ACPE
The Exchange Visitor Program
THE EXCHANGE VISITOR PROGRAM
Association for Clinical Pastoral Education, Inc.

Last Updated on September 29, 2015

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Responsible Officer for Exchange Program
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Send Applications and Inquiries to:
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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**
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 supervisor)*
- [ ] Copy of the Summary of the Admissions Interview
- [ ] J-1 Visa Application Form *(completed by ACPE Supervisor 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 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.
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 Supervisor who has accepted an international student, Form DS-2019 is prepared in the ACPE national office and sent 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:

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)

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________
SECTION II

Dates of CPE Program: From ___________ To ___________ Amount of Stipend $________________

Center and Satellite
Name ______________________________________________________________________

Supervisor's Name ______________________________________________________________________

Center Address ______________________________________________________________________

_________________________________________________________________________________

Phone __________________ Fax _____________ E-mail __________________________

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
</table>

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 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)
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 $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 returned to Kimberly Yates, (ARO), ACPE, One West Court Square – Suite 325, Decatur, GA 30030. **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.
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 Kimberly Yates (Alternate Responsible Officer for P-3-04388), ACPE, Inc., One West Court Square, Suite 325, Decatur, GA 30030 and a copy to your CPE Supervisor.

Name ____________________________________________

Date of Program: From- ____________________________ To- ____________________________

<table>
<thead>
<tr>
<th>COST OF LIVING EXPENSES (Monthly)</th>
<th>$ __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Utilities</td>
<td>__________________________</td>
</tr>
<tr>
<td>Food</td>
<td>__________________________</td>
</tr>
<tr>
<td>Clothing</td>
<td>__________________________</td>
</tr>
<tr>
<td>Transportation</td>
<td>__________________________</td>
</tr>
<tr>
<td>Insurance</td>
<td>__________________________</td>
</tr>
<tr>
<td>Training Materials</td>
<td>__________________________</td>
</tr>
<tr>
<td>Tuition</td>
<td>__________________________</td>
</tr>
<tr>
<td>Books, Journals, etc.</td>
<td>__________________________</td>
</tr>
<tr>
<td>Entertainment</td>
<td>__________________________</td>
</tr>
<tr>
<td>Other expenses</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

TOTAL EXPENSES $ __________________________

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

<table>
<thead>
<tr>
<th>CPE Stipend</th>
<th>$ __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Government (specify agency):</td>
<td>__________________________</td>
</tr>
<tr>
<td>International Organization (specify):</td>
<td>__________________________</td>
</tr>
<tr>
<td>Government of Visitor’s Country</td>
<td>__________________________</td>
</tr>
<tr>
<td>Binational Commission of Visitor’s Country</td>
<td>__________________________</td>
</tr>
<tr>
<td>Other Organization (specify):</td>
<td>__________________________</td>
</tr>
<tr>
<td>Scholarships</td>
<td>__________________________</td>
</tr>
<tr>
<td>Corporate Funding</td>
<td>__________________________</td>
</tr>
<tr>
<td>Family Savings</td>
<td>__________________________</td>
</tr>
<tr>
<td>Personal Funds</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

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 __________________________

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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-3-04388) as well as any other obligations required by the Program Sponsor (ACPE, Inc.).

____________________________________                  _______________________________
Signature of ACPE Supervisor    Date

____________________________________                ________________________________
Signature of ACPE Responsible Officer*   Date

*Trace Haythorn is the Responsible Officer. Kimberly Yates is the Alternate Responsible Officer.
As a Satellite of _________________________________ which is an accredited clinical 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-3-04388) as well as any other obligations required by the Program Sponsor (ACPE, Inc.).

_____________________________________                  ______________________________
Signature of ACPE Supervisor    Date

_____________________________________                _______________________________
Signature of Responsible Officer*              Date

*Trace Haythorn is the Responsible Officer. Kimberly Yates is the Alternate Responsible Officer.