



Congratulations on your acceptance into International Educational Exchange's Internship Program! We are confident you will have many rewarding experiences during your time in the United States.

On the following pages you will find several documents that are required for you to complete for your program sponsorship application. Please download these documents, review, complete, sign where indicated and return to your IEE representative. Please note that incomplete documents will result in the delay in your application processing, so please be attentive to each document and complete in its entirety.

Should you have any questions, please do not hesitate to contact us. We look forward to working with you during this most exciting journey!

Patti Chiacchiero
President/CEO/RO



Financial Support Confirmation - Intern

Participant Full Name:

Parent of Legal Guardian Name:

I confirm that I am the Parent Legal Guardian

of the above - mentioned participant in International Educational Exchange's Internship Program. I confirm that I will be fully financially responsible for him/her for the entire duration of his/her participation in the program. Should he/she be required to return to his/her home country for any reason before the program is completed, I will assume full financial responsibility for the return travel costs and any related expenses incurred.

Additionally, in the event of unforeseen circumstances that result in the participant losing time in the program, I commit to maintaining sufficient financial resources to provide complete financial support for any emergency needs during the program. Such circumstances may include, but are not limited to, injury, arrest, termination from the program, or natural or national disasters.

NOTE: IEE *requires* a minimum of \$3000 USD to be available for the participant in case of an emergency.

Signature of Parent or Guardian: _____

Date: _____

Email Address of Parent or Guardian:



Proof of Education Status – Intern Program

Section I - To be completed by Student

Name should be listed exactly as it appears on your passport

Surname/Family Name:

First Name:

Middle Name:

University Enrollment Date:

Date of Graduation or expected date of Graduation:

I certify that I am currently enrolled full-time and actively pursuing a degree at a foreign ministerially-recognized post-secondary academic institution. I am attending in person classroom studies.

I am pursuing a degree in

I certify that I have graduated from a foreign ministerially-recognized post-secondary academic institution within the last 12 months.

I currently hold a degree in the field of
Please attach diploma/degree

Student Signature: _____ Date: _____

Section II - To be completed by an authorized School Official

Name of Institution:

School Website:

Name of Ministry or Official Regional Educational Authority:

I verify that the above student enrolled (registered) in our institution on (DD/MM/YYYY). The student is currently enrolled and in good standing with our institution and we support his/her decision to participate in an internship in the United States.

I verify that the above student has successfully completed coursework in good standing and has been issued a diploma on (DD/MM/YYYY)

Field of Study:

I certify that all the information provided on this form is true, complete and accurate to the best of my knowledge.

University/College Representative Name:

Title:

Email:

Signature: _____ Date: _____

Place University/College Official Stamp here

**Employment Verification Form**

To be completed by your current Employer (supervisor or Human Resources Director)
Any documents with missing information will not be accepted.

This document is to certify the dates of employment and job position for that the following individual. I do not have any previous work Experience

Employer 1

Individual Name:

Name of Business:

Name of Person Completing this form:

Title:

Business Address:

City:

Country:

Email Address:

Phone #:

Website:

Dates of Employment: From

To

Month/Day/Year

Month/Day/Year

Position Held:

Full or Part Time: Full Time Part Time # Hours per week

Employer Signature:

Date:



This document is to certify the dates of employment and job position for that the following individual.

Employer 2

Individual Name:

Name of Business:

Name of Person Completing this form:

Title:

Business Address:

City:

Country:

Email Address:

Phone #:

Website:

Dates of Employment: From

To

Month/Day/Year

Month/Day/Year

Position Held:

Full or Part Time:	Full Time	Part Time	# Hours per week
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Employer Signature:

Date:



This document is to certify the dates of employment and job position for that the following individual.

Employer 3

Individual Name:

Name of Business:

Name of Person Completing this form:

Title:

Business Address:

City:

Country:

Email Address:

Phone #:

Website:

Dates of Employment: From

To

Month/Day/Year

Month/Day/Year

Position Held:

Full or Part Time:	Full Time	Part Time	# Hours per week
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Employer Signature:

Date:



Acknowledgement of Fees You Paid for Participation in the J-1 Program

This form will provide evidence that all IEE's J-1 participants are aware of all fees that are to be paid for the participation in the exchange visitor program. Please report all fees paid in relation to this exchange visitor program as listed below:

Your Name:

Home Country Agency Name (If applicable):

Placement location:

Breakdown of Fees:

Fee paid to Agency in home country:	USD	
Fee paid directly to IEE: <i>(if not using an agency in your home country)</i>	USD	
Trip Cancellation/Interruption Insurance: <i>(not mandatory but if purchased, non-refundable)</i>	USD	\$125.00
IEE's Monthly Insurance Rate:	USD	\$ 55.00
Fee paid for SEVIS:	USD	\$220.00
Fee paid for the visa application:	USD	\$185.00 as of May 30, 2023
Fee paid for travel to the U.S.:	USD	

Did you take out a loan or receive any form of financial assistance for the fees associated with this program?

Yes No If yes, state the amount and the pay back terms:

Please list the amount of any other fees you have paid related to participation in this program that is not listed above:

USD:

What are these fees to cover?

