



COUNCIL OF INTERNATIONAL PROGRAMS USA

15615 Priorway Drive
 Novelty, Ohio 44072, USA
 Telephone: 440.247.1088
 E-Mail: info@cipusa.org
 www.cipusa.org

INTERN PROGRAM APPLICATION

FOR OFFICE USE ONLY
 ARRIVAL DATE: _____
 APP FEE INCLUDED: Y N

ATTACH
 PHOTO
 HERE

1. CONTACT INFORMATION

Please Type or Print

Family (Last) Name:	First Name:	Middle Name:

Current Mailing Address where CIPUSA Documents should be sent. Paperwork MUST be mailed to a non-U.S. address:

Street & Number	City and State/Province	Postal Code	Country

Telephone (please include country and city codes)	Fax	E-mail

Permanent Mailing Address and Contact Information for CIPUSA Files:

Street & Number	City and State/Province	Postal Code	Country

Telephone (please include country and city codes)	Fax	E-mail

2. BIOGRAPHICAL DATA

Date of Birth (Month,Day,Year) (i.e. June 1, 1980)	Birth City	Birth Country
Country of Citizenship	Country of Permanent Legal Residency	
Gender	Marital Status (list date of marriage)	Number of Children (if applicable list ages)
Male <input type="checkbox"/> Female <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>	

3. EDUCATION

*(**Applicant must be currently enrolled in and pursuing studies at a degree- or certificate-granting post-secondary academic institution outside of the United States OR graduated from such an institution no more than 12 months prior to his or her exchange program begin date**)*

CURRENT EDUCATIONAL STATUS

Area of Study	Educational Institution & City, COUNTRY
Dates of Attendance	Degree Sought & Expected Graduation Date

OTHER EDUCATION

Dates of Attendance	Institutions Attended & City, COUNTRY	Areas of Study	Degrees/Certificates Received

Other Relevant Courses, Training, Awards or Honors

4. LANGUAGE ABILITY

English Proficiency	Languages Other than English
Fluent Above Average Good Fair Poor	If applicable: TOEFEL Score: TOEC Score:
Do you have plans to enroll in ESL classes during your time in the U.S?	
Yes No	

5. WORK/INTERNSHIP EXPERIENCE

Number of Years of Work Experience		Number of Years of Experience in your related field of training outside of the U.S.	
Dates of Employment/Internship	Position Title	Organization Name & Location	Job Responsibilities

6. PREVIOUS TRAVEL TO THE UNITED STATES

A. Do you have a passport? **Yes** **No**
Have you ever been granted a J-1 visa prior to applying to CIPUSA? **Yes** **No**
If yes: How long was your visa? Where was your training program located? Which organization sponsored you?

--	--	--

B. Please list all visas granted to you for use in the United States:

Type of Visa Issued	Dates of Visa	Sponsored By	Reason for Issuance	Location while in U.S.

C. Have you ever been refused a visa to the U.S.? **Yes** **No**

If yes please explain reason for refusal, type of visa requested and the date of refusal:

--

7. INTERN PROGRAM INFORMATION (Pre-Arranged Placements secured by the Intern or the Internship Site) Unless otherwise discussed, applicants are responsible for arranging their own internship, roundtrip airfare, administrative fees, living arrangements, health insurance, and negotiating any compensation. ***Application will not be accepted unless all questions are completed!***

Length of Internship Desired (program must be between 1 to 12 months in length)

Internship Dates
Beginning Date:
Ending Date:

Desired Internship Field	Years of Experience in this Field

Please list the specific skills you would like to learn related to your desired Internship field

Relevant Experience in this field

Upon completion of your CIPUSA internship will you be returning to your university to continue your education? **Yes** **No**

8. Internship Site Information (Organization you have arranged to conduct your internship with)

Name of Internship Company	Internship Supervisor Name & Title

Internship Company Mailing Address (Please include Street Number, City, State and Postal Code)

Internship Supervisor's Telephone Number	Internship Supervisor's Fax Number	Internship Supervisor's E-mail

