



*The Standard for Spiritual Care & Education*

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## The Exchange Visitor Program

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Exchange Visitor Program  
United States Department of State  
Governing Regulations of Section 514.22 Trainees  
(Final Rule: March 19, 1993 –22 CFR Part 514)

**PURPOSE:**

According to Section 514.22 Trainees, the primary objectives of training are to enhance the exchange visitor's skill in his or her specialty or non-specialty occupation through participation in a structured training program and to improve the participant's knowledge of American techniques, methodologies, or expertise within the individual's field of endeavor.

**OBLIGATIONS:**

"Sponsor" and "Third Party" shall:

- (i) Ensure that individuals and/or entities conducting training possess and maintain the demonstrable competence to provide training in the subjects offered to each exchange visitor
- (ii) Ensure that skills, knowledge, and competence are imparted to the trainee through a structured program of activities which are supportive and appropriate to the training experience.
- (iii) Develop, prior to the start of training, a detailed training plan geared to defined objectives for each trainee.
- (iv) Ensure that continuous supervision and periodic evaluation is provided for each trainee.
- (v) Ensure that sufficient plant, equipment, and trained personnel are available to provide the training specified.

"Sponsor" and Third Party" shall not:

- (i) Provide training in unskilled occupations; or
- (ii) Place trainees in positions which are filled or would be filled by full-time or part-time employees.

**USE OF THIRD PARTIES:**

- 1) The Sponsor may utilize the services of the parties in the conduct of the designated training program. If a third party is utilized, the sponsor and the third party shall execute a written agreement which delineates the respective obligations to act in accordance with these regulations. The sponsor shall maintain a copy of such agreement in its files.

- 2) The sponsor's use of a third party in the conduct of a designated training program does not relieve the sponsor of its obligation to comply, and to ensure the third party's compliance with applicable regulations will be imputed to the sponsor.

THE TRAINING PLAN:

Each training plan shall include:

- (1) a statement of the objectives of the training;
- (2) the skills to be imparted to the trainee;
- (3) a copy of the training syllabus or chronology;
- (4) a justification for the utilization of on-the-job training to achieve stated course competencies; and
- (5) a description of how the trainee will be supervised and evaluated.

RECORDS:

Sponsors shall retain for three years all records pertaining to individual trainees, training plans, trainee evaluations, and agreements with third parties. Such records shall be made available to the Agency upon the Agency's request.

SELECTION OF TRAINEES:

Trainees shall be fully qualified to participate successfully in a structured training program at a level appropriate for the individual trainee's career development. However, such training shall not be duplicative of the trainee's prior training and experience.

DURATION OF PARTICIPATION:

The duration of participation shall correspond to the length of the program set forth in the sponsor's designation.

FINANCIAL AND PROGRAM DISCLOSURE:

Sponsors shall provide trainees, prior to their arrival in the United States, with:

- (1) A written statement which clearly states the stipend, if any, to be paid to the trainee;

- (2) The costs and fees for which the trainee will be obligated;
- (3) An estimate of living expenses during the duration of the trainee's stay; and
- (4) A summary of the training program which recites the training objectives and all significant components of the program.

EVALUATION:

In order to ensure the quality of the training program, the sponsor shall develop procedures for the ongoing evaluation of each training segment. Such evaluation shall include, as a minimum, midpoint and concluding evaluation reports from the trainee and his or her immediate certified educator, signed by both parties. For training courses of less than three months duration, evaluation reports are required upon conclusion of the training program.



**Exchange Visitor Program  
Checklist for J-1 Visa**

**SECTION I**

Please provide the following information to the national office. **These items must be received six months prior to the beginning date of CPE for issuance of the DS 2019 form.**

- \_\_\_\_\_ Letter of Acceptance into an ACPE Program *(provided by student or Certified Educator)*
  
- \_\_\_\_\_ Copy of the Summary of the Admissions Interview
  
- \_\_\_\_\_ J-1 Visa Application Form *(completed by ACPE Certified Educator and Student)*
  
- \_\_\_\_\_ Verification of Insurance *(completed by Student with certificate of coverage and copy of insurance policy attached)*
  
- \_\_\_\_\_ Financial Support Verification Form *(Student may need assistance from Certified Educator)*
  
- \_\_\_\_\_ Third Party Agreement *(completed by ACPE Certified Educator and ACPE National Office)*
  
- \_\_\_\_\_ Form DS-7002 Training/Internship Placement Plan *(completed by ACPE Certified Educator and signed by Student and ACPE Certified Educator)*
  
- \_\_\_\_\_ Copy of Student's CPE Application and Copy of Resume
  
- \_\_\_\_\_ Copy of the Student's passport *(and passports for dependents who will also travel)*

The DS 2019 Form will be emailed within approximately 30-45 business days upon receipt of the above completed material. The form is emailed to the trainee in their country with instructions on how to obtain the J-1 Visa through the US Consulate in their country.



**Exchange Visitor Program  
J-1 Visa Application Form**  
*(To be completed by ACPE Certified Educator only)*

ACPE is authorized by the U. S. Department of State to certify eligibility of persons from other countries for J-1 status visas while they are participating in an ACPE accredited program in the U.S. It is not necessary that students secure their visas through ACPE sponsorship if they have other options; it is merely a service which is available as needed.