Other Fees Associated with Program:

Intern/Trainee: Non-Refundable Application Fee: \$350.00

Funds withheld if Exchange Visitor withdraws from the program prior to DS issue: \$500.00

Funds withheld if Exchange Visitor withdraws from the program after DS is issued: NO REFUND

Funds withheld due to a visa denial: \$500.00

No refund if Exchange Visitor withdraws after visa issuance. No exceptions

No refund once Exchange Visitor enters the U.S. No exceptions

No refund if DS form is returned after the start date on the DS-2019 form. No exceptions

Note: VOIDED DS form must be returned via email within 10 days of visa denial or program withdrawal to receive refund. Refunds will not be issued if the DS-2019 form is not VOIDED or received via email within 10 business days of denial or withdrawal - No exceptions. Send VOIDED DS forms to: Info@ieexchanges.com

Refunds will be issued as indicated on the refund request form and it is the responsibility of the participant or participant's agency to submit the complete and accurate refund request form. Payments made through an Agency will be refunded to that Agency for further distribution unless another method is requested in writing by participant and agency. No refund will be issued if requested 30 days or more after the denial or withdrawal.

IEE's refund fees do not include any fees that may be charged by your agency in your home country, if applicable.

Below are additional fees that may be applicable during your program:

DS-2019 replacement fee: \$350.00

If your visa is denied and you would like to reapply, there will be a \$250.00 charge to re-submit your documents to include shipping

Transfer Fee (Transfers are not guaranteed and are not to be expected, but handled on a case-by-case basis): \$400.00

Travel Validation: \$50.00

Extension Fees: \$800.00 + insurance

Insurance Fees are \$55.00 per month

Shipping Fees are not included

You, being the applicant for the exchange visitor program (J-1 visa), are certifying that the information above is correct to the best of your knowledge and you are acknowledging our visa denial fee and any additional fees that IEE may charge you as it relates to your program.

In addition, you, being the applicant for the exchange visitor program (J-1 visa), are certifying that you have personally completed this form and you are personally responsible for the information being submitted.

Note: If you have received financial assistance from your Host Organization, any withdrawal fees or denial fees to be withheld (per our refund policy) will be withheld from the portion of the fees you paid to your sponsor. The portion covered by your Host Organization will be returned to your Host Organization.



Application for Insurance Coverage

APPLICATION FOR INSURANCE COVERAGE

Full Name: _____

DESCRIPTION OF COVERAGE

Insurance does not cover dental/optical

A. Illness and accident coverage per incident:	\$100,000.00 USD
(Does not cover dental/optical)	Per illness/accident
*Deductible: \$200.00 USD	Per illness/accident
B. Emergency Medical Evacuation/Repatriation:	\$ 50,000.00 USD
C. Return of Mortal Remains:	\$ 25,000.00 USD

Insurance begins with the start date on your DS-2019 form and ends on the completion date on your DS-2019 form.

****The deductible is the amount paid out of your pocket per each incident.***

Insurance coverage during your 30-day grace period is not a mandatory requirement under the Department of State regulations; however, we highly recommend you purchase supplemental insurance to cover any time you are in the U.S. outside of the dates listed on your DS form. If you elect not to purchase supplemental insurance during the grace period, you acknowledge that any injury or illness that may occur during your grace period will not be covered by your insurance policy.

I verify that I wish to be covered by the insurance program designed for the J-1 Training/Intern/Work and Travel program provided by IEE.

Your Signature: _____

Please note that All Exchange Visitors and any accompanying spouse and dependents may be subject to the requirements of the Affordable Care Act.

Exchange visitors who willfully fail to maintain the insurance coverage set forth above while a participant in an exchange visitor program or who make material misrepresentations to their sponsor concerning such coverage will be deemed to be in violation of these regulations and will be subject to termination as an exchange visitor.

Please Print, Sign, Scan and email this page to your IEE Representative.



Privacy Notice

Your Name:

International Educational Exchange, Inc. (IEE) is committed to building user trust and confidence by promoting, and complying with, business practices that help protect the privacy of our customer and user data. This Privacy Policy covers all information collected by IEE.

IEE reserves the right, at any time, to modify this Privacy Policy. If we make revisions that change the way we collect, use, or share personal information, we will post those changes in this Privacy Policy. You should review this Privacy Policy periodically so that you keep up to date on our most current policies and practices. We will note the effective date of the latest version of our Privacy Policy at the end of this Privacy Policy.

Please read this Privacy Policy carefully to understand IEE's views and practices regarding your personal information and how we will treat it. By visiting this Platform, you are freely accepting and consenting to the practices in this Privacy Policy. You may withdraw your consent at any time and for any reason with effect to future data processing by contacting us at info@ieexchanges.com. Without your consent, IEE will use personal information, only insofar as such processing is permitted by applicable law (e.g., for the performance of a contract or agreement between IEE and you) or where such processing is necessary for compliance with a legal obligation to which IEE is subject.

Collection of Personal Information

Through your interactions with IEE, IEE collects "personal information," which is information that identifies an individual or relates to an identified individual. Non-personal information means information that does not directly identify an individual. We collect both types of information about you.

The following provides some examples of the type of data that we collect from you:

Registration Information: When you create an on-line Account, we may collect your name, contact information, and other Registration Information. Such information shall be associated with your Account, and you may update such information by editing the information associated with your Account.

Demographic Information: We may collect personal information from you, such as your photo or location.