Company Description (Please feel free to attach brochures, etc about the company):		
Year founded:	Name of President/CEO:	
Company website	Employer ID Number (Required for all host internship sites)	
Annual Revenue (company wide) <input type="radio"/> \$0 to \$3 Million USD <input type="radio"/> \$3 Million to \$10 Million USD <input type="radio"/> \$10 Million to \$25 Million USD <input type="radio"/> \$25 Million or more USD		
Will Workers Compensation be provided for the Intern? (All internship sites must maintain a Worker's Compensation insurance policy) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Exempt by Law (documentation required)	Workers Compensation Policy Name & Policy Number	
Number of employees in department(s) in which Intern will be placed:	Number of employees companywide:	
Has the training site hosted an internship through CIPUSA in the past three years? <input type="radio"/> Yes <input type="radio"/> No	Will the internship site be providing the Intern with health insurance? <input type="radio"/> Yes <input type="radio"/> No	Is the internship site currently hosting Interns through another sponsor? <input type="radio"/> Yes <input type="radio"/> No

9. FINANCIAL INFORMATION

For purposes of sponsoring your J-1 intern visa please complete the following:

Will your Internship site be providing you with any type of compensation? **Yes** **No**

List TOTAL financial compensation provided by internship site	List non-monetary compensation provided by internship site (including airfare, living accommodations, insurance, etc.)

List TOTAL financial support you will provide during your program	List any scholarships or stipends received for this program

List ANY financial support you will receive (from employer, relative, other sources) and list who will be providing this	Will your salary from a current job be paid in your absence? Please list provider and amount per month that you will be receiving
List TOTAL Amount:	

Your Travel fees will be paid by:	Your CIPUSA Administrative fee will be paid by:	Required Health Insurance will be paid by?
List Amount:	List Amount:	List Amount:

10. LIVING ARRANGEMENTS *

Please list the Mailing Address (include Street Number, City, State and Postal Code) of where you will be living during your training program in the U.S.

List telephone number of where you will be living	List email address

***If you leave the above information blank, you MUST notify CIPUSA of your residential address and phone number in the U.S. immediately UPON ARRIVAL. A temporary address (i.e. hotel, friend's house) is acceptable until a permanent address has been established.**

11. DEPENDENTS

CIPUSA will sponsor J-2 visas for Intern Program Dependents (fee required per dependent and health insurance). Please provide the following information if your legal spouse and/or child will be accompanying you while in the U.S.

Full Name of Dependent(s)		Relationship to You		Date of Birth (Month/Date/Year)	
Birth City/State	Birth Country	Country of Citizenship		Country of Residency	

Reason for bringing dependent(s):

--

When applying for the J-1 visa, you must be able to show that the J-2 dependent spouse does not need to work to financially support the J-1 visa participant. Please offer that proof here (attach documentation if necessary):

--

12. EMERGENCY CONTACT INFORMATION

In case of an emergency please provide us with information on who to contact:

Name	Telephone	Address	Relationship to You

13. REFLECTIVE ESSAY (THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS)

What career objectives do you expect to accomplish through an internship in the United States?

What skills and expertise do you wish to share with your colleagues in a U.S. based organization while interning in your field?

What new professional skills do you want to achieve in the U.S? How would this internship be relevant to your educational setting in your home country?

What benefits will your home country receive through your participation in this program? What benefits will the American internship site receive by hosting you?

14. HEALTH HISTORY

Have you had or do you have any serious illnesses or disabilities that CIPUSA should be aware of?

Are you currently taking any medication? If so please explain what type of medication and what for:

Have you ever had mental health counseling? If yes, please provide reason and dates:

15. CRIMINAL HISTORY

Have you ever been convicted of a crime? **Yes** **No**

If yes, please explain:

16. GENERAL INFORMATION

How did you learn about CIPUSA? Recruiter Alumni Attorney CIPUSA Web Site Brochure
Internship Site Other: (please explain):

Have you ever applied before? **Yes** **No** If so, when:

Why are you reapplying?

