

Dear Applicant,

Thank you for your interest in becoming an Intern/Trainee through CIEE: Council on International Educational Exchange. What follows may just be the most fun and rewarding experience you will ever have.

As a sponsor of the J-1 Exchange Visitor program, CIEE is excited to offer qualified students an exceptional experience training and living in the United States.

There are two distinct programs you may be eligible for:

- **Internship USA**
Eligibility for Internship USA simply requires you are currently enrolled in an accredited post-secondary institution, or will begin your internship within 12 months of graduation.
- **Professional Career Training USA**
Professional Career Training USA is designed for participants who have at least one full year of relevant work experience and a degree in a related field of study. However, even if you do not have a degree, but have at least five years of professional experience in a related field, you may still qualify.

Both of these exciting programs have helped thousands of people further their personal and professional goals while also allowing them to experience a new culture along the way. We encourage you to contact your local CIEE representative and see just how easy it can be to take part in these programs.

To find your local CIEE representative, visit our website www.ciee.org/intern. On the site you can also find more information about the program, plus all the relevant materials and instructions you need to get started.

Thank you for your interest in the CIEE **Internship USA** and **Professional Career Training USA** programs. Good luck!

Regards,

CIEE
Internship USA
Professional Career Training USA

The required forms and documents depend on which program you are applying for. Please follow the checklist for your program type. If you are not sure which program type you are applying for, please check with your CIEE representative before proceeding.

INTERNSHIP USA		PROFESSIONAL CAREER TRAINING	
Program Application Checklist			
Applicant Information	3-4	Applicant Information	3-4
Applicant Financial Security Statement	4	Applicant Financial Security Statement	4
Proof of English Ability	5	Proof of English Ability	5
Proof of Academic Status & Academic Endorsement Or Supplement for Recent Graduates	6 7	Supplement for Professional Career Training USA Applicants	7
Applicant Resume	8-9	Applicant Resume	8-9
Program Information Page	10	Program Information Page	10
Participant Declaration (please read carefully and sign)	11-12	Participant Declaration (please read carefully and sign)	11-12
Privacy, HIPAA, and Confidentiality Release (this form is optional for all applicants)	13	Privacy, HIPAA, and Confidentiality Release (this form is optional for all applicants)	13
Interview Form (will be completed by your CIEE representative)	14	Interview Form (will be completed by your CIEE representative)	14
Supporting Documents Checklist		Supporting Documents Checklist	
DS-7002 Training/Internship Placement Plan		DS-7002 Training/Internship Placement Plan	
Copy of Valid Passport		Copy of Valid Passport	
Copy of Resume (C.V.)		Copy of Resume (C.V.)	
Certified copy of academic transcripts in English (optional for all applicants)		Certified copy of academic transcripts in English (optional for all applicants)	
Copy of Academic Diploma (required for recent graduates only)		Copy of Academic Diploma (required unless using five years' relevant work experience to qualify)	
Application for J-2 Dependents Complete this form if you wish to bring your dependents to accompany you to the U.S. You can obtain the form from your CIEE representative.		Application for J-2 Dependents Complete this form if you wish to bring your dependents to accompany you to the U.S. You can obtain the form from your CIEE representative.	

APPLICANT INFORMATION

Departure and Return Dates

Date of departure to U.S. (dd/mm/yyyy):

Internship/Training start date (dd/mm/yyyy):

Must be no more than 30 days after departure date as listed above

Internship/Training end date (dd/mm/yyyy):

Must be no more than 12 months (INT) or 18 months (PCT) after Internship/Training start date as listed above

Date of return to home country (dd/mm/yyyy):

Must be no more than 30 days after Internship/Training end date as listed above

Personal Details *(Please fill these in as they appear on your passport)*

Last name:

First name:

Middle initial:

Gender: Female Male

Date of birth (dd/mm/yyyy):

City of birth:

Country of birth:

Country of citizenship:

Country of legal permanent residence:

Passport number:

Passport expiration date (dd/mm/yyyy):

Contact Information

Email (mandatory):

Current street address:

Postal code:

City:

Country:

Home telephone (country code/city code/number):

Mobile/cellular (country code/city code/number):

Permanent address: (Check if same as above):

Street address:

Postal code:

City:

Country:

Emergency Contact

Last name:

First name:

Relationship to participant:

Email:

Home telephone:

Mobile/cellular:

Previous Visas

Have you ever received a J-1 Visa to enter the U.S.? Yes No If yes, how many?
(If you answer yes to this question, please complete the following section. If you have received more than two previous J-1 Visas, please use an additional sheet of paper to provide the same information as below for each additional visa.)