E-mail Interconnectivity: If you receive e-mail from us, we may use certain tools to capture data related to when you open our message, click on any links or banners it contains.

Application: If you apply for a J-1 program with IEE, or become an IEE J-1 participant, we may collect personal information necessary to process your application. This may include, among other things, your passport information, social security number (if applicable), email address, etc.

Feedback/Support: If you provide us feedback or contact us for support, we will collect your name and e-mail address and possibly other personal information, as well as any other content that you send to us in order to reply.

Surveys/Partner Promotion: When you participate in a survey, we may collect additional information that you provide through the survey. If the survey is provided by a third-party service provider, the third party's privacy policy applies to the collection, use, and disclosure of your information.

Social Media: You agree to allow IEE to post pictures or experiences you share with IEE during or after your program participation.

In addition to the information that we collect from you directly, we may also receive information about you from other sources, including third parties, business partners, our affiliates, or publicly available sources.

Use of Personal Information

In addition to the uses described above, IEE uses the personal information collected in an effort to improve your experience, to provide services to you, and to communicate with you about information that you request and information regarding your program. Additionally, IEE may use your personal information:

- To identify you when you access and use any Sites or Applications.
- To administer your program.
- To provide services and content to our participants.
- To provide you with products and services you request, or that maybe be of interest to you.
- To streamline your application process.
- To send marketing and promotional materials.
- To respond to your inquiries related to support, J-1 exchange visitor opportunities, or other requests.
- To conduct research and analysis.
- For internal administrative purposes, as well as to manage our relationship with you.

Sharing of Personal Information

In addition to the specific situations discussed elsewhere in this Privacy Policy, IEE may disclose personal information in the following situations:

- **Other Disclosures with Your Consent:** We may ask if you would like us to share your information with other unaffiliated third parties who are not described elsewhere in this policy, and we may do so with your consent.
- **Other Disclosures without Your Consent:** We may disclose personal information in response to subpoenas, warrants, or court orders, or in connection with any legal process, or to comply with relevant laws. We may also share your personal information in order to establish or exercise our rights, to defend against a legal claim, to investigate, prevent, or take action regarding possible illegal activities, suspected fraud, safety of person or property, or a violation of our Terms of Use, or the provision of services by a third-party intermediary.

- **Public:** Some of our Sites or Applications provide the opportunity to post comments, or reviews, in a public forum. If you decide to submit information at these locations, that information may be publicly available.
- **Service Providers:** We may share your personal information with service providers. Among other things service providers may help us to administer our website, plan or facilitate events or travel, conduct surveys, provide technical support, place third party advertisements on our website, or sending marketing, promotions, and communications related to our business, payment processing, and for other legitimate purposes permitted by law.

Security of Personal Information

Although IEE attempts to protect the personal information in its possession, no security system is perfect, and IEE cannot promise that your personal information will remain absolutely secure in all circumstances.

Retention of Personal Information

IEE will retain your personal information as needed to fulfill the purposes for which it was collected. IEE will retain and use your personal information as necessary to comply with IEE's business requirements, legal obligations, resolve disputes, protect our assets, and enforce our agreements.

Data Integrity and Purpose Limitation

IEE limits the use of personal information to ways that are compatible and relevant to the purposes for which the personal information was collected or subsequently authorized or for which consent was obtained. IEE will take reasonable steps to ensure that personal information is reliable for its intended use, accurate, complete, and current.

- **Changes to Your Personal Information:** We rely on you to update and correct your personal information. Note that we may keep historical information in our backup files as permitted by law. All requests to correct your information must be directed to info@ieexchanges.com.
- **Access to Your Personal Information:** If required by law upon request, we will grant reasonable access to the personal information that we hold about a User. All requests must be directed to info@ieexchanges.com.
- **Deletion of Your Personal Information:** Typically, we retain your personal information for the period necessary to fulfill the purposes outlined in this Privacy Policy, unless a longer retention period is required or permitted by law. Some Users may have the legal right to request that we delete their personal information. All deletion requests must be directed to info@ieexchanges.com. We may also decide to delete your personal information if we believe that the data is incomplete, inaccurate, or that our continued use and storage are contrary to our obligations to other individuals or third parties. When we delete personal information, it will be removed from our active database, but it may remain in archives where it is not practical or possible to delete it. In addition, we may keep your personal information as needed to comply with our legal obligations, resolve disputes, or enforce any of our agreements.
- **Revocation of Consent:** We rely on the processing of personal information that you have provided. If you revoke your consent for the processing of personal information, then we may no longer

be able to provide you services. In some cases, we may limit or deny your request to revoke consent if the law permits or requires us to do so, or if we are unable to adequately verify your identity.

Cross-border Transfer of Personal Information

Your personal information is transferred to IEE's entities in the United States, or to third parties as described in this Privacy Policy that are located in various countries around the world. By using IEE's application process or providing any personal information to IEE, where applicable law permits, you consent to the transfer, processing, and storage of such information outside of your country of residence where data protection standards may be different.

Communications

Questions, concerns, or complaints should be directed to our data protection team as follows:

- By phone: +1-843-785-1963
- By email: info@ieexchanges.com

If IEE is required to contact you about your personal information we may do so by mail, phone, or e-mail.

