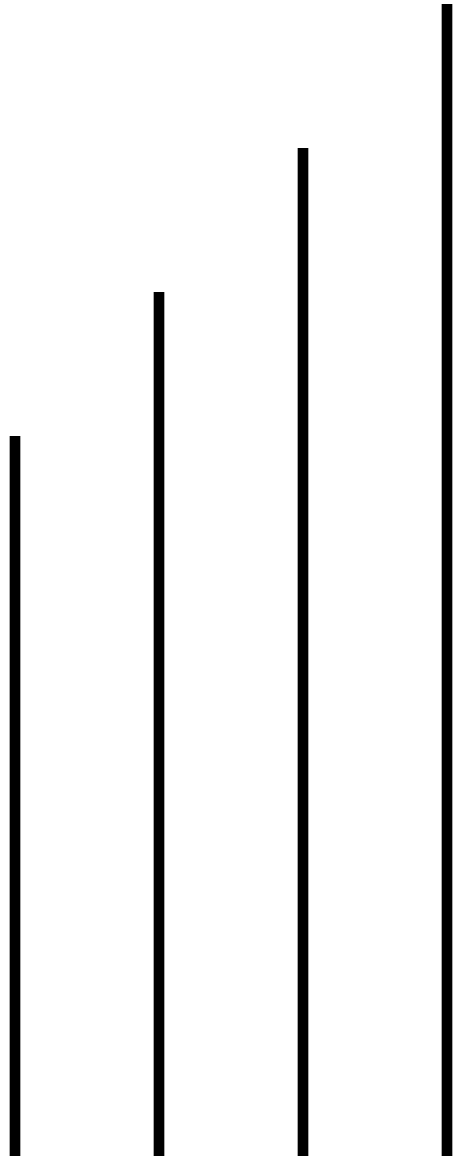


ACPE

The Association for Clinical Pastoral Education Inc.

THE EXCHANGE VISITOR PROGRAM



THE EXCHANGE VISITOR PROGRAM

Association for Clinical Pastoral Education, Inc.

Teresa E. Snorton, Executive Director
Responsible Officer for Exchange Program
teresa@acpe.edu

Send Applications and Inquiries to:
Mrs. Tobey Willis, Alternate Responsible Officer
Association for Clinical Pastoral Education, Inc.
1549 Clairmont Road, Suite 103
Decatur, GA 30033
tobey@acpe.edu

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ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
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 supervisor, signed by both parties. For training courses of less than three months duration, evaluation reports are required upon conclusion of the training program.

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
Exchange Visitor Program

Checklist for J-1 Visa

SECTION I

For international students/trainees currently not in the United States, 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 (Formerly IAP-66) form.**

- _____ Letter of Acceptance into an ACPE Program (*provided by student or supervisor*)

- _____ Copy of the Summary of the Admissions Interview
(*The interview must be done in person, or via video or web teleconference. The interview summary must be written and submitted to the ACPE along with the other visa application materials.*)

- _____ J-1 Visa Application Form (*completed by ACPE Supervisor and Student*)
(*The D-U-N-S Number is required on the application form unless yours is an academic institution or government entity. See our website at http://www.acpe.edu/Exchange_Visitor.htm for more details.*)

- _____ Verification of Insurance (*completed by Student with certificate of coverage attached*)

- _____ Financial Support Verification Form (*Student may need assistance from Supervisor*)

- _____ Third Party Agreement (*completed by ACPE Supervisor and ACPE national office*)

- _____ Form DS-7002 Training/Internship Placement Plan (*completed by ACPE Supervisor and signed by Student and ACPE Supervisor*)

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

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
Exchange Visitor Program

Checklist for Transfers From Another Program to a J-1 Visa

For international students/trainees currently in the United States, requesting a change to J-1 exchange visitor status. Please provide the following information to the national office **BEFORE ACCEPTANCE INTO YOUR CPE PROGRAM.**

NOTE: The student must submit an application for change of status before their current authorized stay expires and soon as they determine the need to change status and **no later than 6 months before their visa expires.**

SECTION I (The items below must be submitted in addition to the items on the checklist on page 6A)

- _____ Letter addressed to ACPE requesting the change (*completed by the Student*)
- _____ Letter of recommendation from ACPE Center Supervisor
- _____ Copy of current visa (*showing type and expiration date*) and passport (*and copies of passports for dependents who will also travel*)
- _____ Form I-539 (*completed by the Student*)
Note: This form can be downloaded from the USCIS website at <http://uscis.gov>
- _____ Check or money order in the amount specified on the USCIS website

SECTION II (ACPE national office only) The following items are mailed to the immigration service center office that serves the area where the student is currently living:

- _____ Letter from ACPE national office addressed to the appropriate USCIS office
- _____ Copy of current visa
- _____ Completed Form DS 2019 (*signed by the Student*)
- _____ Completed Form I-539
- _____ Application Fee

NOTE: The request will be reviewed by USCIS, and the response received by mail. USCIS does not guarantee a turn-around time.

