

Trainee/Intern Name (<i>Last, First, MI</i>)		Email Address	
Check one: <input type="checkbox"/> Trainee <input type="checkbox"/> Intern	Current Field of Study or Profession		
		Date Awarded (<i>mm-dd-yyyy</i>) or Expected	Training/Internship Dates (<i>mm-dd-yyyy</i>) From _____ To _____

Name of Supervisor (<i>Last, First, MI</i>)		Title		
Email Address		Telephone Number		
Host Organization Name				
Street Address of Training/Internship Site	Suite	City	State	ZIP Code
Website		DUNS Number	Employee Identification Number (<i>EIN</i>)	
Hours Per Week	Will Trainee/Intern receive a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much? \$ _____ per _____		

Trainee/Intern- I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan.
 Date (*mm-dd-yyyy*)

Supervisor- I certify the following:
 1. I have reviewed and approved and will follow this Training/Internship Placement Plan;
 2. I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62);
 3. I will conduct the required periodic evaluations of trainees/interns; and
 4. I will notify a designated sponsor contact (1) regarding any concerns about, changes in, or deviations from the Training/Internship Placement Plan; and (2) in the event of an emergency involving a trainee/intern.

Sponsor - I certify as the sponsor that the attached Training/Internship Plan is approved and that:

1. Sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training/internship program;
2. Continuous on-site supervision and mentoring of trainees/interns will be provided by experienced and knowledgeable staff;
3. Trainees/interns will obtain skills, knowledge, and competencies through structured and guided activities such as classroom training, seminars, rotation through several departments, on-the-job training, attendance at conferences, and similar learning experiences, as appropriate in specific circumstances;
4. Trainee/interns will not displace or replace any full-time employees.

Trainee/Intern Signature

TRAINING/INTERNSHIP PLACEMENT PLAN

Name of Trainee/Intern (<i>Last, First, MI</i>)	Field of Training/Internship
Brief Description of Trainee/Intern's Role for this Program or for this Phase	