Your Signature _____ Date _____

Effective as of May 20, 2020.



Authorization for use or Disclosure of Protected Health Information

Your Name:

Email:

Passport Country of Issuance and Number:

I hereby voluntarily authorize the disclosure of information from my health record.

Release my protected health information to the following person/entity: Any employee or representative of International Educational Exchange, Inc. and the insurance company which was arranged for me by International Educational Exchange, Inc.

The person or organization that is authorized to make disclosure of the information is as follows: All health care providers and hospitals, host company or benefit plan administrator, the insurance company which is arranged for me by International Educational Exchange, Inc. or its representatives.

The following information may be disclosed from my health record: Any and all information that may be requested regarding my physical condition and treatment to include all medical records and correspondence as to any treatment, diagnosis, and all medical records of a physical, psychological or psychiatric nature.

The purpose(s) for which the information will be used/disclosed are as follows: To authorize any physician, psychiatrist, psychologist, other mental health professional or other healthcare professional or nurse who has attended or treated the undersigned or any hospital or other health care facility at which I have been examined, treated or confined to furnish requested information to determine eligibility for benefit payments under the insurance policy which is arranged for me by International Educational Exchange, Inc. or one of their representatives.

The protected health information provided under this authorization may include diagnosis and treatment information, including information pertaining to chronic disease, behavioral health condition, alcohol or substance abuse, communicable diseases including HIV/AIDS, and/or genetic marker information. Information disclosed under this authorization may be e-disclosed by the recipient and no longer protected by federal privacy regulations.

I understand that this authorization is voluntary and that I may refuse to sign this authorization. Unless allowed by law, my refusal will not affect my ability to obtain treatment; receive payments; or eligibility for benefits.

****** An email or copy of this authorization shall be valid and binding with the same force as an original signature and the covered entity shall be entitled to rely on the same. ****** By signing below, I am confirming that I am of sound mind and body and am freely signing this document and have not been influenced to sign this document in any way.

Signature: _____ Date: _____



Emergency Contact Form

Participant Information:

Participant Name:

Email:

Primary Emergency Contact Information:

Full Name:

Relationship:

Email:

Alternate Email:

Phone Number (please include country and city codes):

Street Address:

City, State, Country, Zip Code:

I certify that I will act as the primary emergency contact for the above Participant for the duration of their participation in International Educational Exchange's Exchange Visitor Program. I authorize IEE to contact me should there be an emergency involving the above Participant.

Primary Emergency Contact Signature: _____ Date: _____

Secondary Emergency Contact Information:

Full Name:

Relationship:

Email:

Alternate Email:

Phone Number (please include country and city codes):

Street Address:

City, State, Country, Zip Code:

I certify that I will act as the secondary emergency contact for the above Participant for the duration of their participation in International Educational Exchange's Exchange Visitor Program. I authorize IEE to contact me should there be an emergency involving the above Participant.

Primary Emergency Contact Signature: _____ Date: _____



Trip Cancellation/Interruption Insurance

International Educational Exchange, Inc. (IEE) has secured supplemental coverage for our participants that will assist in covering fees paid in association with their Intern/Training/SWT programs due to any of the following: Trip Cancellation, Trip Delay or Trip Interruption.

At the time of application participants may choose to purchase the Travel Cancellation and Travel Interruption Insurance. The cost of this insurance is \$125 for the length of the program and will provide insurance coverage that will provide benefits for cancellation of participants program prior to arrival and interruption of participants program during their time in the United State for covered reasons. ***This fee is not part of the program fee and is charged in addition to all other fees.***

Date:

Participant Name:

I understand and agree that International Educational Exchange, Inc. has offered me the ability to purchase Travel Cancellation and Travel Interruption Insurance.

If I choose not to purchase the Travel Cancellation and Travel Interruption Insurance, I understand that I will not receive any refund from International Educational Exchange, Inc. of paid program fees should I withdraw from my program or my program is cancelled due to any of the causes covered under this policy as stated below.

I understand that any refund of benefits will come from the insurance company and not from International Educational Exchange, Inc.

I choose to purchase Travel Cancellation and Travel Interruption Insurance

I decline to purchase Travel Cancellation and Travel Interruption Insurance

Participant Signature: _____

Please Print, Sign, Scan and email this page to your IEE Representative.

Please Note: This insurance is mandatory for all applicants from the Philippines.

In case of a visa denial or program withdrawal, this insurance is non-refundable.

Description of Coverage:

Program/Trip Cancellation:

If your trip is cancelled outright and deemed as covered under the policy by the Insurance Company Insurance Company will reimburse you up to a maximum of \$4500.00 if you are prevented from taking Your Trip for any of the following covered reasons that take place after the Effective Date: Sickness, Accidental Injury or death; Being quarantined*, required to serve on a jury, subpoenaed; Natural Disaster; Terrorist Attack; Strike; Breakdown of Common Carrier. *Quarantine coverage is limited up to 14 days maximum and \$150.00 per day maximum for food, lodging and transportation.

Example: If you have purchased your airline ticket to come to the U.S. and have paid your program fees, and you are unable to come to the U.S. for any of the above stated reasons, the insurance company will reimburse fees you have paid toward your plane ticket and program fees up to \$4500.00. (NOTE: Visa denials are not a covered expense).

