



# TRAINEE PROGRAM

The Swedish-American Chambers of Commerce of the United States of America, Inc.

## Training Offer

*This Training Offer serves as a basis for issuing the Certificate of Eligibility (DS-2019) which your intern/trainee will need to apply for a J-1 Exchange Visitor visa.*

*In addition to the Offer Form, please submit a signed [Training Agreement](#) and a separate Training/Internship Placement Plan, DS-7002, to SACC-USA. The DS-7002 may be found at [www.state.gov/documents/organization/84240.pdf](http://www.state.gov/documents/organization/84240.pdf)*

As per the specifications in the following sections, this offer is extended to:

### Intern/Trainee

First Name

Last Name

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## HOST COMPANY/ORGANIZATION INFORMATION

Company/Organization Name

Street Address

City

State

Zip code

Website

Name of Supervisor

Title of Supervisor

Telephone Number

Cell Number

E-Mail Address

Type of business or industry

Employer Identification Number (EIN)

Dun & Bradstreet Number

Do you have Workman's Compensation Insurance? Yes No

Do you have fewer than 25 employees? Yes No

Do you have less than \$3M in annual revenue? Yes No

Will the trainee sign a contract or a confidentiality agreement?  
(If "Yes", please submit a copy of the documents signed by both parties) Yes No

Will the trainee be subjected to a medical exam upon arrival? Yes No

Is successful completion of exam required for training to begin? Yes No

### SACC-USA

• HOUSE OF SWEDEN, 2900 K STREET N.W., SUITE 403, WASHINGTON, DC 20007, USA •  
PHONE: +1 202-536-1520 • [TRAINEEPROGRAM@SACC-USA.ORG](mailto:TRAINEEPROGRAM@SACC-USA.ORG) • [WWW.SACC-USA.ORG/TRAINEE](http://WWW.SACC-USA.ORG/TRAINEE)



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## TRAINING POSITION

Training position title

Dates of training

Number of months

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## EVALUATIONS

The Host Organization agrees to submit evaluations of the training program to SACC-USA.

A mid-point evaluation will be due around

A final evaluation will be due by the training end date

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## FINANCIAL ARRANGEMENTS

Estimated cost of living in host organization's geographic location, per month: \$

Stipend to be paid intern/trainee, per month: \$                    x                    months.

Total: \$

Please state other company provided benefits such as travel reimbursement, company owned vehicle, housing, cell phone, tools, uniform, etc., if any, and list the estimated monthly value each:

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## FEES

<u>Duration</u>	<u>Member fee</u>	<u>Non-member fee</u>	<u>SEVIS fee</u>
Up to 3 months	\$800	\$1,000	\$180
4-6 months	\$1,200	\$1,500	\$180
7-12 months	\$1,700	\$2,125	\$180
13-18 months	\$2,000	\$2,500	\$180

I understand that the above fees should be paid prior to issuance of the DS-2019.

Send an invoice

Charge account number  
(Sorry, no AmEx)

Exp. Date

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## TRANSPORTATION AND ACCOMMODATION

What means of transportation will be available for the intern/trainee's commute to the place of training?

Subway   Bus   Walk   Other:

Do you advise the purchase of an automobile?                      Yes                      No

Please describe any assistance the host organization can provide in finding housing:

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## AUTHORIZATION

This is to certify that

- (a) to the best of my knowledge, the foreign national named herein intends to enter the United States for the purpose of practical training and does not intend to abandon his/her non-immigrant status;
- (b) it is not the intent of the host organization to assist the intern/trainee to remain in the United States for purposes other than the practical training assignment or activities appropriate to the training assignment;
- (c) it is understood that the intern/trainee will enter the United States under the legal sponsorship of SACC-USA, and that any substantial change in the trainee's program, activities, plans or training location must be approved in advance by SACC-USA.

Name:

Title:

Signature: \_\_\_\_\_ Date:                      (mm/dd/yyyy)

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