

Intern/Trainee Data Form

1) Full name as it appears on passport _____

2) Date, City, and Country of Birth _____

3) Dependents to include in application (please list full names, relationships to the Intern/Trainee, and dates/places of birth for each) _____

4) Mailing Address abroad (NOT in United States: Please be advised this is where we will send your documents to prior to your interview)

5) Telephone No. abroad _____

6) Intern/Trainee's e-mail address _____

7) If host company will not provide compensation during proposed internship/training period, or compensation that equates to less than \$2,000 per month, please list personal funds (\$) applicant would bringing or will have access to upon arrival. (In addition, please submit evidence of applicant's access to these funds)

8) Applicant's last five visits to the United States (list dates and purposes)

9) Please **indicate whether the applicant has held ANY U.S. nonimmigrant visa in the past** (except tourist visas) and indicate if he/she has participated in other J-1 or F-1 exchanges, please *explain the capacity in which he/she was trained and how the proposed training is different*

10) Please attach copies of the following documents with this application:

- ⇒ Photocopy of current passport
- ⇒ Copy of university diploma
- ⇒ Listing of relevant university courses
- ⇒ A copy of a current Curriculum Vitae listing relevant work experience
- ⇒ For trainees, letter of reference attesting to requisite employment experience.

Pre- Arrival Participant (Alien) Declaration Please read the following statement carefully.

- I understand that the use of the DS-2019 provided by the IACC confirms my acceptance of all terms and conditions outlined in the Offer of Training.
- I will participate in a pre-arrival video conference information session prior to the onset of my program.
- I will not voluntarily leave the host organization that made me the offer of training; nor will I seek a training position with any other U.S. company/firm/organization while I am sponsored by IACC.
- I further understand that the intent of the J-1 Exchange Visitor program is to allow me to enhance my skills and improve my knowledge of American methods which will be useful to me when I return home. Therefore, it is my intention to leave the United States at the end of my training program.
- I acknowledge that the IACC is my sponsor while I am in the United State as a J-1 Intern/Trainee and that I am responsible for reporting to them in a timely manner, and maintaining consistent communication through evaluations and bi-monthly check-ins. This includes any changes such as a change in training location from that indicated on the Form DS-7002; a change in the dates of training which would cause me to leave the United States more than 30 days before the end date on my DS-2019; or any other substantial changes to the content of my training program.
- I will advise the IACC upon my arrival to the U.S. and furnish my U.S. address & telephone number as well as continue to keep the IACC informed of my current address in the United States for the duration of my stay.
- I understand that the time allowed for practical training is limited to a maximum of 18 months and that my Certificate of Eligibility will reflect the dates of my training. I realize that I will have 30 days beyond the end date given on Form DS-2019 to conclude my affairs and travel in the United States, and that I will then be expected to exit the U.S. However, I understand that the IACC can withdraw sponsorship if any of the conditions of my training are changed without the IACC's advance permission. If sponsorship is withdrawn, I will exit the country immediately.
- I certify that I will comply with applicable laws, regulations and/or instructions of appropriate government agencies in the United States.
- I confirm that I will present the IACC with my intended housing for approval prior to my arrival in the United States.
- I acknowledge that I have access to the Exchange Visitor Program Emergency Helpline (1-866-283-9090) and to the Exchange Visitor Program email (jvisas@state.gov) at all times during my training program.

I understand and agree to the conditions of the Italy-America Chamber of Commerce's program. I realize that if I do not fulfill my obligations and responsibilities as stated, the IACC will withdraw its sponsorship and I will be required to leave the country.

Signature _____ Date _____

Health & Accident Insurance Declaration

The United States Federal Regulations state that all Intern/Trainees and any accompanying dependents that enter the United States under sponsorship of the IACC must be covered by health and accident insurance for the entire duration of their program.

Please be advised that according to Department of State controlled J-1 program regulations, insurance for Intern/Trainees *must* be paid for in advance for the entire duration of the Intern/Trainee's program. If the Intern/Trainee fails to maintain insurance coverage, the IACC will terminate sponsorship. Insurance coverage is contingent upon participation in the IACC program.

All insurance coverage must meet or exceed the limits determined by regulation, as follows:

Medical and Accident \$100,000 per illness/accident
\$500 deductible per accident/illness
Medical Evacuation: \$50,000
Repatriation of remains in case of death: \$25,000

Insurance Ratings have been added: the "A-" rating by Fitch Ratings, Inc. and the "A3" rating by Moody's Investor Services.

Private insurance coverage or the host company's insurance plan may be used in order to fulfill the

obligatory insurance coverage requirement. However, the minimum coverage set by U.S. regulation must be met or exceeded and must remain in effect throughout the entire duration of stay in the United States. If the Intern/Trainee/company wishes to use private coverage, proof of coverage, including a photocopy of the insurance policy, must be provided to the IACC at the time of application.

If the Intern/Trainee chooses to use the program offered by the IACC, Global Secutive, he/she must enclose payment for the entire duration of the proposed training program with the application.

The IACC is in no way affiliated with Global Secutive. The company has been selected because it provides easy and affordable insurance options, but other companies offering similar plans may be used, provided the minimum coverage requirements are met.

Failure to maintain coverage will result in dismissal from the IACC J-Visa Program. Please call if you have any questions regarding insurance coverage.

Please indicate by checking the appropriate box which coverage you will assume responsibility for maintaining.

☐ Global Secutive (through the IACC – please enclose payment)

☐ Host organization provided health insurance plan (provide copy of policy)

Participant (Alien) Signature _____ Date _____