1) Type of program: <input type="checkbox"/> Summer work/travel <input type="checkbox"/> Au Pair or EduCare <input type="checkbox"/> Camp counselor <input type="checkbox"/> Trainee <input type="checkbox"/> Intern <input type="checkbox"/> Other, specify:	J-1 Sponsor:
	Organization (employer):
	City:
	State:
	Dates of DS-2019 or IAP-66 (dd/mm/yyyy):
	From: To:
2) Type of program: <input type="checkbox"/> Summer work/travel <input type="checkbox"/> Au Pair or EduCare <input type="checkbox"/> Camp counselor <input type="checkbox"/> Trainee <input type="checkbox"/> Intern <input type="checkbox"/> Other, specify:	J-1 Sponsor:
	Organization (employer):
	City:
	State:
	Dates of DS-2019 or IAP-66 (dd/mm/yyyy):
	From: To:

Other Visa Information *(If you answer yes to any of the below questions, please submit all relevant documentation along with this application.)*

Have you ever been denied entry into the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for a visa to immigrate permanently to the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been arrested and convicted of a crime in your home country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been arrested and convicted in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused a visa by a U.S. Embassy or Consulate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FINANCIAL SECURITY STATEMENT *(To be completed by the applicant and guarantor/bank official)*

Applicants must show evidence that they will be able to support themselves during their entire stay in the U.S. (duration of internship/training plus travel dates.) The minimum amount required is \$750 for each month spent in the U.S. If a stipend is indicated on the DS-7002, Training/Internship Placement Plan, but is less than \$750 per month in the U.S., the applicant must show evidence that they have the remaining funds. Please check the statement below that applies to you.

<input type="checkbox"/> My salary totals \$750 or more per month, paid by my home country company, as indicated by the attached guarantor letter.
<input type="checkbox"/> My salary totals \$750 or more per month as indicated and confirmed by my U.S. Host Organization on my DS-7002 Training/Internship Placement Plan.
<input type="checkbox"/> My salary does NOT total \$750 per month, but I have attached an original bank statement or certified copy of a bank statement.
<input type="checkbox"/> My salary does NOT total \$750 per month, but I have a guarantor and I have attached a guarantor letter.

PROOF OF ENGLISH ABILITY

(Applicant must possess sufficient English language proficiency to successfully complete the Internship/Training program as outlined on Form DS-7002)

Please choose one of the following:

- A. Native English speaker.
- B. Attach a copy of an official score that you received on a standardized English exam (TOEFL, TOEIC, etc.)
 Test: _____
 Score: _____
- C. Attach a copy of your grades/marks, translated to English, for English language classes taken as part of your post-secondary education. (At least two courses must have been taken in which high marks were received.)
- D. Complete in-person or telephone interview in English with prospective Host Organization Supervisor. (Supervisor also must confirm this on his/her portion of the CIEE Application.)
- E. Attach a letter from your English professor/docent certifying your English proficiency based on the categories outlined below.
- F. Have your English professor/docent complete the section below.:

Assessment of Applicant's English Ability *(To be completed by professor/docent if selecting Option F above)*

Oral English Ability: Beginner Intermediate Advanced

Written English: Beginner Intermediate Advanced

Listening Comprehension: Beginner Intermediate Advanced

Beginner:
Basic competence; conveys and understands only very basic meaning.

Intermediate:
Partial command of language; understands overall meaning in most situations; able to handle general communication in own field.

Advanced:
Fully competent use of language; able to use English accurately and fluently in any situation.

