor: INTEREXCHANGE, INC.	Program Number: P-4-05739
Name of Trainee:	Field of Training:
Host Employer Name:	Supervisor:

PHASE ____	Months: Department:
Objectives/Tasks:	
Skills:	

PHASE ____	Months: Department:
Objectives/Tasks:	
Skills:	

PHASE ____	Months: Department:
Objectives/Tasks:	
Skills:	



Program Sponsor: INTEREXCHANGE, INC.	Program Number: P-4-05739
Name of Trainee:	Field of Training:
Host Employer Name:	Supervisor:

1. Expected start date:
2. Duration (in months) of the training program:
3. Hours per week:
4. Compensation per month:
5. Are housing, board and/or transportation provided?
6. Will the trainee rotate through various departments within the company?
7. How will the trainee be introduced to your company?
8. What are the overall objectives for the Training Plan?
9. How will the supervisor assist the trainee in reaching the objectives of the Training Plan?
10. What is your evaluation process and how frequently will the trainee be evaluated?

InterExchange | J-1 Visa Sponsorship Career Training USA | Training Application



PLEASE TYPE OR PRINT CLEARLY IN BLACK INK. CHECK BOXES WHERE APPROPRIATE.

Name (exactly as it appears on passport)

Last Name:	First Name:	Middle Name:
Date of Birth: (MM/DD/YYYY)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
City of Birth:	Country of Birth:	
Country of Legal Permanent Residency:	Country of Citizenship: (Country issuing passport)	

Attach photo here.

Smile!

Or upload a passport-size photo.

APPLICANT PRESENT CONTACT INFORMATION

Applicant Email Address: (required)			
Phone Number 1:		Phone Number 2:	
Country Code	City code	Phone Number	Country Code
			City code
			Phone Number
Your Present Mailing Address:			
City:	U.S. State: (if applicable)	Country:	Postal Code:

APPLICANT PERMANENT CONTACT INFORMATION / MAILING ADDRESS AT YOUR COUNTRY OF RESIDENCE (If different from above)

Phone Number 1:		Phone Number 2:	
Country Code	City code	Phone Number	Country Code
			City code
			Phone Number
Your Permanent Mailing Address:			
City:	U.S. State: (if applicable)	Country:	Postal Code:

APPLICANT PROGRAM INFORMATION

Requested Start Date: (The day you will actually start training at your host company) MM/DD/YYYY:	Training Program Duration In Months - 1-18 Months: (Full months only)
Type of Insurance: <input type="checkbox"/> IEX <input type="checkbox"/> Other	

DEPENDENT INFORMATION (If you are married and/or you have children and intend to bring them with you to the U.S., please complete the required information below. If you have more than one dependent, please provide the requested information on a separate sheet of paper. Please also attach a copy of each dependent's passport)

Are you bringing dependent(s) with you to the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Last Name:	First Name:	Middle Name:
Relationship to trainee of dependent : Spouse <input type="checkbox"/> Child <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (MM/DD/YYYY)	City of Birth:
Country of Birth:	Country of Legal Permanent Residency:	Country of Citizenship: (Country issuing passport)	

APPLICANT'S EMERGENCY CONTACT INFORMATION (Your emergency contact must speak English and cannot be your attorney)

English Speaking Emergency Contact Name:	Relationship to Applicant:
Emergency Contact Phone Number 1:	Emergency Contact Phone Number 2:
Country Code	Country Code
City code	City code
Phone Number	Phone Number
Emergency Contact Email Address:	

InterExchange | Educational and Professional Career Training USA | Information



EDUCATIONAL AND PROFESSIONAL INFORMATION

Are you currently a full-time student? YES <input type="checkbox"/> NO <input type="checkbox"/>		Name of educational institution presently attending or attended in the past:	
Field/major subject studied or presently studying at university:		Field of proposed training:	
Date started university? (MM/YYYY)	Date of anticipated graduation: (MM/YYYY)	Title of degree obtained or will hold upon graduation:	
Language Abilities: (1=Basic, 5=Average, 10=Fluent) ENGLISH: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>			TOEFL Score: (if applicable)
Language Abilities: Other		Fluent <input type="checkbox"/>	Fair <input type="checkbox"/> Basic <input type="checkbox"/>
Language Abilities: Other		Fluent <input type="checkbox"/>	Fair <input type="checkbox"/> Basic <input type="checkbox"/>

APPLICANT U.S. TRAVEL HISTORY

Have you ever worked or studied in the USA? YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, please list dates, visa type, and name of program/sponsor for each trip. Attach copy (ies) of all visa(s) listed below. Use additional sheets to list more visas and travel dates.
Date of U.S. Travel	Visa Type and Reason for Travel

APPLICANT DECLARATION

I confirm that I have read and understood the program information and agreement. I confirm that the information I have provided is true and accurate. I have enclosed, or will provide upon request, any supporting documentation.