SECTION II

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

Center and Satellite
Name _____

Supervisor's Name _____

Center Address _____

Phone _____ Fax _____ E-mail _____

D-U-N-S number _____ (not applicable for academic institutions)

SECTION III

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

Phone: _____ Email: _____

Ship my official documents by (check only one): Federal Express DHL US Express Mail

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 Supervisor _____ 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 OTHE 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)

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

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 the Association for Clinical Pastoral Education will be terminated.**

Minimum coverage requirements are as follows:

- (1) Medical benefits of at least \$50,000 per accident or illness;
- (2) Repatriation of remains in the amount of \$7,500;
- (3) Expenses associated with the medical evacuation to your home country in the amount of \$10,000; 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 returned to Tobey Willis, (ARO), ACPE, 1549 Clairmont Road – Suite 103, Decatur, GA 30033. **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 SUPERVISOR.

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
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 return to Tobey Willis (Alternate Responsible Officer for P-3-4388), ACPE, Inc., 1549 Clairmont Road, Suite 103, Decatur, GA 30033 and a copy to your CPE Supervisor.

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		_____
TOTAL EXPENSES	\$	_____

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		_____
TOTAL INCOME	\$	_____

TRAVEL

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

Signature of person completing this form

Date

**ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
Exchange Visitor Program**

Third Party Agreement

As an accredited clinical pastoral education training program with the Association for Clinical Pastoral Education, Inc. we _____
(name of center)
in _____ agree to comply with the
(city, state)
obligations, regulations and duties of the Exchange Visitor Program (P-3-4388) as well as any other obligations required by the Program Sponsor (ACPE, Inc.).

Signature of ACPE Supervisor

Date

Signature of ACPE Responsible Officer*

Date

**Teresa Snorton is the Responsible Officer. Tobey Willis is the Alternate Responsible Officer.*

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
Exchange Visitor Program

Third Party Agreement
(for Satellites only)

As a Satellite of _____ which is an accredited clinical
(name of center)
pastoral education training program with the Association for Clinical Pastoral
Education, Inc. in _____, we _____
(city, state) (name of Satellite)
_____ in _____
(city, state)
agree to comply with the obligations, regulations and duties of the Exchange Visitor
Program (P-3-4388) as well as any other obligations required by the Program
Sponsor (ACPE, Inc.).

Signature of ACPE Supervisor

Date

Signature of Responsible Officer*

Date

**Teresa Snorton is the Responsible Officer. Tobey Willis is the Alternate Responsible Officer.*



TRAINING/INTERNSHIP PLACEMENT PLAN

Check one: <input type="checkbox"/> Trainee <input type="checkbox"/> Intern	Occupational Field		Number of Years of Experience	
	Level of Degree	Date Awarded (mm-dd-yyyy)	Field of Study	
PARTICIPANT INFORMATION				
Trainee/Intern Name (Last, First, MI)			U.S. Residence Address	
U.S. Telephone Number		FAX Number	Email Address	
SITE OF ACTIVITY INFORMATION				
Host Organization			Address	
Supervisor's Name (Last, First, MI)			Email Address	
Phone Number		FAX Number	Supervisor's Title	
Dates of Program (mm-dd-yyyy) From _____ To _____		Hours Per Week	Will Trainee/Intern receive a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much? \$ _____ per _____
CONTRACT AGREEMENT				
NOTE- Sponsors will not approve any contracts, and Trainees/Interns may not begin their programs until both a Training/Internship Placement Plan (page 2) and proof of required insurance that meets 22 CFR 62.14 is on file with the sponsor.				
Trainee/Intern- I hereby acknowledge, understand and agree to the attached Training/Internship Placement Plan.				
Trainee/Intern Signature			Date (mm-dd-yyyy)	
Supervisor- I certify that I will provide on-site supervision and that this training/internship is known and approved by this company/business or organization (site of activity). I will ensure that the required insurance is in place that meets 22 CFR 62.14 and provide the sponsor with written evaluations of the trainee/intern's performance, including the number of hours performed, the type of training, and the quality of the performance. At minimum, I will submit the evaluation at the mid-point and end of the program.				
Supervisor's Signature			Date (mm-dd-yyyy)	
Sponsor- I approve the attached Training/Internship Placement Plan. I certify the following:				
<ol style="list-style-type: none"> Sufficient planning, equipment, and trained personnel will be dedicated to provide the training/internship specified; The training/internship program is not designed to recruit and train aliens for employment in the United States; Trainees/Interns will not displace full-time or part-time U.S. employees; and That training and internship programs in the field of agriculture meet all requirements of the Employment Relationship under the Fair Labor Standards Act and the Migrant and Seasonal Agricultural Worker Protection Act (29 CFR Part 500). 				
I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both."				
Sponsor's Signature (RO/ARO)			Date (mm-dd-yyyy)	
Program Sponsor Name Association for Clinical Pastoral Education, Inc.			Program Number P-3-04388	

Program Sponsor Name Association for Clinical Pastoral Education, Inc.	Program Number P-3-04388
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TRAINING/INTERNSHIP PLACEMENT PLAN

An acceptable Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainees/interns will accomplish those objectives (*i.e. classes, individual instruction, shadowing, etc.*). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of page 2 must be completed for each phase if applicable (*i.e.; if the trainee/intern is rotating through different departments*).

Name of Trainee/Intern (Last, First, MI)	Field of Training/Internship
--	------------------------------

Name of Phase	Start Date for this Phase _____ (mm-dd-yyyy)	End Date for this Phase _____ (mm-dd-yyyy)	Phase _____ of _____
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Specific Objective for This Phase

Skills to be Imparted for This Phase

Justification for On-The-Job Training

Chronology or Syllabus of Training or Tasks Performed During This Phase

Method of Evaluation and the Frequency of Supervision During This Phase