Additional comments about the applicant's knowledge of English and his/her ability to function in an English-speaking workplace:

Name of Professor/Docent (please print):

Telephone:

Name of Educational Institution (please print):

Signature:

Date:

Academic emblem or seal:

PROOF OF ACADEMIC STATUS AND ACADEMIC ENDORSEMENT

This page must be completed for current students applying to Internship USA only.
Recent graduates and Professional Career Training USA applicants may skip this page.

Enrolled Students

If you are an enrolled student applying to the Internship USA program, you must have this section completed by an Academic Advisor, Placement Officer, Counselor, or Department Head from your academic institution. If your academic institution will not sign this form, you must attach a letter on official institution letterhead verifying the same information. The person completing this form should be instructed to complete it in English and not to use abbreviations.

Name of academic advisor:

Title:

Telephone:

Email:

Website:

Name of academic institution:

I certify that _____, the applicant for an internship program in the U.S., is currently enrolled full-time at my institution.

Years of study completed at the time of departure:

Anticipated graduation date (dd/mm/yyyy):

Major/field of study:

Name of diploma/degree:

Will this Internship program be evaluated by the academic institution? Yes No

How will your academic institution evaluate the Internship?

- Written/oral report
- On-site evaluation by an official from the school
- Other, specify:

How does your institution view this program?

- It is required for the applicant to graduate, OR
- It is an integral part of the curriculum, OR
- It is optional but supported by our academic institution, OR
- Applicant will graduate prior to starting program.

I certify that the applicant may interrupt his/her studies for a maximum of _____ months to complete this Internship program.

Signature:

Date:

Academic emblem or seal:

SUPPLEMENT FOR RECENT GRADUATES

To be completed by recent graduates applying for Internship USA. Complete this section if you graduated within the last twelve months. Current students and Professional Career Training USA applicants may skip this section.

I certify that I have graduated. A copy of my diploma is attached.

Date of graduation:

Degree type:

Field of study:

SUPPLEMENT FOR PROFESSIONAL CAREER TRAINING USA APPLICANTS

To be completed by Professional Career Training USA applicants only. Internship USA applicants may skip this section.

If you are an applicant to the Professional Career Training USA program, you need not have a post-secondary degree. However, your academic record does impact your program eligibility and we therefore require that you complete the following:

I certify that I have graduated. A copy of my diploma is attached.

Date of graduation:

Degree type:

Field of study:

I also have at least one year of experience in the field of training in which I intend to complete my Internship.

I do not hold a degree in a relevant field, but I have at least five years of experience in the industry/field in which I intend to train. A copy of my resume or C.V. is attached.

PROGRAM INFORMATION PAGE

Name of host organization:

Address:

City:

State:

Zip code:

Contact name:

Telephone:

Fax:

1. What knowledge and/or skills have you acquired during your studies or previous work experience that has prepared you for this Internship/Training program?

2. What are your future professional goals and how will this Internship/Training program assist you in fulfilling those goals upon return to your home country? Please be as specific as possible.

3. Explain the skills and knowledge you aim to acquire from this Internship/Training.

APPLICANT RESUME

Name:

Education *(Please list in order starting with the most recent)*

University/Academic Institution name:

Major field of study:

Type of degree/certificate:

(Anticipated) Date all requirements for degree completed:

Diploma issuance date:

University/Academic Institution name:

Major field of study:

Type of degree/certificate:

(Anticipated) Date all requirements for degree completed:

Diploma issuance date:

Work Experience *(Please list in order starting with the most recent. If you do not have any work experience, please complete the box at the bottom of the next page.)*

Company name:

Nature of experience: (Check one)

Internship (Required by University: Yes / No)

Apprenticeship

Volunteer

Part-time job

Full-time job

Position title:

Country:

Dates: From (dd/mm/yyyy):

To (dd/mm/yyyy):

Number of hours per week:

Job responsibilities:

Company name:

Nature of experience: (Check one)

Internship (Required by University: Yes / No)

Apprenticeship

Volunteer

Part-time job

Full-time job

Position title:

Country:

Dates: From (dd/mm/yyyy):

To (dd/mm/yyyy):

Number of hours per week:

Job responsibilities:

Work Experience (continued)

Company name:

Nature of experience: (Check one) Internship (Required by University: Yes / No) Apprenticeship
 Volunteer Part-time job Full-time job

Position title:

Country:

Dates: From (dd/mm/yyyy): To (dd/mm/yyyy):

Number of hours per week:

Job responsibilities:

Company name:

Nature of experience: (Check one) Internship (Required by University: Yes / No) Apprenticeship
 Volunteer Part-time job Full-time job

Position title:

Country:

Dates: From (dd/mm/yyyy): To (dd/mm/yyyy):

Number of hours per week:

Job responsibilities:

If you do not have any work experience, please describe below the knowledge and skills you have acquired through your academic studies that are particularly relevant to your proposed training. Include specific course names where appropriate.

