

PD-ABN-200

# TRIP REPORT

## BASICS

PD-ABN-200

**TECHNICAL ASSISTANCE  
LONG AND SHORT TERM TRAINING  
ERITREAN HEALTH AND POPULATION PROJECT  
MINISTRY OF HEALTH, STATE OF ERITREA**

31 March - 28 April 1995

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Management Sciences for Health

BASICS Technical Directive: 000 ER 01 016  
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## ACRONYMS

AED	Academy for Educational Development
ALIGU	American Language Institute
BASICS	Basic Support for Institutionalizing Child Survival
EHP	Eritrea Health and Population Project
GMAT	Graduate Management Admission Test
GOE	Government of Eritrea
GRE	Graduate Record Exam
HAC	Health and Accident Coverage
HCD	Human Capacity Development
IRS	Internal Revenue Service
JSI	John Snow, Inc.
MOH	Ministry of Health
MSH	Management Sciences for Health
PDF	Participant Data Form
PIET	Partners in Educational Training
PIO/P	Project Implementation Order/Participants
TOEFL	Test of English as a Foreign Language
USAID	United States Agency for International Development

## **I. EXECUTIVE SUMMARY**

A short-term Participant Training Consultant, Patricia Weinberg, visited Eritrea from March 31 to April 28, 1995. The purpose of her consultancy was to assist the Mission in preparing PIO/Ps for up to 10 training candidates for overseas long-term training for the 1995-1996 academic year, in accordance with the participant training regulations as described in Handbook 10 - Participant Training. She also worked on the selection and preparation of candidates for short-term overseas programs.

A second phase of the consultancy was to train a designated staff member of the USAID Mission in Asmara, in the rules and regulations of participant training as outlined in USAID Handbook 10.

A series of meetings was held with the Head of the Planning and Evaluation Unit, Ministry of Health, Eritrea, to discuss long and short-term overseas training, selection of long-term and short-term candidates for training, universities for long-term trainees, and specific programs for short-term trainees.

During the consultancy, 16 candidates were recommended for training: seven candidates for academic training for a one year program in the United States; two for a nine month Hospital Administration program in Israel; one for a two month course in the United States in training design management; and six for a two-week course in pediatric nursing in Israel.

The areas for long and short-term trainees were selected as a result of discussions between the MOH Planning Officer of Eritrea and the BASICS Training Coordinator, during the December 1994, Eritrea training needs assessment.

Candidates for the two month course in Israel in the field of pediatric nursing were interviewed by the consultant and the Participant Training Assistant, USAID/Asmara.

The key rules and regulations of USAID Handbook 10, Participant Training were reviewed for the USAID/Asmara Mission Participant Training Assistant.

Recommendations made as a result of the trip included the following:

- Provide training plan for Participant Training Assistant regarding the rules and regulations of Handbook 10;
- Research the certificate program in computer science at Massachusetts Bay Community College, Wellesley, Massachusetts, and Wentworth Institute, Boston, Massachusetts, and examine course descriptions, registration dates, and suitability;
- Contact Eritrean Health and Population Project subcontractor, Partners in Educational Training (PIET), to ensure continuation of registration and program

management for long-term trainees attending Boston University's Certificate Program "Health Care in Developing Countries;"

- Follow-up contact with PIET for placement of additional participants in long-term training programs;
- Outline the responsibilities of USAID/Asmara, EHP, and the Consultant with regard to participant trainees;
- Prepare budgets for participant trainees attending Boston University and Clark Atlanta University;
- Prepare sample budgets for funded PIO/Ps and nonfunded PIO/Ps;
- Provide information about training evaluations as outlined in Handbook 10;
- Provide catalogues and information from U.S. universities as needed for USAID/Asmara library;
- Provide continued support in the preparation of USAID documents and maintain contact with participants attending programs in the U.S.

## **II. PURPOSE**

The purpose of the consultancy was to assist the Mission prepare PIO/Ps for up to 10 training candidates for the 1996 academic year in accordance with the participant training regulations as described in Handbook 10 - Participant Training. Time committed for this work was for a period of four weeks.

According to the Scope of Work, the objectives of the consultancy were as follows:

- Screen candidates;
- Arrange for English language and GRE testing, if required;
- Monitor testing;
- Arrange for medical exams and certifications of all candidates;
- Assist candidates in filling out visa applications, university applications, and all other forms required to gain admittance to the U.S.;
- Provide initial briefing for candidates about process for placement, timing and likely course of events;
- Complete all required paperwork for Mission approval of each candidate.