On the request of the CPE Certified Educator who has accepted an international student, Form DS-2019 is prepared in the ACPE National Office and emailed to the prospective student in his/her home country. The student presents the completed form to the U. S. Consular official and secures a J-1 status visa.

If you are planning to accept an international student into your program who will need a J-1 visa, please complete the following:

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**SECTION I**

Student's Full Name (exactly as it appears on the passport)

\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

Student's Address while in U.S.:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Male) \_\_\_\_\_ (Female) \_\_\_\_\_ Date of Birth (write out the month)

If known, Social Security Number \_\_\_\_\_

Place of Birth (City & Country) \_\_\_\_\_

Citizenship (Country) \_\_\_\_\_ Country of Legal Permanent Residence \_\_\_\_\_

Position/Profession in that country \_\_\_\_\_ Position Code \_\_\_\_\_  
(See Attached Position/Occupation Code List)

Professional Degree or Certificate (type) \_\_\_\_\_ Date Earned \_\_\_\_\_  
School or Organization \_\_\_\_\_

Professional Experience in Ministry or Chaplaincy (indicate Positions Held, Locations, Dates)

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**SECTION II**

Dates of CPE Program: From \_\_\_\_\_ To \_\_\_\_\_ Amount of Stipend \$ \_\_\_\_\_

Program Name \_\_\_\_\_

Certified Educator's Name \_\_\_\_\_

Program Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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**SECTION III**

The address where your prospective student may be reached now. *(This is where your official documents will be shipped.)*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Official documents should be emailed to:** \_\_\_\_\_

List any family members who are coming to the U.S. with the student in order for them to secure a J-2 status visa. Only spouses and dependents under the age of 21 may accompany the CPE Student.

<u>Name</u>	<u>Relationship to Student</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
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Name of person to notify in case of emergency: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of Certified Educator \_\_\_\_\_ Date \_\_\_\_\_





**UNITED STATES DEPARTMENT OF STATE**

**Exchange Visitor Program  
Position/Occupation Codes**

These codes describe an individual's position in his/her home country. Some individuals may fit into one or more categories. Try to fit the individual into the most specific category that describes his/her position. **THESE ARE THE CATEGORIES MOST FREQUENTLY USED BY ACPE APPLICANTS. CONTACT THE ACPE OFFICE IF YOU DO NOT FIND THE APPROPRIATE CATEGORY FOR THIS SPECIFIC APPLICANT.**

Position/Occupation Codes should not be overlooked – since failure to indicate the position code on the DS-2019 will cause the computer to reject the entry and render the form invalid unless processed again. **FAILURE TO INDICATE THE POSITION CODE MAY ALSO RESULT IN THE REJECTION OF THE FORM BY THE CONSULAR OFFICER AT THE TIME OF THE VISA APPLICATION.**

200 CATEGORY – ACADEMIC COMMUNITY

210 UNIVERSITY LEVEL GROUP

- 211 UNIVERSITY PRESIDENT OR RECTOR
- 212 UNIVERSITY ADMINISTRATIVE STAFF
- 213 UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS
- 214 UNIVERSITY GRADUATE STUDENTS
- 215 UNIVERSITY UNDERGRADUATE STUDENTS
- 216 MEDICAL SCHOOL STUDENTS
- 217 OTHER PROFESSIONAL SCHOOL STUDENTS
- 219 OTHER UNIVERSITY

220 SECONDARY SCHOOL GROUP

- 221 SECONDARY SCHOOL PRINCIPAL
- 222 SECONDARY SCHOOL TEACHER OR STAFF
- 223 SECONDARY SCHOOL STUDENT
- 229 OTHER SECONDARY SCHOOL

230 ELEMENTARY SCHOOL GROUP

- 231 ELEMENTARY PRINCIPAL, TEACHER OR STAFF
- 239 OTHER ELEMENTARY SCHOOL

240 SPECIAL SCHOOL/INSTITUTES GROUP

- 241 HEAD OF SPECIAL SCHOOL OR INSTITUTE
- 242 SPECIAL SCHOOL/INSTITUTE TEACHER OR STAFF
- 249 OTHER SPECIAL SCHOOL OR INSTITUTE

300 CATEGORY – PRIVATE SECTOR

310 PRIVATE BUSINESS GROUP

- 311 PRIVATE BUSINESSMAN - ENTREPRENEUR
- 312 CORPORATE EXECUTIVE
- 313 MANAGER EMPLOYED BY PRIVATE BUSINESS
- 314 EMPLOYEE OF PRIVATE BUSINESS
- 315 PROFESSIONAL OR SCIENTIST EMPLOYED BY PRIVATE BUSINESS
- 319 OTHER PRIVATE BUSINESS

320 SELF-EMPLOYED PROFESSIONALS GROUP

- 321 LEGAL FIELD
- 322 MEDICAL FIELD
- 323 TECHNICAL FIELD – ENGINEER, ARCHITECT, ETC.
- 329 OTHER SELF-EMPLOYED

330 INDEPENDENT INSTITUTES, NON-PROFIT CORPORATIONS,  
HOSPITALS, AND SIMILAR ORGANIZATIONS GROUP (MAY BE  
GOVERNMENT CONNECTED)

- 331 DIRECTOR OF INSTITUTE, CORPORATION, OR HOSPITAL
- 332 MANAGER-EXECUTIVE EMPLOYED BY INSTITUTE OR CORPORATION
- 334 EMPLOYEE OF INSTITUTE OR CORPORATION
- 335 PROFESSIONAL OR SCIENTIST EMPLOYED BY CORPORATION, INSTITUTE,  
ETC.
- 339 OTHER INDEPENDENT INSTITUTES, CORPORATIONS, ETC.