TERMS AND CONDITIONS / PARTICIPANT DECLARATION

The following section serves to outline the terms and conditions of the Applicant's participation on the CIEE Intern/Trainee Program. You are required to carefully read the following information, and confirm that you have read, understood and agree to these terms by signing and dating the last page. If you fail to sign or date this section, CIEE will be unable to process your application until you have done so.

SECTION I. – Applicant Responsibilities

1. The Applicant agrees that all the information provided in the application is true to the best of his or her knowledge, and acknowledges that any false or misleading information may lead to the rejection of the application or, if discovered later, to immediate dismissal from the program.
2. The Applicant is responsible for considering his or her personal health and safety needs when applying for and participating in the program. If the Applicant suffers from any health or other condition that would create a risk for him or her while abroad, he or she should not apply.
3. The Applicant agrees to pay all fees in accordance with the requirements of the CIEE Representative through which he or she is submitting an application.
4. The Applicant is responsible for submitting all requested documentation (including a passport) to the CIEE Representative in a timely fashion for visa processing. CIEE cannot be held responsible for any additional costs incurred (including the cost of rebooking a flight) by the Applicant due to delays in submitting documentation or delays by the U.S. Embassy in issuing a visa. Moreover, CIEE advises the Applicant not to book a flight until she or he has secured the visa, since CIEE cannot be held responsible for the costs of rebooking or cancelling a flight due to delays in processing or visa rejections.
5. The Applicant must pay the local visa fee to the U.S. Embassy. The Applicant is also responsible for any additional fees that might apply at the U.S. Embassy or Consulate in the country where he or she is applying for the visa, as well as the government SEVIS fee collected as part of the application.
6. The Applicant will be subject to English language screening and will need to complete an interview in order to participate in the program.
7. The Applicant must supply CIEE with the name and contact details for an emergency contact, to be contacted in the case of emergency. These details must be included on the application form.
8. The Applicant must not submit a program application with the intent to train in the U.S. in prohibited positions, including as an au pair, childcare giver, teacher, teaching assistant, camp counselor, in private households, as a ship or aircraft crew member, or as medical staff having patient contact. More information on prohibited positions can be found on the program website at www.ciee.org/intern.
9. If the Applicant has recently held a J-1 Exchange Visitor Visa for the U.S., he or she may have to remain in his or her home country for a period of 90 days before beginning of new J-1 program at the same Host Organization.
10. CIEE may issue a DS-2019 form if the Applicant meets all relevant program requirements, but has no control over the decision of the U.S. Embassy or Consulate in the Applicant's country of residence to issue a J-1 Visa.

SECTION II. – General Program Participant Responsibilities

11. The Participant is responsible for reading and carefully considering all materials made available to him or her that relate to safety, health, legal, environmental, political, cultural and religious customs and conditions in the U.S. The Participant must take full responsibility in the event that laws, regulations, or customs are broken, regardless of his or her actual knowledge of these laws, regulations, or customs.
12. In addition to reviewing all program materials, the Participant is required to complete a CIEE orientation.
13. The Participant must exercise due care once in possession of the legal documentation (DS-2019, DS-7002, J-1 Visa, etc.) for the program. The cost of replacing these items must be borne by the Participant.
14. The Participant is responsible for all of his or her acts along with any resulting loss or damage while on the program. The Participant agrees to indemnify and hold harmless CIEE for damages or loss to any party caused by his or her conduct.
15. The Participant is required to maintain communication with his or her Host Organization prior to arrival, notify the Host Organization in advance of his or her arrival and departure dates, and promptly advise the Host Organization of any changes to his or her travel itinerary due to visa delays or any unforeseen circumstances.
16. All travel before, during and after the program is at the Participant's own

risk. If the Participant chooses to operate motorized vehicles, he or she is responsible for obtaining the necessary license, permission and insurance, and does so at his or her own risk.