The Consultant went to the BASICS project in Arlington, Virginia, on March 29, 1995. She met individually with Ms. Patricia Taylor, Deputy Project Director, Dr. Paulre Desroisers, Training Coordinator, BASICS project, and Ms. Jennifer Taylor, Operations Coordinator, to review the project's training objectives as outlined in the initial assessment trip report.

She discussed long-term training for the 1996 academic year in depth with Dr. Desroisers. As a result, it was determined that it would be difficult to place 10 long-term candidates in academic programs commencing September 1995, since the dates for final registration and administration of GRE, GMAT, and TOEFL placement tests, as well as college application deadlines, had passed for the 1996 academic year.

The decision was made for the Consultant to begin the selection and placement process of as many participant trainees as possible during her consultancy in Asmara; to consult with the MOH to review the progress of their candidate selection; and to proceed with the next steps for the registration and enrollment of participant trainees as outlined in Handbook 10. The selection of universities would proceed along the guidelines written in Dr. Desroisers' report.

### **III. BACKGROUND**

#### **A. General**

Eritrea, a newly independent state since May 24, 1993, is committed to improving the general health and welfare of the population. The long war in Eritrea effected the health care delivery system and, as a result, the current system reflects a damaged infrastructure with health care systems that have insufficient personnel and inconsistent national budgetary support.

The Government of Eritrea (GOE) has begun a process of development planning and the Ministry of Health (MOH) has developed a national policy that would make primary health care available to all citizens in an effort to reduce the high morbidity and mortality rates of women, infants and children. The policy emphasizes maternal and child well-being, decentralized and integrated services, and community involvement and support. The MOH policy plans include a strong commitment to train all types of health care providers in order to strengthen the management of health services.

#### **B. BASICS project**

BASICS, a worldwide USAID contract, was awarded in October, 1993, to the Partnership for Child Health, Inc., a joint venture between John Snow, Inc. (JSI), Management Sciences for Health (MSH), and the Academy for Educational Development, (AED). The project was created to provide technical and material assistance for programs which aim to improve child survival.

### C. The Eritrea Health and Population Project (EHP)

The Eritrea Health and Population Project (EHP) under the auspices of USAID and the BASICS project, is a five year project designed to assist the Eritrean Ministry of Health (MOH) strengthen the emerging health infrastructure and improve access, quality and utilization of essential maternal and child health services. The focus groups under this project are women of productive age and children under the age of five.

### D. Training Needs

A trip was made by Dr. Paultre Desrosiers, BASICS Training Coordinator, and Dr. Charlotte Furguson, a short-term consultant, to develop a training plan and proposal for long and short-term overseas training for MOH personnel. Their report "Initial Assessment of Training Needs, Eritrean Health and Population Project, Ministry of Health, State of Eritrea, December 7-21, 1994," outlined a total of 11 degree programs for the FY 1996, with 10 department areas slated for training and 10 candidates to receive long-term training commencing September 1995.

In addition, a recommendation was made for a total of 26 short-term training participants to begin programs starting in May 1995, and continuing through November and December 1995.

As outlined in the report by Drs. Desrosiers and Ferguson, the U.S. academic training proposed for fiscal year 1996 included:

- Master of Public Health, Boston University, School of Public Health
- Master of Health Science in Biostatistics, Boston University, School of Public Health
- Master of Public Administration, Harvard University, School of Government
- Master of Arts in Health Economics, Boston University
- Master of Science in Epidemiology, Hebrew University
- Master of Science in Environmental Management and Policy, The University of North Carolina at Chapel Hill, School of Public Health
- Associate Degree in Computer Science (CS), Massachusetts Bay Community College, Wellesley, Massachusetts.

## IV. TRIP ACTIVITIES

The primary focus of the consultancy was to expedite the selection and placement of candidates in long and short-term programs, to train a designated staff member of the USAID Mission in Asmara in the preparation of PIO/Ps, and provide instruction about the rules and regulations of participant training as outlined in Handbook 10, Participant Training.

A series of meetings were held with Dr. Sennay Kifleyesus, Head, Planning and Evaluation Unit, MOH, Asmara, Eritrea, to discuss long and short-term training. The selection of candidates, choices of universities for long-term trainees, and programs for short-term trainees were also included in these discussions.