350 RELIGION GROUP

- 351 MINISTER OF RELIGION (Rev., Chaplain, Rabbi, etc.)
- 352 MEMBER OF A RELIGIOUS ORDER OR CONGREGATION
- 353 THEOLOGIAN (Seminary Student)



**Exchange Visitor Program  
Verification of Insurance**

According to Section 514.14 Insurance of the 1993 USIA Regulations governing The Exchange Visitor Program, exchange visitors and their accompanying spouse and dependents are required to be covered by insurance during the training period of the program. Portal-to-Portal coverage is not required, but it is highly desirable. **If the exchange visitor willfully fails to remain in compliance with the insurance requirements, his/her participation in the exchange visitor program with ACPE will be terminated.**

Minimum coverage requirements are as follows:

- (1) Medical benefits of at least \$100,000 per accident or illness;
- (2) Repatriation of remains in the amount of \$25,000;
- (3) Expenses associated with the medical evacuation to your home country in the amount of \$50,000; and
- (4) A deductible not to exceed \$500 per accident or illness.

**VERIFICATION STATEMENT**

I certify that I have read the above requirement and have obtained the insurance requirements for myself and any family members accompanying me to the U.S. for the duration of the CPE program consistent with the minimum standards cited above. **A COPY OF MY CERTIFICATE OF COVERAGE IS ATTACHED.**

\_\_\_\_\_  
Name of Student (please type or print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Student's Signature

This signed form must be emailed to Kimberly Palmer, (ARO) / [kimberly.palmer@acpe.edu](mailto:kimberly.palmer@acpe.edu) ,  
ACPE,  
1 Concourse Parkway, Suite 800, Atlanta, Georgia 30328. **THE DS-2019 WILL NOT BE ISSUED WITHOUT THIS COMPLETED FORM AND THE CERTIFICATE OF COVERAGE. A COPY OF THIS FORM MUST ALSO BE SENT TO YOUR CPE CERTIFIED EDUCATOR.**

**Exchange Visitor Program  
Financial Support Verification Form**

Verification of adequate financial support during your CPE training must be provided prior to receiving the DS-2019 form from the national office. Please complete this form and email to Kimberly Palmer (Alternate Responsible Officer for P-3-04388)/ [kimberly.palmer@acpe.edu](mailto:kimberly.palmer@acpe.edu) , ACPE, 1 Concourse Parkway, Suite 800, Atlanta, Georgia 30328 and a copy to your CPE Certified Educator.

Name \_\_\_\_\_

From-

To-

Date of Program: \_\_\_\_\_

**COST OF LIVING EXPENSES (Monthly)**

Rent	\$	_____
Utilities		_____
Food		_____
Clothing		_____
Transportation		_____
Insurance		_____
Training Materials		_____
Tuition		_____
Books, Journals, etc.		_____
Entertainment		_____
Other expenses		_____
<b>TOTAL EXPENSES</b>	<b>\$</b>	_____

**INCOME (Financial Support – Yearly or for total period of CPE program, if more than 12 months)**

CPE Stipend	\$	_____
U.S. Government (specify agency):		_____
_____		_____
International Organization (specify):		_____
_____		_____
Government of Visitor’s Country		_____
Binational Commission of Visitor’s Country		_____
Other Organization (specify):		_____
_____		_____
Scholarships		_____
Corporate Funding		_____
Family Savings		_____
Personal Funds		_____
<b>TOTAL INCOME</b>	<b>\$</b>	_____

**TRAVEL**

**(Please include cost of travel if being paid by the CPE Center, Agency, or other organization.)**

\_\_\_\_\_  
**Signature of person completing this form**

\_\_\_\_\_  
**Date**



**Exchange Visitor Program  
Third Party Agreement**

As an accredited clinical pastoral education training program with ACPE, we

\_\_\_\_\_ in \_\_\_\_\_  
(Name of Center) (City, State)

agree to comply with the obligations, regulations and duties of the Exchange Visitor Program (P-3-04388) as well as any other obligations required by the Program Sponsor (ACPE).

\_\_\_\_\_  
Signature of ACPE Certified Educator

\_\_\_\_\_  
Date

*Marc Medwed*  
\_\_\_\_\_  
Signature of ACPE Responsible Officer\*

January 25, 2024  
\_\_\_\_\_  
Date

*\*Marc Medwed is the Responsible Officer. Kimberly Palmer is the Alternate Responsible Officer.*