17. Once the Participant has commenced his or her travel to the U.S., CIEE cannot amend the program dates as listed on the DS-2019 for any reason. It is the Participant's responsibility to check the program start and end dates prior to traveling to the U.S. to ensure that the dates are correct.
18. If during the course of the program the Participant encounters any difficulties with his or her training position, or with safety, health, housing, the Participant should notify CIEE as soon as possible by phoning CIEE at 1-888-268-6245. In the event of an emergency, the Participant can also reach CIEE at the above number any time night or day.
19. The Participant is required to comply with all U.S. Government visa and immigration requirements, including the SEVIS requirement as follows:
 - a. Notification of arrival at U.S. Host Organization to CIEE within 20 days of the DS-2019 program start date.
 - b. Providing a valid email address and phone number upon arrival at U.S. Host Organization.
 - c. Notification to CIEE of any change in U.S. home address, phone number or email address within 10 days of the change.
20. The Participant agrees that he or she will not engage in any activity that would bring the Intern/Trainee Program or the U.S. Department of State into notoriety or disrepute. The Participant should contact CIEE for guidance if any proposed activity might cause this result.
21. The Participant agrees to complete an online evaluation at the mid-point and end of the program, and to assist CIEE in securing mid-point and final evaluations by their internship supervisor.

SECTION III. – Participant Responsibilities with Respect to His or Her U.S. Host Organization

22. a. Under no circumstances are internships/training positions guaranteed. A Host Organization's representation that a position is being held does not constitute a binding contract that the position will be available when the Participant arrives. The Host Organization's commitment is one of good faith only.
 - b. If the Participant does not have sufficient English proficiency, does not arrive on the expected start date, and/or made any false or inaccurate statement on the application, the offer of a position may be revoked.
 - c. If the Participant does not meet their contractual obligations with the Host Organization or with CIEE, CIEE may at their sole discretion withdraw or terminate sponsorship of the Participant.
23. CIEE/Representative are not responsible for the expenses incurred by the Participant if he or she has not started training by the agreed date due to financial difficulties of the Host Organization, or for any other reason not under the direct control of CIEE/Representative.
24. Participants are solely responsible for their own conduct and well-being both at and outside their Host Organization. CIEE cannot and does not monitor Participant's personal conduct, subject, however, to Paragraphs 27 and 43.
25. The Participant must only train at the Host Organization listed in his or her application and on the DS-2019 form. If for any reason a change of Host Organization becomes necessary, the Participant must contact CIEE, submit a new DS-7002 Form, and obtain approval from CIEE before changing internship/training positions. Failure to do so will result in the Participant's withdrawal or termination from the program.
26. If the actual internship/training position deviates significantly from the terms set forth in Form DS-7002, or if the internship/training environment, for whatever reason, proves unsupportive, the Participant should contact CIEE directly. If warranted, CIEE will endeavor to assist the Participant in finding another position. However, CIEE makes no guarantee that it will be able to do so and, furthermore, makes no representation that it will be able to find an internship/training position for the Participant in the same geographical area or at the same compensation level.
27. If Participant is terminated by the Host Organization from the internship/training program for non-compliance with the Internship/Training Placement Plan or the workplace rules of the Host Organization, he or she may

be also withdrawn or terminated from the program.

28. If the Participant's original internship/training program, for whatever reason, ends prior to the end date listed on the DS-2019 form, it is the Participant's responsibility to inform CIEE as soon as this is known and, in any case, before the last day of training. Depending on the situation, the Participant will either be required to end the program early or allowed to search for a new internship/training position.
29. Once the Participant has arrived in the U.S. to begin his or her program, CIEE will not for any reason refund his or her program fees nor be responsible for the refund of any fees paid to third parties (e.g., the U.S. Department of State, SEVIS, etc.).
30. The Participant agrees not to engage in training in any unskilled or casual labor positions, in positions that require or involve child care or elder care, or in any kind of position that involves patient care or contact. Furthermore, Participant also agrees not to engage in training in a position that involves more than 20 percent clerical work. More information is available at www.ciee.org/intern.
31. Per the regulations of this program, Participants may not take a job in addition to their approved training.