Trip Delay:

Insurance Company will reimburse You up to \$4500.00 for Covered Expenses on a one-time basis, if You are delayed in route to or from Your Trip for twelve (12) or more hours. You must be a ticketed passenger on a Common Carrier.

Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts.

This benefit is payable only for one delay of the Insured's Trip. Travel Delay must be caused by one of the following reasons: (a) Injury, Sickness or death of the Insured Person; (b) carrier delay; (c) lost or stolen passport, travel documents or money; (d) Natural Disaster; (e) the Insured being delayed by a traffic accident while in route to a departure; (f) hijacking; (g) unpublished or unannounced strike; (h) civil disorder or commotion; (i) riot; (j) inclement weather which prohibits Common Carrier departure; (k) a Common Carrier strike or other job action; (l) equipment failure of a Common Carrier; or (m) the loss of the Insured's and/or traveling companion's travel documents, tickets or money due to theft. The Insured's Duties in the Event of Loss: The Insured must provide the insurance company with proof of the Travel Delay such as a letter from the airline, / newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay.

Program/Trip Interruption:

Insurance Company will reimburse You up to a maximum of \$4500.00 if your program is interrupted **and you must return to your home country** due to one of the following events that take place after the Effective Date and while you are active in your program: sickness, accidental Injury or death; being quarantined*, natural disaster; terrorist attack; strike; or theft of passports, visas or event passes that has been reported to the local authorities, program cancellation by Host Organization. *Quarantine coverage is limited up to 14 days maximum and \$150.00 per day maximum for food, lodging and transportation.

Example: If you are in the U.S. and your program is interrupted and you are required to return home for any of the above stated reasons causing you to lose time on your program, the insurance company will reimburse you up to \$4500.00 of fees you have paid toward your program and airline fees. Program fee reimbursement will be based on a pro-rata basis (For Example: if you are ½ way through your program and you have to return to your home country due to any of the above-mentioned reasons, the

insurance company will only reimburse you for the time remaining on your program that you lost). Combined maximum payment up to \$4500.00.

Policy Exclusions:

Under Accidental Death and Dismemberment, Trip Cancellation, Trip Interruption, Trip Delay you will not be reimbursed for any of the following:

Suicide, attempted suicide, or any intentionally self-inflicted injuries while sane or insane.

War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war.

Participation in any military maneuver or training exercise. Any loss starting while You are in the service of the armed forces of any country. Orders to active military service for training purposes of two (2) months or less will not constitute service in the forces. Upon notice to insurance company of entering the armed forces, insurance company will return to you on a pro-rata basis for any premium paid, less any benefits paid, for any period during which You are in such service.

Piloting or learning to pilot or acting as a member of the crew of any aircraft.

Mental or nervous disorders, unless hospitalized.

Participation as a professional in athletics. Semi-professional sports.

Being under the influence of drugs or intoxicants, unless prescribed by a Physician. Physician cannot be a family member.

Pregnancy and/or Childbirth.

Commission or the attempt to commit a criminal act.

Participating in skydiving; hang gliding; parachuting except parasailing; mountaineering; any race; bungee jumping; speed contest; (speed contest shall not include any of the regatta races;) scuba diving unless accompanied by a dive master and not deeper than thirty (30) feet; spelunking or caving; heli-skiing; extreme skiing.

Accidental Injury or Sickness when traveling against the advice of a Physician. Physician cannot be a family member.

In addition, this policy will not reimburse fees should the following occur preventing your participation in the program: Visa is Denial and Border Closures. In addition, should you have to cancel your program for any of the covered reasons listed above, the following fees remain un-refundable: SEVIS Fees and Visa Fees paid to the U.S. government. Under these conditions, our normal refund policy will apply.



Pre-Arrival/Orientation Acknowledgement Form

Your Name: _____

I certify that I have received and understand the Program Welcome Packet, which includes the following:

- J-1 Program Handbook
- Health Insurance Information
- United States Department of State Exchange Visitor Welcome Brochure
- IEE Pre-Arrival and Arrival Orientation explaining the rules governing the program, as per Exchange Visitor Program Regulations (22 CFR Part 62).

These documents were emailed to you upon acceptance into our program. You will also be scheduled for a mandatory pre-arrival webinar with your IEE representative to review the program regulations, customs in the U.S. and our expectations of your participation in our program.

Your Signature: _____

Please Print, Sign, Scan and email this page to your IEE Representative.



Participation Agreement/Code of Conduct - Intern

Your Name:

The purpose of International Educational Exchange's (IEE) exchange visitor program is to enhance the skills and knowledge of qualified participants in their field through participation in a structured program. The program is designed to strengthen international understanding by creating an opportunity for both the participant and the Host Organization to increase their knowledge of diverse cultures and business practices. The U.S. Department of State regulates the J-1 Training program and has designated IEE as a J-1 visa sponsor to administer this program. IEE, Inc. is dedicated to providing meaningful programs and cultural experiences to our participants. In order ensure that your program meets your expectations and professional goals, and to ensure that you have been fully prepared for your program, we have prepared this pre-arrival acknowledgement form for each participant to complete as part of your required documents. This form must be remitted electronically to us prior to your arrival to the United States. If you have not been provided with any of the following information, please contact your IEE representative immediately.