The key areas that govern participant training and are defined in detail in Handbook 10, were explained to the Participant Training Assistant, USAID Mission/Asmara, and are outlined below.

#### A. Selection and Placement of Candidates

As reported in the "Initial Assessment of Training Needs," prepared in December 1994, the MOH had not put a training plan into place because of a lack of adequate and appropriate staffing. In December 1994, an assessment was completed by Drs. Derosiers and Ferguson and a training plan formulated. When the Consultant arrived in April 1995, long-term training candidates had not been identified, and the restructuring and placement of additional staffing had not taken place. Because of this restructuring, the Ministry was hesitant to identify training candidates who might be chosen for key positions within the MOH.

##### 1. Selection Criteria

The criteria for candidate selection for long and short-term overseas training for the 1996 academic year were adapted from the report of Drs. Desrosiers and Ferguson, and are listed below. This criteria included the following indicators:

- at least two years of experience in the Eritrean health care delivery system;
- English Language proficiency (speaking, reading, and writing);
- be employed by the MOH;
- satisfy the requirements of the training institution selected for the participant;
- sign a written contract with USAID and the MOH stating the participant will work for the MOH for a period of at least two years upon completion of the training program; and
- meet all other MOH requirements

##### 2. Long-term Training Candidates

Selection for long-term trainees, as of April 28, 1995, contained the following candidates, placement, and areas of training as shown in the following matrix. Those selected to attend Boston University, would initially enroll in the Boston University Certificate Program, and upon recommendation of the student's faculty advisor, would then enter the Public Health Program for a Master's in Public Health.

<b>CANDIDATES</b>	<b>AREA OF TRAINING</b>	<b>INSTITUTION</b>	<b>DATES</b>	<b>FINAL DECISION</b>
Andeberhan Tesfation	Certificate - "Health Care in Developing Countries"	Boston University Boston, MA	24/6/95 - 18/8/95	Enrolled
	Master's in Public Health	Boston University	1/9/95 - 30/5/95	
Habte Ghebremichael	Certificate - "Health Care in Developing Countries"	Boston University Boston, MA	24/6/95 - 18/8/95	Replaced by Worede
	Master's in Public Health	Boston University Boston, MA	1/9/95 - 30/5/95	
To Be Selected	Certificate - "Health Care in Developing Countries"	Boston University Boston, MA	24/6/95 - 18/8/95	3rd MPH Candidate Deferred
	Master's in Public Health	Boston University Boston, MA	1/9/95 - 30/5/95	
To Be Selected	Certificate - "Financing Health Care in Developing Countries"	Boston University Boston, MA	14/9/95 - 8/12/95	Deferred
	Master's in Public Health	Boston University Boston, MA	1/9/95- 30/5/95	
Sennay Kifleyesus	Mason Program	JFK School of Government	24/6/95 -	Deferred  Postponed
		Harvard University Boston, MA	18/8/95	
			1/7/95 - 30/5/95	

Ezra Kidane	Computer Science	Massachusetts Bay Community College Wellesley, MA	6/9/95 - 30/5/95	Enrolled
Ghirmai Tesfasellassie	MPH - Planning	Boston University Boston, MA	1/9/95 - 30/8/96	Deferred
Mikeal Ghebrehiwat	Hospital Administration	Technion-Israel Institute of Technology Haifa, Israel	19/7/95 - 13/9/95	Deferred
To Be Selected	Hospital Administration	Technion-Israel Institute of Technology Haifa, Israel	19/7/95 - 13/9/95	Deferred

Because of the MOH restructuring process, the selection and academic placement of candidates were not firmly in place by the end of the consultancy.

The final listing of participants and programs, as of August 31, 1995, can be found in Appendix A.

At the time of the consultancy, two students were attending academic programs in the field of nursing: Ms. Abrehet Kidan at the School of Nursing at the University of California, San Francisco; and Ms. Awatesh Buru at AMREF, Nairobi, Kenya, both under the auspices of the MOH. A PIO/P was initiated in order to transfer funding from the MOH, the original sponsor for Ms. Kidan, to the EHP.

### 3. Short-term Training Candidates

The initial training list, as of April 28, 1995, contained the following information.

