

Place this completed checklist on top of the application you send to Cultural Vistas.

Expedited Application Review: 5 business-day review (*Additional Cost*) Expedited Site Visit: 5 business-day review (*Additional Cost*)

**Participant & Host
Employer
Information**

Exchange Visitor Participant Name

Nationality of Participant

Host Employer Organization Name

Student: Foreign national currently enrolled in and pursuing studies at a degree- or certificate-granting post-secondary academic institution outside the U.S

Non-Student: All applicants not currently enrolled in a degree- or certificate-granting post-secondary academic institution are considered non-students

**Application Form
Checklist**

Your application to Cultural Vistas must include the following items. Use this checklist to help ensure that your application is complete:

Signed, completed Host Employer Application form

Training/Internship Placement Plan that includes:

Completed Training/Internship outline.

How the participant will be oriented to the host facility and community

Cultural activities organized through your company and/or available in the immediate area

Signed and completed Interview Document (if applicable)

Administration fee (unless paid by participant):

Student (currently enrolled)

Non-student

0-3 months \$750

0-3 months \$875

3-6 months \$950

3-6 months \$1275

6-12 months \$1250

6-12 months \$1575

12-18 months \$1775

Required Insurance fee (Paid by: Participant Host Organization Other)

\$46 per month from start date to end date (*July 1-August 2=2months*)

Optional Insurance fee (Paid by: Participant Host Organization Other)

Additional \$46 for insurance up to 30 days *before* the program start date

Additional \$46 for insurance up to 30 days *after* the program end date

\$180 SEVIS Fee (*required by Department of Homeland Security*)

\$200 New Employer Fee (*see Cultural Vistas Fees and Refunds for more information*)

Optional Expedited Service (*Expedited files must include completed applications from both host employer AND exchange visitor program participant along with program fee*)

\$1250 Expedited Application Review Fee (*see Cultural Vistas Fees and Refunds for more information*)

\$1250 Expedited Site Visit Fee (*see Cultural Vistas Fees and Refunds for more information*)



J-1 Visa Exchange Programs

Host Employer Application

IMPORTANT:

This application must be typed. All items must be answered completely and in English.

| | | | |
|---|--|---------------------|--------------------|
| Exchange Visitor Participant Information | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | _____ First Name | _____ Last Name |
|---|--|---------------------|--------------------|

| | | |
|---------------------|----------------------------|-------------|
| Date of application | E-mail (<i>required</i>) | Citizenship |
|---------------------|----------------------------|-------------|

| | | |
|------------------------------|---|---|
| Host Employer Profile | Organization/Company Name/DBA | Parent Company |
| | Type of Business or Product | Web site |
| | Employer Identification Number (EIN) | |
| | Number of Employees | Prior year's annual revenue greater than or equal to three million U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Workers' Compensation Insurance Carrier | Start Date of Policy |
| | | End Date of Policy |
| | | Policy Number |

| | | |
|---|--------------------------------|--|
| Training/Internship Program Site Information | Program Location/Worksite Name | Number of Employees at Program Site |
| | Program Site Street Address | Number of J-1 Trainees at Program Site |
| | City | State |
| | Telephone | Fax |
| | | Department |
| | | Suite or Floor |
| | | Postal Code |

| | | | | |
|---|--|---------------------|--------------------|----------------|
| Direct Supervisor of Training/Internship Program | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | _____ First Name | _____ Last Name | _____ Title |
|---|--|---------------------|--------------------|----------------|

| | | | |
|--|--------------------------------------|-------|---------------------|
| Supervisor - may be contacted for evaluations | Supervisor's Location Street Address | | |
| | City | State | Postal Code |
| | Telephone | Fax | Supervisor's E-mail |

| | | | | |
|---|--|---------------------|--------------------|----------------|
| Company Representative <i>(responsible for completing application and communication with Cultural Vistas)</i> | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | _____ First Name | _____ Last Name | _____ Title |
| | Street Address | | | |
| | City | State | Postal Code | |
| | Telephone | Fax | E-mail | |

| | | | | |
|---|--|-----------|-------------|--|
| Attorney Information <i>(if applicable)</i> | Is an attorney representing you in presenting this application? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | If yes: | | | |
| | Attorney Name | Firm Name | | |
| | Address | | | |
| | City | State | Postal Code | |
| | Telephone | Fax | E-mail | |



J-1 Visa Exchange Programs

Host Employer Application

Position Offer Details

Training/Internship Position Title _____

Desired Length of Training/Internship (*in months*) _____ Nearest Airport _____

Proposed Start Date (*month/day/year*) _____ Proposed End Date (*month/day/year*) _____

- Will a contract or agreement be signed between the host organization and the exchange visitor participant? (*If so, attach a copy of the document signed by both parties.*) Yes No
- Will the participant be subject to a medical exam upon arrival? Yes No
- Will the participant be subject to drug testing? Yes No
- Is successful completion of a medical exam required for program to begin? Yes No
- How did you and the exchange visitor locate each other? _____