I certify that I have been provided with the following information:

- The purpose of the J-1 Exchange Visitor Program
- An overview of the J-1 Program
- SEVIS information
- If on the training or intern program, a copy of my signed training plan which outlines the training objectives and all significant components of my program.
- Instructions for travel and entry into the United States
- Instructions for locating and securing housing (if not pre-arranged/provided by host employer) and any costs associated with housing.
- Expected living expenses and other costs likely incurred during program
- Expected fees that may be required upon arrival for uniforms or any other necessary items required to start my program
- Program fees and any additional fees associated with the program (transfer fees, extension fees, DS replacement fees, travel validation fees, etc.)
- Life and customs in the United States
- How to access local community resources and public services
- Available healthcare

- Safety information
- Rules and guidelines that I am expected to follow while participating in the J-1 Program sponsored by IEE, Inc.
- Emergency contact information for IEE, Inc. including the 24 hour toll free emergency hotline number.
- Address and telephone number of IEE's Responsible Officer (to be used for ANY and ALL issues related to your exchange visitor program)
- Address and telephone number of Exchange Visitor Program Services of the United States Department of State
- Information regarding IEE's overall refund policy

I certify that I have read, understand and agree to comply with the following, understanding that failure to comply could result in my program termination.

- I must submit my contact and arrival information to IEE, Inc. within 72 hours of arriving in the United States.
- Should my internship program be terminated for any reason, I will notify International Educational Exchange within 24 hours. Failure to do so could result in program termination. This program is site specific. I understand that I am only allowed to be participating with one Host organization for the duration of my program. I understand that I will not be able to accept secondary employment outside of my Host Organization. Regardless of the circumstances, I understand that if I leave my host organization without approved prior notice from IEE, my program will be terminated and I must return to my home country immediately. Additionally, if I am terminated by either IEE or my Host organization due to failure to comply with company rules and regulations, or rules and regulations set forth by IEE and the Department of State, my program will be terminated and I will be required to return to my home country immediately. **IF MY PROGRAM IS TERMINATED, I UNDERSTAND THAT I WILL NOT BE ELIGIBLE FOR THE 30 DAY GRACE PERIOD.** Failure to return to your country immediately will result in being reported to Homeland Security and could affect future visa issuances.
- I understand that I must be covered by health and accident insurance, at minimum levels or better as determined by the Federal Regulations concerning the J-1 Exchange Visitor visa, during the entire length of the program. Failure to maintain health insurance could be cause of immediate program termination.
- I agree to abide by all U.S. laws and regulations governing exchange visitors while residing in the United States, and to abide by the rules and regulations of International Educational Exchange's exchange Program. Failure to do so could result in termination of my program. Examples of reasons for termination: 1) Convicted of a crime, 2) Disciplinary action, 3) Engaging in unauthorized employment, 4) Failure to maintain health insurance, 5) Failure to pursue EV program activities, 6) Failure to submit change of current address to Sponsor within 10 days, 7) Involuntary suspension of program, 8) Violating Exchange Visitor program regulations, and 9) Violating sponsor rules governing the program.

- I agree that I will abide by the terms of the stated agreement and Contracts established by International Educational Exchange and the host company, and will only remain in the U.S. for an agreed upon period of time.
- I understand that is both my responsibility and that of my host to follow the training as outlined in my training plan. If either myself or my host is not able to following the training plan, I will contact IEE immediately.

Training Plan Signatures: There are three signatures required on the training plan (DS 7002):

1. Signature of Sponsor (IEE): Indicates that we have reviewed the training plan and feel it follows the J-1 regulations.
 2. Signature of EV's direct supervisor: Indicates the Host organization confirms that they will have access to adequate resources and trained personnel in order to fulfill the objectives of the training plan.
 3. Signature of the Exchange Visitor: Indicates that they agree with the training plan and it meets their learning expectations.
- If I have any concerns/issues with my host company, I will contact IEE to assist in resolving them. It is incumbent upon me to notify IEE if training is not going according to the plan. I understand that failure to notify IEE of any concerns regarding the program waives my right to any remedy from IEE.
 - If I do not fulfill the expectations of my training requirements and lose my placement, IEE is not responsible for finding another placement. I understand that depending on the circumstances of losing my placement, I may not be eligible for re-assignment.
 - In order to ensure the quality of the program, I agree to complete a mandatory midpoint and final program evaluation report and submit them to International Educational Exchange on a timely manner. Additionally, you will be required to submit monthly check-in surveys in order for IEE to properly monitor the success of your program. Failure to submit the required evaluations and monthly surveys is a program violation and could result in program suspension or termination.
 - I agree not to pursue a change in visa category during or upon completion of my program while in the U.S.
 - I agree that I will remain with my host organization until the end of my program (Dates stated on my DS2019 form).
 - I understand that I must depart the U.S. on or before the last day I am authorized to be in the U.S. based on the specified end date on my arrival/departure record I-94 form and DS-2019 form which is to be no longer than 30 days after the completion of my program. I understand that staying past the period of time authorized by the DHS will cause me to be out-of-status in the United States, which is a violation of U.S. immigration laws. I understand that this may cause me to be ineligible for future visa issuances for return travel to the U.S.
 - I understand that if my DS-2019 form is lost or stolen, a fee of \$250.00 + postage and handling will be required for a new DS-2019 form.