SECTION IV. – Participant Responsibilities at the Conclusion of the Internship/ Training Program

32. The Participant agrees that he or she intends to return home upon completion of the program and not to attempt to stay in the U.S.

SECTION V. – Contractual Terms and Other Program-Related Conditions

33. This English language version of the Intern/Trainee Program Application, including this Participant Declaration, is the binding contract between the Participant and CIEE.
34. CIEE makes no representation or warranty of any kind, expressed or implied, as to the suitability of the program for the Participant, and CIEE disclaims all such warranties to the full extent of the law.
35. The conduct of the Intern/Trainee Program is subject to U.S. government approval and may change without notice.
36. CIEE does not own or operate any entity which provides goods or services for the program, including but not limited to arrangements for or ownership or control over houses, apartments or other lodging facilities; airline, vessel, bus or other transportation companies; food service; or entertainment providers. All such persons and entities are independent contractors and enter into legal relationships directly with the Participant (and not through CIEE). As a result, CIEE is not liable for any act or failure to act of any such person or entity, or of any third party. Without limitation, CIEE is not responsible for any injury, loss, or damage to person or property, death, delay or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal or terrorist activities or the threat thereof of any kind, overbooking or downgrading of accommodations, structural or other defective conditions in houses, apartments or other lodging facilities (or in any heating, plumbing, electrical or structural problem therein), mechanical or other failure of airplanes or other means of transportation or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with domestic or wild animals, sanitation problems, food poisoning disease, epidemics or the threat thereof, lack of, access to or quality of medical care, difficulty in evacuation in case of medical or other emergency, or for any other cause beyond the direct control of CIEE.
37. The Participant agrees that any dispute concerning, relating, or referring to the Internship/Training Placement Plan, the Intern/Trainee Program Application, any other literature concerning the program, or the program itself shall be resolved exclusively by binding arbitration in Portland, Maine, according to the existing commercial rules of the American Arbitration Association. Such proceedings will be governed by Maine law. The arbitrator and not any federal, state, or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including

but not limited to any claim that all or any part of this contract is void or voidable.

38. CIEE reserves the right to provide you with information CIEE deems useful to program Participants, including but not limited to tax, travel and related services.
39. CIEE reserves the right to refuse sponsorship to any Applicant that CIEE deems does not meet program eligibility requirements or any Applicant that CIEE does not deem appropriate to accept in the general interests of the program. In the event that CIEE rejects the Applicant's application to the program, any applicable refund will be made via the CIEE Representative through which the original application was submitted.
40. Program participation begins on the day of departure from the Participant's home country and terminates on the day of departure from the U.S. (so long as this occurs within the legal program dates). The maximum length of training is 12 months for Interns and 18 months for Trainees; however, the overall period of time in the U.S. may extend beyond the respective maximum durations as follows:

The Participant can arrive to the U.S. a maximum of 30 days prior to the DS-2019 program start date and remain in the U.S. for up to 30 days beyond the DS-2019 program end date. The 30 days after the program end date represent a "Grace Period" extended to the Participant by the U.S. Government. This period is intended to be used for travel within the U.S. and the Participant is not allowed to train or to work in any capacity during this time. Moreover, the Participant also is not allowed to leave and re-enter the U.S. during this period, since the DS-2019 has expired.

