

TRAINING/INTERNSHIP PLACEMENT PLAN

Check one:	Occupational Field		
<input type="checkbox"/> Trainee			
<input type="checkbox"/> Intern	Level of Degree	Date Awarded (<i>mm-dd-yyyy</i>)	Field of Study
PARTICIPANT INFORMATION			
Trainee/Intern Name (<i>Last, First, MI</i>)		U.S. Residence Address	
U.S. Telephone Number	FAX Number	Email Address	
SITE OF ACTIVITY INFORMATION			
Host Organization		Address	
Supervisor's Name (<i>Last, First, MI</i>)		Email Address	
Phone Number	FAX Number	Supervisor's Title	
Dates of Program (<i>mm-dd-yyyy</i>) From _____ To _____		Will Trainee/Intern receive a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTRACT AGREEMENT			
NOTE- Sponsors will not approve any contracts, and Trainees/Interns may not begin their programs until both a Training/Internship Placement Plan (<i>page 2</i>) and proof of required insurance that meets 22 CFR 62.14 is on file with the sponsor.			
Trainee/Intern Signature		Date (<i>mm-dd-yyyy</i>)	

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Name of Trainee/Intern (*Last, First, MI*)

Field of Training/Internship

Name of Phase

Specific Objective for This Phase