How did Cultural Vistas's program come to the attention of your organization?

| | |
|---|---|
| <input type="checkbox"/> I am a previous host employer with Cultural Vistas. <input type="checkbox"/> Participant <input type="checkbox"/> Cultural Vistas Exchange Explorer <input type="checkbox"/> Attorney: _____ <input type="checkbox"/> Advertisement: _____ | <input type="checkbox"/> Conference: _____ <input type="checkbox"/> Friend _____ <input type="checkbox"/> Cultural Vistas Web site _____ <input type="checkbox"/> Other Web site: _____ <input type="checkbox"/> Other: _____ |
|---|---|

Financials/Benefits

\$ _____ per hour week month

Maintenance Wages (*salary*) _____ Training Hours Worked Per Week (*Min. 32*) _____

Party responsible for paying salary: _____

- Participant will be paid: Weekly Biweekly Monthly Other (*please explain*): _____
- Overtime — If applicable, estimated number of overtime hours: _____ hours per week.
Overtime rate of: \$ _____ per hour.
- Host organization will pay for all, some, or none of the participant's travel from participant's home country to the program location. If some of the participant's travel will be provided by the organization, please state the portion provided (such as travel from U.S. port-of-entry to program location): _____
- Please state any other benefit(s) that the host organization will provide at **no cost** to the participant (such as use of an organization-owned vehicle, housing, tools, uniforms, etc.) and list the estimated monthly value of each: _____
- Do you advise an automobile purchase? Yes No
- Transportation available:

| | |
|--|---|
| <input type="checkbox"/> Employer provided (<i>company car or shuttle bus</i>) | <input type="checkbox"/> Public (<i>bus, subway, rail, ferry</i>) |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Other: _____ |
- Estimated monthly cost of:

| | | | |
|-----------------------|-------------|-------------|----------------------|
| Transportation: _____ | Rent: _____ | Food: _____ | Entertainment: _____ |
| Other: _____ | | | |
- Will you provide any assistance in finding housing? Yes No
- If yes, please explain how you are providing assistance: _____

Giving and Support

Cultural Vistas is a nonprofit 501(c)(3) organization. Its operational costs are not entirely covered by fees. If you are interested in supporting Cultural Vistas's mission to enhance global competencies and increase mutual understanding, please consider donating to Cultural Vistas today. Donations to Cultural Vistas are tax-deductible as charitable contributions. If you would like to make a donation, please use our Fee Payment Form to do so or do so online at www.aipt.org/donate. Thank you for your support.

Training/Internship Plan Outline

You MUST complete this section of the application. See Attached will not be accepted.

The Training/Internship Plan serves as a contract for the program outlining the details of the position and informing both parties of the expectations for the program. The plan should be as specific as possible and be individualized for your participant and, in some cases, include multiple phases*. It should contain information on how the trainees/interns will accomplish those objectives (*i.e. classes, individual instruction, shadowing, etc.*). Each phase must build upon the previous phase* to show a progression in the training/internship. **A separate copy of this page must be completed for each phase if applicable** (*i.e.; if there are three phases of training, please fill out this page once for each phase*).

*All hospitality and restaurant plans must have a minimum of three phases.

*Any program of 12 months in length should have at least 2 phases.

*Any program of 18 months in length should have at least 3 phases.

How many phases will take place in this training/internship plan?

Please outline, using the prompts and questions below, each phase of the training/internship plan. **All questions must be answered.** Continue on separate page if necessary.

| Name of This Phase | Anticipated Start Date for this Phase (mm/dd/yyyy) | Anticipated End Date for this Phase (mm/dd/yyyy) | Phase | of |
|--------------------|---|--|-------|----|
| | / / | / / | | |

Please describe the goals and objectives for the participant during this phase of the training program. What do you plan for the participant to achieve upon completion of this phase?

Please provide a list of new skills to be acquired in this phase of the training.

Briefly explain why the use of "on-the-job" training for the participant is preferable to a strictly theoretical (i.e. classroom instruction, etc.) approach for this training position. How will this training enhance the participant's future career in their home country?

Provide a detailed chronology or syllabus of training activities and/or projects in this phase of the training.

1. What training activities will the participant take part in during this phase? To what areas will the participant be exposed during this training?
2. How much time will be spent learning each activity?

-
1. Report how the participant will be supervised during this phase of the training program. How much and in what way will they interact with their supervisor?
 2. Report how the participant will be evaluated during this phase of the training program. For example, will the participant receive progress reports or have periodic reviews, and, if so, how often will they occur?
-

Program Terms and Conditions

*(In order for Cultural Vistas to approve for a participant to train at your organization under Cultural Vistas sponsorship, you must accept the responsibilities and obligations listed below. Your signature means that you understand and agree to the conditions as stated. **This is considered a binding agreement between Cultural Vistas and your organization.**)*

HOST EMPLOYER OBLIGATIONS AND RESPONSIBILITIES

Sign below to indicate acceptance and agreement.