Signature:

Name and date:

Any false, misleading information or inappropriate behavior during the application process, prior to arrival in the USA or during the program may result in termination of the application and/or the program by InterExchange.

InterExchange Career Training USA | Statement of Purpose and Agreement



HOST EMPLOYER INFORMATION

Host Organization Name:			Parent Company: (if applicable)		
Street Address of Training/Internship Site, Suite #:			Parent Company Address: (if applicable)		
City:	State:	ZIP Code:	City:	State:	ZIP Code:
Company Web Site:			Telephone:	Fax:	
DUNS Number: (Data Universal Numbering System)			Federal Employer Identification Number (FEIN):		
Total Number of Employees on the Site:	Is This an International Company? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Where Are Your International Operations Located?		
Training/Internship Date: (MM/DD/YYYY) From: To:		Duration in Months:	Salary per Month: \$	Hours per Week: (minimum 32)	

SITE OF TRAINING ACTIVITY

Name Of Trainee/Intern's Direct Supervisor:	Supervisor's Title:		
Department:	Number of Employees in Department:		
Telephone:	Fax:		
Company Web Site:	Supervisor Email:		
Company Street Address: (if different from above)	City:	State:	ZIP Code:

STATEMENT OF PURPOSE AND AGREEMENT

The purpose of the InterExchange Career Training USA Program is to enhance the skills and knowledge of qualified trainees in their occupational fields through participation in a structured training program. The program is designed to strengthen international understanding by creating an opportunity for both the trainee and the employer to increase their knowledge of diverse cultures and business practices. This program may be from 1 to 18 months.

The trainee agrees to abide by all U.S. laws and regulations governing Exchange Visitor trainees while residing in the United States and to abide by the rules and regulations of the InterExchange Career Training USA Program. The trainee will abide by the terms of the stated Learning Agreement and Training Plan established by the trainee and the host company cited above and will only remain in the U.S. for an agreed upon period of time not to exceed 18 months.

The host employer agrees to follow the training plan, which is developed prior to the trainee's arrival in the U.S., and to ensure that the trainee will have access to adequate resources and trained personnel in order to fulfill the objectives of the training. Furthermore, the host company agrees to continually provide evaluation and feedback to the trainee regarding his/her progress. The host company will not place an Exchange Visitor trainee in a position that would otherwise be filled by a part-time or full-time U.S. employee.

In order to ensure the quality of the program, the trainee and the employer will be required to complete interim and final evaluation reports and submit them to InterExchange.

As the program sponsor, InterExchange is bound to uphold the program requirements as indicated by the regulations governing the Exchange Visitor Trainee Program. InterExchange will ensure that trainees receive complete program and orientation information in their home country prior to their arrival in the United States. Trainees and host companies will receive appropriate guidelines and Manuals from InterExchange as well as ongoing support from InterExchange staff for the duration of the program. InterExchange will ensure that all trainees are covered by sufficient Accident and Sickness insurance as required, for the entire duration of their stay in the United States.

	Intern/Trainee	Host Employer	InterExchange Representative
Name & Date			
Signature			

InterExchange Career Training USA | Insurance Application Form



ACCIDENT AND SICKNESS INSURANCE FOR INTEREXCHANGE, INC.

Administered by: TRAVEL INSURANCE SERVICES
 Underwritten By: The Insurance Company of the State of Pennsylvania
 Philadelphia, Pennsylvania
 A Member Company of American International Group, Inc. (AIG)

<input type="checkbox"/> Work & Travel USA:	Policy No. GLB-9109323
<input type="checkbox"/> Camp USA:	Policy No. GLB-9109325
<input type="checkbox"/> Career Training USA:	Policy No. GLB-9109324
<input type="checkbox"/> H-2B Work USA:	Policy No. GLB-9109327
<input type="checkbox"/> Working Abroad:	Policy No. GLB-9109326

SCHEDULE OF BENEFITS

per Accident or Sickness Medical (\$40 co-pay per visit)	\$75,000
Accidental Death & Dismemberment	\$10,000
Emergency Medical Evacuation	\$30,000
Repatriation of Remains	\$7,500

Please complete the form below and submit with application to IEX

Last Name:	First Name:	Email Address:
Current Mailing Address: (Street)		
City:	Country:	Postal Code:
Months of Insurance:	Start Date:	

Please enclose payment for insurance for the entire period. Insurance must be paid in full at time of application. The Insurance Fee is \$40.00 per month. Insurance can be ordered for full months only.

