



AIPT Exchange Programs Application Information and Instructions

IMPORTANT: This application must be typed. All items must be answered completely and **in English**. All information on this form is subject to verification. This application must be accompanied by:

- A typed **Statement of Motivation** (500 words or less)
- Photocopy of your **passport** (page with your photo and name)
- A current **resume** or Curriculum Vitae
- Two letters** of reference attesting to good reputation and character
- Copy of teaching certification or other **proof of qualifications** to teach primary or secondary school
- Copy of Test of English as a Foreign Language (**TOEFL**), or equivalent score if you are not a native English speaker.

(Use this checklist to make sure you include all required documents.)

Minimum acceptable TOEFL score may vary by school district. Specific school districts may require additional tests, or certifications before finalizing a teaching offer.

Preferred length of program: : 6 months 12 months 24 months 36 months (*maximum allowed*)
 Other:

Do you have at least three years of experience teaching in schools? YES NO

Name
(as it appears on passport) Mr. Ms. Dr. _____
Surname (*family name*)

_____ Date of Application _____ First Name _____ Other Name(s) (*as on passport*)

Biographical Information Gender: Male Female Marital Status: Single Married

_____ Date of Birth _____ City of Birth _____ Country of Birth
Month:

_____ *Day:* _____ Country of Citizenship _____ Country of Permanent Legal Residence
Year:

Dependent Accompaniment

- Please indicate below if you plan to request authorization for your dependents to accompany you to the United States during your program. Dependents are defined as a legally married spouse and/or children less than 21 years of age. Photocopy of marriage certificate may be required for spouse dependents.
- **Select one:** No dependents will accompany me during my program
 Dependents will arrive with me
 Dependents will arrive later (*expected arrival date*):

Permanent Address
(must be address outside of U.S.) _____
Street Address

_____ City _____ Country _____ Postal Code

_____ Telephone (*country code*)+(*city code*)+*phone number* Fax _____ E-mail

Current Address
(AIPT documents will be sent to this address) _____
Street Address (*no P.O. boxes*)

Check here if current address is same as address given above. _____ City _____ Country _____ Postal Code

_____ Home or Evening Telephone (*country code*)+(*city code*)+*phone number* _____ Daytime or Work Telephone

_____ Fax _____ E-Mail _____ *Month* *day* *year*
Current Address is Valid Until

Visa Information

• At which U.S. Embassy/Consulate will you apply for the J-1 visa? _____

• Have you previously visited the United States on a J-1 visa? Yes No
If yes, please provide:

_____ to _____
Date of entry to U.S. Date of exit from U.S.

_____ Purpose of Visit
Name of Sponsor(s)

• Are you currently in, or have you in the last 12 months visited, the U.S.? Yes No
If yes, please complete:

_____ Purpose of Visit
Type of Visa Held

_____ Date of Entry (month/day/year)

_____ Date You Actually Exited the United States (month/day/year)
Expiration Date of I-94 Form (month/day/year)
(If you are currently in the United States, you must attach a PHOTOCOPY of your I-94 form, both front and back, usually located in your passport. Do not send the original document.)

• Have you ever been refused a visa to the United States? Yes No
If yes, provide the following information:

_____ Date of Refusal (month/day/year)
Type of Visa

_____ Reason for Refusal

Knowledge of English Language

Speaking: Poor Fair Good Excellent

Reading: Poor Fair Good Excellent

Writing: Poor Fair Good Excellent

Are you a native English speaker? Yes No* (complete next line)

*Your Test of English as a Foreign Language (TOEFL), or equivalent, score: _____ Date of Test: _____

Emergency Contact Information

_____ Relationship to You
Full Name

_____ Street Address

_____ Postal Code
City Country

_____ Telephone (country code)+(city code)+phone number
E-mail

Referral Information

• How did you learn of this opportunity in the United States? _____

• How did you learn about AIPT?