I agree to the following conditions:

I affirm that this application and Training/Internship Placement Plan truly reflect the content of the on-the-job training being extended to the international exchange visitor participant.

I understand that Cultural Vistas, and not the company or organization that I represent, is the legal sponsor of this program and of this exchange visitor.

I certify that: sufficient physical plant, equipment, and trained personnel will be dedicated to providing the specified on-the-job training; the training/internship program is not designed to recruit and train aliens for employment in the United States; and the participant will not displace a full-time or part-time employee of the business.

As a host employer, I understand that compliance with federal, state, and local labor and wage regulations with respect to the international exchange visitor is my responsibility.

I agree to immediately notify Cultural Vistas by phone or e-mail, and then by signed letter, of any circumstances that differ from the statements made in this application. Any changes that affect the participant and accompanying dependents will be submitted to Cultural Vistas **in advance** for approval. Such changes include, but are not limited to, location or program, content of program, length of program, and maintenance wages paid.

To the best of my knowledge, the participant intends to enter the United States for practical training and does not intend to abandon his/her non-immigrant status. I will not encourage nor assist the exchange visitor participant to stay in the United States beyond his/her program end date, which is the end date shown on the Certificate of Eligibility document governing the participant's admission and stay in the United States. I certify that I will not assist in any way to help a participant change visa categories. I further understand that 12 months is the maximum time allowed for internship and 18 months is the maximum time allowed for training (dependent upon participant's career field) under the J-1 visa.

I agree to respond to any requests by Cultural Vistas concerning my organization's participant(s) in a timely manner and to complete any paperwork, including program evaluations within 30 days of end of program, as required by Cultural Vistas.

I understand that Cultural Vistas has the right to withdraw sponsorship from any exchange visitor participant whose host organization does not comply with the Cultural Vistas-sponsored program, compelling that participant to leave the country, and to deny all future applications from that employer.

I understand that in the case of a visa denial there is no refund of the administration fee. Requests for refunds of insurance must be received in writing within 60 days of program start date and will be issued in accordance with the refund policy in our Application Instructions..

The Parties [persons or entity named in this application] agree that arbitration is the required and exclusive forum for the resolution of any and all disputes between them. Read the entire arbitration agreement on our Web site at <http://www.aipt.org/programs/legal-and-evaluation/Arbitration-Agreement.html> or request a copy be sent to you by contacting us at 410.997.2200.

By signing below, I am indicating that I have read the entire arbitration agreement statement and my signature on this application verifies my agreement to this provision.

I understand and agree to the conditions above as set forth in this Host Employer Application. I realize that if I do not fulfill my obligations and responsibilities as stated, Cultural Vistas will end its sponsorship of my organization's exchange visitor program participant(s).

Signature: _____ Date: _____
(Signature required for processing)

Full Name (please print): _____

Title: _____ Company Name: _____

If you have any questions about the above-stated program conditions or other program details, it is important you contact Cultural Vistas.

Please review the checklist on page 1 to ensure that your application is complete. Read Cultural Vistas obligations below. Attach checklist on top of this completed application and submit to Cultural Vistas at:

10400 Little Patuxent Parkway, Suite 250
Columbia, MD 21044-3519 U.S.A.

Fax: 410.997.7813 or 5186
Email: aipt@aipt.org

*To be signed by
Cultural Vistas
personnel.*

Cultural Vistas (SPONSOR) OBLIGATIONS AND RESPONSIBILITIES

- Cultural Vistas has the responsibility to ensure that the third-party host organization complies with all Exchange Visitor Regulations, including assuring adherence to the training plan and periodic evaluation.
- Cultural Vistas has the responsibility to respond to any inquiries from the U.S. Department of State regarding the Exchange Visitor.
- Cultural Vistas has the responsibility to report any incidents that would bring notoriety to the Exchange Visitor Program.
- Cultural Vistas has the responsibility to report all changes of address to the Student & Exchange Visitor Information System (SEVIS).

Cultural Vistas
ARO Signature: _____



J-1 Visa Exchange Programs **Participant Interview Form**

| | |
|------------------------------------|------------------------------|
| Exchange Visitor Participant Name: | U.S. Host Organization Name: |
|------------------------------------|------------------------------|

1. I certify that I have thoroughly screened the applicant for participation in my program. The interview was conducted:

- In person By videoconference By web camera Telephone

2. Please include a brief summary of the interview conducted evaluating their ability to undergo training in the United States:

| | |
|------------|------------------------|
| Signature: | Date/Time of interview |
|------------|------------------------|

| | |
|--------|---------------|
| Title: | Organization: |
|--------|---------------|

| | |
|------------------------------|------------------------|
| Printed Name of Interviewer: | Location of interview: |
|------------------------------|------------------------|

Interviewer must be an employee of the US Host Organization or Cultural Vistas Global Partner