<b>NAMES</b>	<b>AREA OF TRAINING</b>	<b>PROGRAM/ LOCATION</b>	<b>DATES</b>
Mikeal Ghebrehiwat	Health Care Administration	Kupat Holim Tel Aviv, Israel	7/19/95 - 9/13/95
To Be Selected	Health Care Administration	Kupat Holim Tel Aviv, Israel	7/19/95 - 9/13/95

Eyod Azeria	Training Design Management	U. of Connecticut, W. Hartford, Connecticut	31/5/95 - 29/7/95
Kibreab Tzegai* Ghebrenegus Admekom* Tekle Ghebrenegus* Ogbamikeal Merida * Mebrat Ghebrenegus* Malefia Tadesse* Michael Ghebremeskel Amanuel Gherahtu Hiriti Estifanos Ghebremikael Tesfazghi Solomon Melake Isac Habtemikael Atoberhan Mebrahtu Shishai Haile Arefaome Alem Mebrak Ghebrekristos	Pediatric Nursing	Kupat Holim, Tel Aviv, Israel	6/6/95 - 26/7/95

\*Names of participant trainees submitted to the Israeli Embassy for the course in pediatric nursing.

At the invitation of the Israeli Embassy, six participants were initially invited to attend a course in pediatric nursing in the community and in the hospital, held at the Medical Research and Public Health Development Institution of Kupat Holim, Tel Aviv, Israel, 6/6/95 - 7/26/95.

This course was directed toward meeting the physiological, psychological and social needs of the pediatric patient. The course covered theories in child growth and development; common cognitive, motor, social and emotional problems in children; pediatric illnesses and manifestations and nursing care for the children in the community and in the hospital; pediatric nursing care in the Intensive Care Unit; and the chronically ill and terminally ill child.

Sixteen candidates for short-term training, as shown above, were interviewed by the Consultant and Ms. Astier Araya. The Israeli Government agreed to pay tuition for the training while the airfare was to be financed by the BASICS/EHP projects.

All candidates interviewed were freedom fighters during the war between Eritrea and Ethiopia. Four males and two females were chosen to be presented to the Medical Research and Public Health Development Institution. Final selection of participants was made by the Institution and

three candidates were selected, two males and one female: Ghebrenegus Admekom, Ogbamikael Merida, and Malefia Tadesse.

See Appendix B for the final list of courses and participants selected for short-term training and Appendix C for the list of nurse candidates interviewed for the pediatric nursing course in Israel.

**B. Training of Participant Training Assistant, Preparation of PIO/Ps, and Handbook 10 Rules & Regulations**

Training for the USAID/Asmara Participant Training Assistant, Ms. Astier Araya, was held on a daily basis. Ms. Araya was present at all meetings with MOH officials, and played an active role in the discussion and selection of candidates. Interviews were held at the Mission for the selection of participants for the course in pediatric nursing offered in Israel. Ms. Astier Araya played a significant role in deciding on the selection criteria, the design of the application filled out by all candidates, the interview process, and in selecting the final candidates.

Specific training areas designed for Ms. Araya were consistent with the regulations outlined in Handbook 10 included the following areas:

- PIO/P Preparation
- Training Costs Analysis
- Academic Entrance Exams
- Medical Examination
- Visa and IAP-66A Forms
- Conditions of Training
- Predeparture Orientation
- Participant Data Form
- Monitoring
- Program Evaluation
- Taxes

**1. PIO/P Preparation**

All USAID- sponsored participants must be documented by a Project Implementation Order/Participants (PIO/P). Each participant who undertakes academic training must be covered by an individual PIO/P. Technical participants who are to be trained as a group may be included on a single PIO/P if all aspects of the training program are identical. The PIO/P provides specific information on the desired training, the funding project context, the participant(s), and the position for which the training is to prepare the participant(s).

The PIO/P consists of three pages: page one - Face Sheet; page two - Training Request or information; page three - Biographic Data. Appendix D has a sample copy of a PIO/P with instructions for completion.

The funded PIO/P commits funds that will sponsor a participant into a training program. The non-funded PIO/P does not actually obligate funds, but shows what the contractor or other programming agent estimates to be the expenses of specific training.

The abbreviated PIO/P which consists of a face sheet, page one, and the biographic data sheet, page two, may be used to document all contractor-managed participant training programs whether academic or technical. Academic participants are those participants who are enrolled in an academic institution with the objective of obtaining an academic degree, (e.g. A.A., B.A., B.S., M.A., M.S., and Ph.D.). Technical participants refers to those participants whose training does not have an academic degree as an objective. Training may consist of short courses, on-the-job-training, observation tours, or university courses without the objective of a degree.