U.S. school that wants to hire me Another Participant AIPT Web Site Other Web Site

Other: _____
Please Explain

University Background	UNIVERSITY 1	UNIVERSITY 2
<ul style="list-style-type: none"> • <input type="checkbox"/> Check here and leave this section blank if your educational background information is on your resume or CV. • Otherwise, start with most recent university and list all. • Please attach a separate sheet for others, if needed. 	School Name	School Name
	City Country	City Country
	Begin Date (month/year) End Date (month/year)	Begin Date (month/year) End Date (month/year)
	Major	Major
	Degrees or Certificates	Degrees or Certificates
	UNIVERSITY 3	UNIVERSITY 4
	School Name	School Name
	City Country	City Country
	Begin Date (month/year) End Date (month/year)	Begin Date (month/year) End Date (month/year)
	Major	Major
Degrees or Certificates	Degrees or Certificates	
Work Experience	EMPLOYER 1	EMPLOYER 2
<ul style="list-style-type: none"> • Start with current position. • Most recent work experience must be as a teacher and must be within the past six months. • Please attach a separate sheet for others, if needed. 	Employer Name	Employer Name
	City Country	City Country
	Begin Date (month/year) End Date (month/year)	Begin Date (month/year) End Date (month/year)
	Job Title (ex: Mathematics teacher)	Job Title
	EMPLOYER 3	EMPLOYER 4
	Employer Name	Employer Name
	City Country	City Country
	Begin Date (month/year) End Date (month/year)	Begin Date (month/year) End Date (month/year)
	Job Title	Job Title

Dependent Information Yes, I have dependents.

These dependents will:

 come with me join me after my arrival in the United States:

Expected Arrival Date _____

If your dependents will join you at a later date, you must contact AIPT so that the proper documents can be issued.

Dependent Information	DEPENDENT 1	DEPENDENT 2
<i>(Please disregard this section if you are not bringing dependents.)</i>	Full Name of Dependent <i>(as it appears in passport)</i>	Full Name of Dependent <i>(as it appears in passport)</i>
	Relationship to You	Relationship to You
	City of Birth Country of Birth	City of Birth Country of Birth
	Country of Citizenship Country of Legal Residence	Country of Citizenship Country of Legal Residence
	Birth Date <i>(month/day/year)</i>	Birth Date <i>(month/day/year)</i>
	DEPENDENT 3	DEPENDENT 4
	Full Name of Dependent <i>(as it appears in passport)</i>	Full Name of Dependent <i>(as it appears in passport)</i>
	Relationship to You	Relationship to You
	City of Birth Country of Birth	City of Birth Country of Birth
	Country of Citizenship Country of Legal Residence	Country of Citizenship Country of Legal Residence
	Birth Date <i>(month/day/year)</i>	Birth Date <i>(month/day/year)</i>

Health Insurance

United States Federal Regulations state that all participants and accompanying dependents who enter the United States under the auspices of AIPT must be covered by health and accident insurance for the entire duration of their programs.

- All insurance coverage must meet or exceed these coverage limits set by U.S. Federal Regulations:
 - Medical and accident: \$50,000 per illness/accident
\$500 deductible per illness/accident
 - Medical Evacuation: \$7,500 *(AIPT provides \$50,000 coverage amount)*
 - Repatriation: \$15,000
- NOTE: The cost of this insurance for participants is included in AIPT's program fee. Insurance for dependents is not included.**
- If insurance for dependents is being purchased through AIPT, payment in full is required before the final documentation is issued.

I will be providing health insurance for my dependents. (Please send AIPT verification that this insurance **meets or exceeds** the limits listed above.)

Company Issuing the Insurance

Street Address

City

Country

Postal Code

Telephone

Policy Number

Effective Dates

Policy Start Date

This coverage for my dependents will be in effect for the entire duration of my program in the United States. If this policy is not valid through the entire duration of the teaching program, **I certify that it can and will be renewed, and I will provide AIPT with receipts verifying payment when coverage is extended.**

My insurance policy for my dependents **does not meet the above U.S. limits**, so I am applying for health and accident insurance for my dependents under AIPT's group policy.

To purchase AIPT insurance for your dependents, please check one of the options below.

- Please enroll my dependents in medical evacuation or repatriation insurance only, at a cost of \$7.00 per month. I am attaching verification of their existing health and accident insurance, which meets or exceeds the minimums listed above.
- Please enroll my dependents in full illness and accident coverage (including medical evacuation or repatriation) at a cost of \$375.00 per month.

Payment for insurance coverage must be made in full for entire coverage period and received by AIPT prior to issuance of dependent documents.

Financial Arrangements

1. AIPT's program fees are as follows: Less than 3 months: \$1025
3-6 months: \$1525 7-12 months: \$2025 13-24 months: \$2825 25-36 months: \$3925

If selected by a U.S. school/district, the teacher (or teacher's government) will pay this portion of AIPT's program fee:

All Half None Other: \$

2. The U.S. government requires a payment of the Student and Exchange Visitor System (SEVIS) fee for J-1 Teacher visas. AIPT collects the \$100 SEVIS fee, pays the fee, and provides the applicant with a receipt (Form I-901) that must be presented when applying for a visa at a U.S. Consulate. This fee may be paid by either the host employer or by the participant.