41. As part of this program, the U.S. Government requires that all Participants have a certain level of insurance coverage, which CIEE includes as a mandatory part of its program. The Participant is automatically covered within the internship/training program dates as outlined on the DS-2019 form. Should the Participant plan to arrive to the U.S. before the program start date, or to remain in the U.S. after the program end date during the "Grace Period" as outlined above, this must be made known to CIEE during the initial processing of the application. CIEE cannot be held responsible for any insurance claim made outside of the insurance dates confirmed to the Participant in his or her pre-departure program materials.
42. Under the U.S. government's Health Insurance Portability and Accountability Act (HIPAA), CIEE is restricted in its access to certain medical information or records in the event that a Participant has an accident in the U.S. In order for CIEE to assist the Participant to the fullest extent possible with insurance-related issues, CIEE will need to have a signed Privacy and Confidentiality Release Form from the Participant. This form is optional and the Participant can choose whether or not CIEE is granted access to this information.
43. CIEE reserves the right to dismiss the Participant from the program if, in its best judgment, the Participant is deemed to be a danger to him- or herself or to others, or if his or her conduct is deemed to be detrimental to the program in any way. In the event of such a dismissal, CIEE shall not be held responsible for any resulting expenses incurred by the Participant such as airfare, and shall not be required to return any fees paid by the Participant.
44. Once the Participant has departed for the U.S., he or she will receive no refund should he or she choose to withdraw or terminate her or his program. The Participant will also receive no refund should CIEE find it necessary to withdraw sponsorship after the Participant has departed for the U.S.
45. CIEE and its Representatives do not provide housing. Whether the Participant arranges housing independently or through the Host Organization where possible, he or she will be required to sign a lease and pay a deposit, which usually amounts to the first and last month's rent and may include an additional security deposit.
46. CIEE may provide the Participant's contact information to third parties who provide useful services to exchange program Participants. Third parties receiving this information will be required to provide the Participant with the opportunity to opt out after the first contact.
47. The Participant gives CIEE permission to use any written, photographic, or video images of himself/herself in the course of reporting on and/or promoting CIEE programs.

PARTICIPANT SIGNATURE

By signing below, you indicate that you have read, understood and agree to all terms outlined in the Participant Declaration section. Additionally, by signing below, you also confirm that, to the best of your knowledge, all information contained in the Intern/Trainee Program Application is true and accurate.

Participant signature:

Date:

PRIVACY, HIPAA, AND CONFIDENTIALITY RELEASE FORM

By completing this form, you give consent to CIEE, your parents or guardian, your physicians and/or other medical providers to discuss your medical and/or insurance issues with CIEE. You also consent to CIEE utilizing any such material in, and as necessary in, treating any medical condition which may arise. You also consent that CIEE may notify your emergency contact listed in this application of any situation that we deem to be an emergency. In addition, you consent that CIEE may notify the official CIEE designated agency from whom you purchased this program of any situation that we deem to be an emergency.

This authorization is valid for two years from the date signed.

Under no circumstances can CIEE release medical information from your physician or provider of service to you or anyone. Your medical information has been disclosed to us from your physician or provider of service and we are prohibited by federal law from further disclosure. Please contact your physician or provider of service for your medical information.

I give CIEE permission to release any or all of the following information in and as appropriate in the event of a medical condition. (Please initial and check each box.)

Initial: All financial and claim information related to medical bills or Claimant's Statement and Authorization.

Initial: Provide name, date of service, total charge, total paid, and date of payment.

Initial: Insurance ID number and/or social security number.

Print Patient Name:

Signature of the Patient, Adult Parent, or Guardian:

Date (dd/mm/yyyy):

FOR CIEE REPRESENTATIVE USE ONLY

INTERN/TRAINEE INTERVIEW FORM

Interview	Program Type	Additional Information
Interview was conducted: <input type="checkbox"/> In-Person <input type="checkbox"/> Webcam <input type="checkbox"/> Videoconference <input type="checkbox"/> Telephone	<input type="checkbox"/> Internship USA <input type="checkbox"/> Professional Career Training USA	<input type="checkbox"/> CIEE Sourced Position <input type="checkbox"/> Site Visit Required

I confirm that I have interviewed the applicant and posed the following questions to her/him. Based on her/his response, as well as on the other information submitted as part of the application process, I feel that this applicant is an appropriate candidate for the Intern/Trainee Program and that s/he has a proper understanding of its purpose and intent.

1. How did applicant locate his or her internship/training program?

2. Has the applicant ever been to the U.S. before? If so, for what purpose?

3. What is the applicant's educational and/or career plan upon returning to home country?

Interviewer name:

Signature:

Title and organization:

Interview date (dd/mm/yyyy):