If the participant needs to cancel the insurance coverage, a refund will be issued if the participant:

- returns the DS form to IEX as proof that s/he is no longer on the program
- provides confirmation of existing insurance policy by completing the "Confirmation of Existing Insurance form" to InterExchange

All insurance refunds will start from the closest full month following the cancelation date.

A \$25.00 administrative fee will be deducted from all refunds.

Signature _____ Date (MM/DD/YYYY) _____

InterExchange Career Training USA | Confirmation of Existing Insurance



Name of Insured Party: (Last, First)		Email:
Mailing Address: (Street)		
City:	Country:	Postal Code:
Insurance coverage starts on (MM/DD/YYYY): _____ and is valid for _____ months.		
Insurance Carrier:		Policy No.
U.S. Claims Office Address: (required)		
City:	Country:	Postal Code:

INSURANCE TYPE:	MINIMUM REQUIRED COVERAGE:	ACTUAL COVERAGE IN U.S. DOLLARS:
A: Illness & accident ----- Deductible	at least \$50,000 ----- not more than \$50	
B: Accidental death and dismemberment	at least \$10,000	
C: Emergency medical evacuation for medical treatment, if warranted, to home country	at least \$25,000	
D: Preparation and repatriation of remains	at least \$7,500	

Insurance Company Rating: Any insurance policy secured to fulfill the above requirements must be underwritten by an insurance company which meets the following rating standards as required by the U.S. government; reference section 514.14 (c) of the Exchange Visitor's Regulations:

- a) having an A.M. Best rating of "A-" or above OR
- b) having an Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above OR
- c) having a Standard & Poor's Claims-paying Ability rating of "A-" or above OR
- d) having a Weiss Research, Inc rating of "B+" or above OR
- e) be backed by the full faith and credit of the government of the Exchange Visitor's home country

The above insurance company was rated by _____
and received a rating of _____

We certify that the above named person has obtained the coverage described above and that the actual coverage as detailed in the original policy at least match or exceed the limits mentioned on this form.

_____ Date

_____ Stamp and signature of authorized agent of Insurance Carrier

InterExchange Career Training USA | Fee Payment Form



InterExchange accepts the following forms of payment:

(Preferred method) (1) Online payment: http://www.interexchange.org/payonline/index.php
(2) Credit Card: InterExchange only accepts Visa or MasterCard. Please fill in the lower part of this form for credit card authorization. Form has to be signed by the card holder and have a complete billing address.
(3) Check: drawn on a US bank account, payable to InterExchange, Inc. *Please allow a minimum of 2 weeks for checks to clear by our bank.
(4) Money Order, payable to InterExchange, Inc.

CREDIT CARD AUTHORIZATION FORM

Dept: CAREER TRAINING USA				
Participant Name: (Last, First)				Program Length: (Months)
Participant Email Address:				
Program fee due: \$	Insurance Fee due: \$	Shipping: \$	Other: \$	Total Fees Due: \$
I specifically authorize InterExchange to charge US\$ _____ for the Career Training USA Program to my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard				
Card Number:				Expiration Date:
Name as it appears on the card:				
Payor's Email Address:				
Billing Address: (Street)				
City:	U.S. State: (if applicable)	Postal Code:	Country:	

Credit/Debit Card Holder's Signature	
Date (MM/DD/YYYY)	

Please return this form to InterExchange via FAX, MAIL or EMAIL with your application or separately.

If you are sending an EMAIL version it MUST INCLUDE A SCANNED SIGNATURE.

Authorizations without signatures will not be accepted.

PLEASE DO NOT SEND US A PHOTOCOPY OF YOUR CREDIT CARD.

FAX to: (212) 924-0575 ATTN: Career Training USA

MAIL to: InterExchange, Inc. /Career Training USA, 161 Sixth Avenue, 10th Floor, New York, NY 10013, USA

EMAIL to: your designated program coordinator or at training@interexchange.org

Cancellation fees may apply