If selected by a U.S. school/district, the teacher (or teacher's government) will pay the \$100 SEVIS fee:

All Half None Other: \$

Initial Expense Money – AIPT recommends that you bring **at least \$2,500 USD** to cover your initial expenses (such as apartment rental deposits, utility deposits, food, transportation, international driver license, etc.) until you receive your first paycheck. (You should consider bringing a greater amount of money if you are bringing dependents.) If you are selected for a teaching position, the hiring school district may offer partial assistance with such expenses as transportation to work and housing.

Please indicate the approximate amount of Initial Expense Money you plan to bring to the U.S.: \$

**Program Terms
and Conditions**

**Read and initial or check the statements below to indicate agreement. Please also
sign and complete below before sending the application to AIPT.**

As an exchange visitor under AIPT sponsorship, I hereby agree to the following program terms and conditions:

- I intend to enter the United States for a full-time teaching position that will last a maximum of two years in an accredited primary or secondary school. I will not seek any changes in visa status during my AIPT-sponsored J-1 visa program and I intend to leave the United States at the end of my program.
 - I understand that I am not authorized to leave my AIPT-sponsored program. However, in the event of a breach in the teacher program on the part of the host organization, I will contact AIPT.
 - If I voluntarily leave my position, I agree to leave the United States within 10 days and will indicate that to AIPT by surrendering the Certificate of Eligibility to AIPT, along with a copy of my airline ticket out of the United States. I understand that if I leave my teacher program and **do not** surrender the Certificate of Eligibility along with proof of transportation out of the United States, AIPT will withdraw its sponsorship and notify the U.S. Department of State and immigration authorities. I realize that once this step has been taken, I am in the United States **illegally**.
 - I recognize that AIPT is my legal sponsor while I am in the United States as a J-1 participant. I acknowledge that AIPT must approve in advance any changes in the program and that I am responsible for reporting to AIPT, in a timely manner, any proposed changes in the program, such as a change in location; a change in the dates of the program which would cause me to leave the United States more than 30 days before the end date on the Certificate of Eligibility; or any substantial changes in the content of my program.
 - I agree to provide AIPT with my date of entry to the United States, an established local U.S. address and phone number within 10 days of arrival, as well as all AIPT forms and evaluations. During my stay in the United States, I will notify AIPT of any changes in my current address within 10 days of the change. **U.S. government regulations stipulate that failure to do so will result in the automatic cancellation of my J-1 visa.**
 - I understand that AIPT's J-1 teacher program is limited to a maximum of two years, and that, if my application is approved, I will receive a Certificate of Eligibility that reflects the dates of my program. I realize that I will have 30 days beyond the end date given on the Certificate of Eligibility to conclude my affairs and travel in the United States, and that I will then be expected to exit the United States.
 - I understand that AIPT can withdraw sponsorship if any of the conditions of my program are changed without AIPT's advance permission. If sponsorship is withdrawn, I will return the Certificate of Eligibility to AIPT, and exit the country immediately.
 - I understand that in the case of a visa denial by a U.S. Consulate, a partial refund of the program fee (50%) is due once the Certificate of Eligibility is returned to AIPT. If the Certificate of Eligibility is not returned to AIPT, then AIPT reserves the right to withhold additional funds or refuse a refund request. All refund requests must be received by AIPT within 60 days of intended program start date.
 - I certify that I will comply with laws, regulations and/or instructions of appropriate government agencies in the United States.
 - I understand that use of the Certificate of Eligibility provided by AIPT confirms acceptance of all terms and conditions outlined in the program.
- I certify that the information given in this form is complete and true. I understand and agree to the conditions of AIPT's program. I realize that if I do not fulfill my obligations and responsibilities as stated, AIPT will withdraw its sponsorship and I will be required to leave the United States immediately.*

Signature

(required): _____

Date: _____

If you have any questions about the above-stated program conditions or other program details, it is important you contact AIPT.

Send completed applications to: TeachUSA@aipt.org or fax to 410.997.0139

10400 Little Patuxent Parkway, Suite 250 • Columbia, MD 21044-3519 U.S.A. • Tel: 410.997.2200 • Fax: 410.997.7813 or 5186
www.aipt.org