- I understand that if it is necessary for me to leave the country during my program that I will need to submit my DS-2019 to my sponsor for travel validation. A fee of \$50 will be required along with a letter from my human resources department or my direct manager indicating I am eligible to travel and the dates I will be away from my training site. NOTE: Extended time away from your training program is not permitted. Vacation travel needs to occur during the 30 day grace period.
- I understand that if my contact details change while in the United States (change in apartment, phone number or email) I am required to notify IEE within 24 hours to report my new contact details. This is a matter of national security. Failure to comply could result in program termination and my immediate return to my home country.
- In case of a visa denial, I understand that I must return my DS-2019 form to IEE within 10 business days of denial in order to receive a refund. Failure to submit the un-used DS-2019 form within 10 business days will result in forfeiture of my denial refund. Provided that I return my DS-2019 form within 10 days, I understand there is a \$500.00 denial fee.
I understand that no refunds are issued after I have arrived in the United States.
There are no exceptions to this policy.
- I understand that IEE will send me important information through the email address I provided with my application. I agree to check my email at least every 72 hours for important communication from IEE. If I change my primary email address, I agree to contact IEE immediately to update my contact information. Failure to respond to correspondence with my sponsor could result in program termination.
- I understand that my training outline may be adjusted during my program based on language level, attitude, placement comprehension and requirements of the placement.
- ***I certify that I have thoroughly researched my internship location and host organization. Based on my personal research, I have accepted the internship with full knowledge of the area and the type of property that will host my internship and agree to honor the dates on my offer letter. I understand that IEE does not approve host organization transfers except under extreme circumstances and no transfer can be secured without IEE's approval.***

Insurance:

If you purchased insurance through IEE, your insurance coverage will start with the first day listed on your DS-2019 form and will end on the last day on your DS-2019 form. Your insurance does not cover your 30 day grace period. We highly recommend that you purchase supplemental insurance to cover you during your grace period to cover any accident or illness that you may incur during this time. Please note: Insurance will not cover any pre-existing conditions so it is important that you seek medical treatment for any medications that you will need to cover any pre-existing conditions prior to entering the U.S

Visa Denials and Program Cancellation/Termination:

Program cancellations prior to issuance of the DS-2019 will be subject to a \$500 cancellation fee. Program cancellations following issuance of the DS-2019 will be subject to a \$650.00 cancellation fee, providing that the DS-2019 is returned to IEE within 10 days of cancellation.

In the event of a natural disaster out of the exchange visitor's control that may prevent the exchange visitor from entering the U.S. to participate in the exchange program, an administrative fee of \$500.00 will be imposed on the refund. If DS has been issued, the DS form must be returned within 10 days of program cancellation.

In the case of Visa denial, all original issued DS-2019 forms & proof of denial must to be returned to IEE within 10 days of the embassy appointment. Upon receipt of the original DS -2019 form/s, the denial notice, and the completed refund request form; IEE will refund 50% of the program fees less the \$125 administrative fee. Insurance refunds are subject to the refund from insurance company. If insurance company withholds any fees for whatever reason, this will be reflected in the refund to the participant.

Refunds will be issued as indicated on the refund request form and it is the responsibility of the participant or participant's agency to submit the complete and accurate refund request form within 10 days of the denial. If the refund request form is received more than 30 days after the visa denial there will be no refund issued. Payments made through an Agency will be refunded to that Agency for further distribution unless another method is requested in writing by participant and agency.

No refund will be issued for DS-2019 forms not returned within 10 business days of cancellation or denial.

No refunds will be issued to participants once they have been granted a visa. No Exceptions

No refunds will be issued to participants once they have entered the U.S. No Exceptions

No refunds will be issued if the DS form is returned/received after the start date listed on the original DS form.

Significant changes in program dates will result a change fee of \$450.00. Participants may have to re-apply.

IEE's refund fees do not include any fees that may be charged by your agency in your home country, if applicable.

Termination of Program Participation: Participant acknowledges that their program may be terminated for (but not limited to) the following conditions: A sponsor shall terminate an exchange visitor's participation in its program when the exchange visitor: (1) Fails to pursue the activities for which he or she was admitted to the United States; (2) Is unable to continue, unless otherwise exempted pursuant to these regulations; (3) Violates the Exchange Visitor Program regulations and/or the sponsor's rules governing the program, if, in the sponsor's opinion, termination is warranted; (4) Willfully fails to maintain the insurance coverage required under § 62.14 of the regulations; or (b) An exchange visitor's participation in the Exchange Visitor Program is subject to termination when he or she engages in unauthorized employment. Additionally, IEE expects our participants to be kind and courteous to our staff at all times. Rude and disrespectful behavior will not be tolerated and could result in termination of your program. Upon establishing such violation, IEE shall terminate the exchange visitor's participation in the Exchange Visitor Program and notification will be sent to the Department of State. If terminated, participant must leave the country immediately. Additionally, if IEE determines the host organization is not fulfilling their obligation of the exchange program, we reserve the right to end the program. Depending on the circumstances, IEE will do our best to find another appropriate host organization for you, but we cannot guarantee a transfer. If this occurs there will be a fee of \$400.00 that is due to IEE to transfer your program to another Host Organization. If terminated, participant must leave the country immediately.