The biographical data, one for each participant, requests information with regard to:

- a. Title of the conference, workshop, seminar, course, etc.;
- b. Name of the organizer or organizing institution of the conference, workshop, etc., the organizer's address and telephone number;
- c. Program dates; and
- d. Institution, institute or facility name, address and telephone number.

For academic programs, the abbreviated PIO/P may be used to document contractor-managed academic participant training programs, but no more than one participant can be included on one PIO/P. For technical programs, one PIO/P may be used for a number of participants if every participant is going to the same program at the same time. However, each participant must fill out a separate biographic data form (page three).

## 2. Training Costs Analysis

The training cost analysis is a project management system designed to assist USAID staff in determining what activities should be included in the participant training process, who should be responsible for each part of the process, and what the estimated costs of the training project should be. A checklist of activities assists in the formulation of a training cost analysis and can be found in Appendix E.

## 3. Academic Entrance Exams

A variety of tests are required for entrance into most U.S. graduate degree programs. Universities require either the Graduate Record Exam (GRE) or the Graduate Management Admission Test (GMAT) results with registration. In addition, any student whose native language is not English, is required to take a test measuring English proficiency. The Test of English as a Foreign Language (TOEFL) is preferred.

The GRE, along with the student's undergraduate record, help the school determine a student's potential for graduate study. The GRE is designed to measure verbal, quantitative, and analytical ability. It consists of seven 30-minute sections and lasts three hours and 30 minutes.

The GMAT is a measure of verbal and mathematical skills of students applying to graduate programs of business. The test takes four hours and consists of eight separately timed sections.

The test dates for 1996 for Eritrea are as follows:

GRE	December 9, 1995
GMAT	January 20, 1996
TOEFL	May 11, 1996

All of the above tests may be taken at Asmara University. The registration deadline is approximately six weeks before the test.

Another USAID-approved test for language proficiency is the test developed by the American Language Institute at Georgetown. The ALIGU test can be administered in the host country but the numbers of persons authorized to administer the test is controlled. In addition, most academic degree programs in the U.S. will require the TOEFL, which is administered on a worldwide basis, and is therefore recommended.

#### 4. Medical Examination

For participant trainees to benefit fully from the training activity, the participant should be in good health. The medical examinations will allow USAID to determine the participant's current physical state and is a requirement for obtaining full medical coverage during the training program.

Every trainee entering the U.S. under USAID sponsorship is enrolled in USAID's Health and Accident Coverage (HAC). Applicants must be screened to identify medical conditions which might limit their ability to complete their training or might result in excessive costs for medical care for pre-existing conditions. Fees for HAC are presently \$100 for the first and last month of enrollment and \$200 for all other months. The check should be sent to:

USAID Cashier  
FM/CD, Room 603, SA-2  
USAID  
Washington, D.C. 20523

The document accompanying the check should indicate the names of those covered, the PIO/P numbers covering each person, the PDF numbers for each participant, the time period covered, the contract number, and the contractor identification information. See Handbook 10, Chapter 25

for a sample form as well as a summary of benefits and an explanation of the medical coverage. A copy of the Health and Accident Coverage pamphlet is in Appendix F.

The USAID Missions in-country or the U.S. Embassies generally have a list of reputable medical providers. Potential participants are given the USAID Medical Examination Form, Medical History and Examination for Foreign Applicants and are advised to arrange for an appointment. For participants from Asmara going to the U. S. for training, the EHP decided to use the services of Dr. Mikeal Ghebrehiwat, Medical Director of the Italian Hospital in Asmara.

See Appendix G for the Medical Examination Form, the guide to Medical Fitness Standards for Applicants, and the Guidelines for the Examining Physician. These guides provide medical fitness standards in sufficient detail to ensure uniformity in the medical evaluation of applicants for training programs. The introductory remarks provide instruction on its use.

#### 5. Visas and IAP-66A Forms

It is USAID policy that any participant trainees entering the U.S. as a USAID-sponsored student must be enter on a J-1 visa. The visa may be issued for periods not to exceed one year.

It is important to determine early whether the participant has a passport, since obtaining a passport may be a lengthy process. Along with the passport, the participant is required to establish eligibility for the J-1 visa status. The form for this is the IAP-66A visa application which is a controlled, numbered form provided to USAID contractors and grantees by:

Agency for International Development  
Office of Human Capacity Development  
Resources and Support Division  
SA 16, 2nd Floor  
Washington, D.C. 20523

The IAP-66A is drafted by the contractor but may be issued and signed by a designated United States citizen. The USAID Mission in Asmara has a designated person who can sign the IAP-66A. See Appendix H for instructions and codes for the preparation of Form IAP-66A.