Have you been a CIPUSA participant? **Yes** **No** If so, what year and with what affiliate office?

If you have already contacted an affiliate office and would like to be placed in the affiliate city please indicate the office:

17. ATTACHMENTS

Please attach:

1. An American Style Resume
2. Copy of most recent transcript (Unofficial or Official)
3. Copies of Degrees/Certificates received
4. Copies of Previous visas
5. Two References with contact information
6. Intern agreement form

I have read and fully understand the questions asked in this application. I certify that the information in this application and the enclosures is true and complete to the best of my knowledge and beliefs. I understand that if any information is found to be false it will not be considered.

Printed Name

Signature

Date

INTERN AGREEMENT FORM

In order for CIPUSA to provide you with J-1 intern sponsorship you must agree to the following statements:

- I am aware that the Council of International Programs is my program sponsor designated by the U.S. Department of State and that in addition to the main office in Chagrin Falls, Ohio, CIPUSA works through five affiliate offices located throughout the U.S.
- CIPUSA or its affiliate office has designed a program based on my application to the best of its ability. The program is designed to provide me with an internship so that I may use my new skills in my home country and my educational pursuits. I understand that the use of this program for ordinary employment or work purposes is prohibited. Any employment outside my internship site is in direct violation of the J-1 visa, and I agree to abide by this regulation.
- My internship will only take place at the internship site listed on my intership plan. I agree to the terms of my internship plan and the hours established for the internship. I am aware that it is my responsibility to negotiate any type of compensation with the internship site on my own including but not limited to housing, monthly compensation, and transportation.
- I am aware that I am required to complete a midterm and a final evaluation. **Failure to submit these forms to CIPUSA or its affiliate office could result in termination of my program.**
- I am aware that I must contact CIPUSA within one week of my arrival to the U.S. and submit my contact information (address while in the U.S., home and internship site telephone numbers, and email address). **Failure to do so will result in the termination of my program.**
- I agree to abide by the CIPUSA policies listed in the Trainee/Intern Policy Handbook as well as the policies set forth by the U.S. Department of State.
- I am not suffering from any serious disease and am not hindered in the performance of my duties by any illness or disability. In the case of pregnancy I will abide by the policies set forth in the CIPUSA Trainee/Intern Policy Handbook.
- I am aware that I am required to have health insurance that meets the U.S. Department of State requirements. **Failure to do so will result in the termination of my program.**
- I am aware that prior to or upon my arrival to the U.S. I must pay CIPUSA or its affiliate office an administrative fee and health insurance fee if I am purchasing health insurance coverage through CIPUSA. **Failure to do so will result in the termination of my program.**
- I am aware that I must abide by the policies of CIPUSA, which are based on the U.S. Department of State regulations for J-1 sponsorship. I realize that I am under the direction of the CIPUSA office.
- As a J-1 intern I agree to take advantage of learning and cultural opportunities while in the U.S. These opportunities may be found on my own, through an affiliate office, or through CIPUSA.
- I agree to voluntarily accept all risks (such as bodily injury or property damage), that may result from any accident in which I am involved during my stay as a participant and I give up the right to make any legal claims against the Council of International Programs USA and any of its affiliate offices, their employees, agents, officers, trustees, directors, of representatives for any such injury or damage that may result, for any expense or damages I may suffer as a result of sickness or accident and hereby release and discharge the Council of International Programs USA, its affiliate office, my internship site, and any agencies, persons, firms, corporations, organizations, officers, trustees, directors, employees, agents, and their heirs, executors, administrators, and anyone to whom they legally assign contractual rights, from any claim, liability, or demand of any kind, whether caused by the negligence of any of these parties or otherwise.
- I agree to serve as a positive ambassador for both my country and CIPUSA affiliate office, providing information and interpreting CIPUSA and its affiliate office in ways that will enhance the growth and development of the program.

I agree to the conditions stated in this **Intern Agreement**. I realize that if I do not fulfill my obligations and responsibilities as stated, CIPUSA will not continue sponsorship for me.

Signature

Printed Name

Date