I understand that the purpose of the J-1 training program is for me to have an opportunity to gain valuable hands-on experience in my field of study or profession, not to "make money". I fully understand that I will not be granted a transfer to another location just because my host organization is experiencing a slow period. Program regulations require that you are scheduled for 32 hours per week at a minimum. Should it be determined that you are not being scheduled for a minimum of 32 hours per week you must contact IEE right away to discuss. Note: If your hours fall below 32 hours per week due to you calling off from your schedule, the host organization is not responsible for paying you up to 32 hours. Additionally, you should not be scheduled for more than 50 hours per week.

Cultural Activities: This program was created to offer you the opportunity to participate in cultural activities to enhance your understanding of the U.S. culture. It is your obligation to participate in cultural activities arranged or presented to you by your Host Organization.

Miscellaneous:

I understand that IEE recommends that I purchase trip interruption/cancellation insurance for the duration of my program and an airline ticket that allows at least one free/low cost change.

I confirm that I, at a minimum, will have available funds in the amount of \$1,000 during my program and that I can immediately access these funds throughout my program and time in the U.S. in the event that they are required for any reason.

I understand that I am responsible for all medical insurance coverage expenses should I enter the U.S. prior to my program start date as well as any time during my program. I also understand that IEE strongly recommends that I purchase additional insurance coverage during my 30 day grace period.

I understand that I am participating in this program at-will and that I will not be entitled to any loss of wages from IEE due to being terminated by my host organization or my sponsor. I also understand that I will not be entitled to loss of wages should my program end due to any natural disaster, pandemic or business interruption of my host employer.

I understand that IEE is not able to provide me with any financial or legal assistance before, during or after my program dates.

I understand that I will only receive compensation from my host Organization for hours training. Should my program end with them for any reason, only compensation earned based on hours training will be received.

Dispute Resolution: In the unlikely event that a dispute arises relating to this engagement or our company's services or fees, the parties agree to attempt to resolve the dispute through informal discussions. If those discussions do not resolve the matter, the parties agree to submit the dispute to final, binding arbitration before a single arbitrator. The arbitrator shall decide any issue of the breach, termination, enforcement, interpretation, or validity of this agreement, including the scope or applicability of the agreement to arbitrate. IEE and Intern understand that such arbitration shall be final and binding, and that by agreeing to arbitration, both IEE and Intern are waiving their respective rights to seek remedies in court, including the right to a jury trial and certain rights of appeal. Any arbitration shall take place in Hilton Head Island, South Carolina.

The parties agree that the dispute resolution proceedings under this provision shall remain confidential, except as necessary to seek provisional remedies in court in aid of arbitration or to enforce any arbitration award. The arbitrator's fees shall be shared equally by the parties. Except where applicable law forbids it, the prevailing party shall be entitled to recover reasonable attorney's fees and costs, if any, from the other party.

Note: If you have any questions about your training program, location of your training program or permitted activity while on your training program, you should contact IEE prior to accepting your placement or your travel to the United States. If you are using an agency in your home country to assist you prepare for your program and you have any questions regarding information they may have told you, please contact IEE to verify what you have been told. Your agency is there to assist you but is not responsible for your program when you arrive, so it is important that you understand your obligations and what may or may not be allowed prior to your arrival. Please do not accept a training offer just to

get to the United States and think that you will be able to transfer to another location once you have arrived. This will not be approved.

Departing the U.S.: At the end of your program, you will be required to submit a copy of your airline ticket to IEE showing your departure from the U.S. prior to your departure. Failure to provide a copy of your return ticket home could result in your program status being changed to terminated.

I affirm that I do not currently have, nor have I previously had any medical condition(s) that would impact my ability to participate in the J-1 program offers or activities.

I certify that I understand the IEE, Inc. is my J-1 visa sponsor and primary contact while in the United States. I understand that if I have any questions or concerns regarding my J-1 program that I am to contact IEE, Inc. immediately. By signing below, I agree to the conditions stated above and agree to abide to the obligations and responsibilities as stated above. IEE will not continue its sponsorship of any participant who does not abide by the spirit of the J-1 exchange visitor program.

I acknowledge receipt of the Participation Agreement

Your Signature: _____

Please Print, Sign, Scan and email this page to your IEE Representative.



Social Media

Social media is just that, social. It is not private. You agree to be careful when posting on social media. While we cannot restrict what you post on social media, we expect you to be professional when posting about your host organization, your sponsor, overseas agency and your fellow co-workers. Any post you share should not violate any anti-harassment policies your host organization may have. It’s best to inquire about this during your orientation.

In addition, you should ensure others know that your personal statements do not represent our company or your host organization. You should not state or imply that your personal opinions or content are authorized or endorsed by our company or your host organization. We advise using a disclaimer such as “opinions are my own” to avoid misunderstandings.

You should avoid any defamatory, offensive or derogatory content in any social media format. It may be considered as a violation of company anti-harassment policy, if directed towards colleagues, clients or partners.

Signature

Date



Congratulations !

You have completed this portion of your program sponsorship application!

Please be sure to print and sign each page where a signature is required and return with this entire packet. You may fill in all areas electronically where space is provided.

Once you have submitted this packet, your IEE representative will be in touch with you regarding the next steps of the process.

Please do not hesitate to contact us should you have any questions.