#### 6. Conditions of Training

The Conditions of Training form provides the participant with the basic rules which must be followed while in training while in the U.S.. It is a contract between USAID and the trainee. The participant should be provided a copy and asked to read it carefully prior to signing and accepting the sponsored training. See Appendix I for the Conditions of Training form.

## 7. Predeparture Orientation

Predeparture orientation can be provided by the contractor, grantee, Mission Training Officer, or any qualified organization. An outline of a comprehensive orientation program is shown in Appendix J. It can be modified to suit the demands of each participant's program. The orientation should include the following:

- Logistical information
- Review of the content of the training activity and what to expect
- Review of the Conditions of Training
- Information regarding U.S. social customs
- Information on expenses
- Health and Accident Coverage (HAC)
- Passport and visa regulations
- Income tax requirements
- Other relevant Handbook 10 regulations

## 8. Participant Data Form

The Participant Data Form (PDF) is a pre-numbered form from which USAID provides current data on each participant. This data is required for management purposes by the administrator, bureaus and missions, and the Office of Human Capacity Development (HCD). The PDF controls the enrollment in the medical program, HAC, and should be completed as soon as possible after the exact arrival information of the participant has been determined.

The information on the form includes:

- Participant's Name
- Sex
- Area of Employment
- Type of training (academic or technical)
- Location of Training
- Training Provider
- Contractor Information
- Visa Status
- Program Duration
- Medical Examination Information

The pre-numbered form may be obtained from the:

- Agency for International Development
- Office of Human Capacity Development
- Attn: Data Support Contract

SA-16, 2nd Floor  
Washington, D.C. 20523-1601

See Appendix K for a sample PDF form and instructions for completion. Additional information can be found in Handbook 10, Chapter 24.

#### 9. Monitoring

Regular contact with participant trainees can alert the contractor to situations which may potentially turn into major problems. Academic and long-term technical (over five months) program progress is documented on the Academic Enrollment and Term Report. The academic participant is responsible for ensuring the document is completed by the appropriate people. See Appendix L for a sample form.

#### 10. Program Evaluation

USAID policy mandates the systematic evaluation of the participant's training program. This systematic on-going monitoring and evaluation of participant training is required to obtain feedback on the effectiveness and success of the participants so adjustments and improvements can be made as needed.

The evaluation system provides information for the establishment and documentation of training goals and objectives for each program/participant. It ensures the participant understands the objectives of the program. A generic sample evaluation form from Handbook 10, Chapter 34, provides guidelines for the evaluation.

#### 11. Taxes

Federal tax law and current Internal Revenue Service (IRS) regulations require that all participants whose programs are funded by USAID must file a tax return. USAID does provide some guidance each year, but it is the responsibility of the organization making payments to the participant to become familiar with the IRS requirements and procedures.

If withhold and or tax payment is necessary, a line item in the budget must be created from which this money can be taken. Maintenance cannot be the source for withheld taxes. Each year USAID provides the most current information regarding forms to be filled out and countries with tax treaties.

#### C. Job Description for the Participant Training Assistant at USAID Mission/Asmara

The USAID Mission in Asmara was without a Training Officer who would be able to take over the responsibilities as spelled out by the Consultant. Since USAID/W was in the process of altering the position of Training Officer across all USAID Missions, the specific Training Officer

responsibilities were unclear. In an effort to clarify the role of the Training Officer and that specifically of Ms. Astier Araya, the following job description of a level nine training officer was proposed:

- In consultation with host government officials, determines the types of training needed and the places at which such training is offered.
- Participates with USAID and host government officials in selecting participants who are to receive training.
- Screens applicants for training to determine if the desired training may be obtained at a host country facility rather than in the United States or a third country. Insures that proposed training is project related.
- Processes training documents through USAID offices and host government channels. Establishes and maintains contacts at necessary levels to help assure smooth and efficient flow of documentation.
- Consults with officials of the host government, answers inquiries, and explains policy, training programs, and correct procedures regarding participant training.
- Based on information available and precedents on record, computes the estimated costs of training of individual participants.
- Compiles statistical data concerning the participant training program as conducted by the USAID Mission, including data suitable for inclusion in future budgets and programs.
- Screens bills received from training institutions or other organizations providing services to determine their propriety before payment. Also screens claim vouchers received from trainees for reimbursement of specified expenses to determine that such claims fall within authorized limits.
- Interviews and debriefs returning participant trainees who have encountered unusual or unique situations, or who are experiencing difficult problems with respect to their re-assimilation into their home country, the nature of the work they are performing following non-related training, or similar difficulties.
- Prepares reports covering individual trainees, analyzing and evaluating the effectiveness of his/her training according to the original projects' goals.

## V. NEXT STEPS

- Provide training for Ms. Astier Araya, USAID/Asmara, Participant Training Assistant, in the rules and regulations of Handbook 10.
- Research certificate program in computer science for Mr. Ezra Kidane at Massachusetts Bay Community College, Wellesley, Massachusetts and Wentworth Institute, Boston, Massachusetts, to examine course descriptions, registration dates, and suitability.
- Contact Eritrean Health and Population Project subcontractor, Partners in Educational Training (PIET), to ensure continuation of registration and program management for long-term trainees attending Boston University's Certificate Program, "Health Care in Developing Countries."
- Follow-up contact with PIET for placement of additional participants in long-term training programs.
- Outline the responsibilities of USAID/Asmara, EHP, and Consultant with regard to participant trainees. See Appendix M for breakdown of responsibilities.
- Prepare budgets for participant trainees attending Boston University and Clark Atlanta University, (see Appendix N).
- Prepare sample budgets for funded PIO/Ps and nonfunded PIO/Ps.
- Provide information about training evaluations as outlined in Handbook 10.
- Provide Participant Training Assistant with catalogues and information from U.S. universities as needed for Mission library.
- Provide continued support in the preparation of USAID documents and maintain contact with Eritrean participants attending programs in the USA.

**APPENDICES**

**APPENDIX A**

**APPENDIX A**

**CANDIDATES SELECTED FOR LONG-TERM TRAINING 1995**

<b>NAME</b>	<b>AREA OF TRAINING</b>	<b>INSTITUTION</b>	<b>DATES</b>
Andeberhan Tesfation	Certificate- "Health Care in Developing Countries"	Boston University Boston, MA	24/6/95 - 18/8/95
	Master's in Public Health	Boston University	1/9/95 - 30/5/95
Worede	Certificate - "Health Care in Developing Countries"	Boston University Boston, MA	24/6/95 - 18/8/95
	Master's in Public Health	Boston University Boston, MA	1/9/95 - 30/5/95
To Be Selected	Certificate "Health Care in Developing Countries"	Boston University Boston, MA	24/6/95 - 18/8/95
	Master's in Public Health	Boston University Boston, MA	1/9/95 - 30/5/95
To Be Selected	Certificate - "Financing Health Care in Developing Countries"	Boston University Boston, MA	14/9/95 - 8/12/95
Sennay Kifleyesus	Mason Program	JFK School of Government	24/6/95 - 18/8/95
		Harvard University Boston, MA	1/9/95 - 30/5/95
Kidane	Computer Science	Massachusetts Bay Community College	6/9/95 - 30/5/95

**APPENDIX B**

**CANDIDATES SELECTED FOR SHORT-TERM TRAINING  
1995**

<b>NAMES</b>	<b>AREA OF TRAINING</b>	<b>PROGRAM/ LOCATION</b>	<b>DATES</b>
Ghebrenegus Admekom Ogbamikael Merida Malefia Tadesse	Pediatric Nursing	Kupat Holim, Tel Aviv, Israel	6/6/95 - 26/7/95

**APPENDIX C**



UNITED STATES  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
ASMARA ERITREA

ERITREA HEALTH & POPULATION PROJECT (EHP)  
(BASICS)

April 20, 1995.

LIST OF NURSE CANDIDATES THAT HAVE BEEN SELECTED  
FOR SHORT TERM COURSE OF PEDIATRIC NURSING  
THE MEDICAL RESEARCH & PUBLIC HEALTH  
DEVELOPMENT INSTITUTION OF KUPAT HOLIM  
TEL AVIV ISRAEL

A. Candidates for this year (6/6/95 -26/7/95)

m.	1.	KIBREAB TZEGAI TEFAMARIAM	NACFA HOSPITAL
* m.	2.	GHEBRENEGUS ADMEKOM DEMOZ	BARKA HOSPITAL
m.	3.	TEKLE GHEBRENEGUS	ANSEBA - HAMASSIEN
* m.	4.	OGBAMIKAEL MERIDA TEFAMARIAM	TESSENEI HOSPITAL
m.	5.	MEBRAT GHEBRENEGUS	NEFASIT HOSPITAL
* m.	6.	MALEFIA TADESSE	MASSAWA HOSPITAL

B. Choices for next year (1996)

7.	MICHAEL GHEBREMESKEL ZERE	HAMASSIEN
8.	AMANUEL GHERAHTU	DECAMERE
9.	HIRITI ESTIFANOS	MEKANE HIWOT HOSPITAL
10.	GHEBREMIKAEL TESFAZGHI W/YOHANNES	MEKANE HIWOT HOSPITAL
11.	SOLOMON MELAKE HAGOS	C/O MEKANE HIWOT HOSP.
12.	ISAC HABTEMIKAEL	FORTE CLINIC
13.	ATOBERHAN MEBRAHTU	ELABERET
14.	SHISHAI HAILE	HAZHAZ HOSPITAL

List of candidates that need English improvement

1.	AREFAINE ALEM	ASMARA MEKANE HIWOT
2.	MEBRAK GHEBREKRISTOS HABTE	HAZHAZ HOSPITAL

\* Selected for training in Israel.

**APPENDIX D**  
**PIO/P FORM**  
**&**  
**INSTRUCTIONS FOR PREPARATION**

AGENCY FOR INTERNATIONAL DEVELOPMENT

**PROJECT IMPLEMENTATION ORDER/  
PARTICIPANTS (PIO/P)**

PAGE 1 OF \_\_\_\_\_

1. COOPERATING COUNTRY	2. PIO/P NUMBER
3. PROJECT ACTIVITY NUMBER & TITLE	
4. APPROPRIATION	5. ALLOTMENT
6. DATE ORIGINAL ISSUE	7. DATE THIS ISSUANCE

8. PROJECT COMPLETION DATE	9. DESIRED START DATE	10. TERMINAL START DATE	11. NUMBER OF PARTICIPANTS
12. <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT NUMBER		13. LOCATION/DURATION OF TRAINING <input type="checkbox"/> U.S. P/M <input type="checkbox"/> Third Country P/M <input type="checkbox"/> In Country P/	

**14. FINANCING**

AGENT	TYPE OF EXPENSE	A. PREVIOUS TOTAL	B. INCREASE	C. DECREASE	D. NEW TOTAL
AID	(a)				
MISSION	(b) Int. Travel				
	(c) Maint. Advance				
AID/W	(d)				
THIRD COUNTRY	(e)				
	(f)				
	(g)				
	(h)				
	(i)				

15. COOPERATING COUNTRY FINANCE				
16. U.S. TRUST ACCOUNT	A. TRUST ACCOUNT NUMBER	C. AUTHORIZED	D. CURRENCY UNIT	E. AMOUNT
	B. ALLOTMENT SYMBOL			

**17. SPECIAL PROVISIONS**

A. REF: PIL NUMBER \_\_\_\_\_ GRANT \_\_\_\_\_ LOAN \_\_\_\_\_

B. SUPPLEMENTARY INFORMATION

C. NAME(S) OF PARTICIPANTS

**18. MISSION CLEARANCES**

SIGNATURE	DATE	SIGNATURE	DATE

19. HOST COUNTRY/BORROWER/GRANTEE	20. AGENCY FOR INTERNATIONAL DEVELOPMENT
SIGNATURE	
TITLE	
DATE	

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT IMPLEMENTATION ORDER/ PARTICIPANTS TRAINING REQUEST FORM PAGE 2 OF _____	1. COOPERATING COUNTRY	2. HQ/P NUMBER
	3. <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT NO. _____	4. DATE

**2. TRAINING REQUEST**

**A. DESCRIPTION OF TRAINING REQUESTED.** (Describe clearly the training desired; summarize the project input, output, and purpose in which the training will be applied)

**B. ACADEMIC TRAINING ONLY: DEGREE OBJECTIVE**

MAJOR FIELD OF STUDY

**C. RELATED INFORMATION**

**D. PARTICULAR EMPHASIS DESIRED**

**E. SUGGESTED TRAINING FACILITIES (// known)**

**3. PARTICIPANT'S FUTURE EMPLOYMENT**

**A. CHECK APPROPRIATE BOX (B47)**

GOVERNMENT

PRIVATE

JOINT

**B. OCCUPATIONAL  
CATEGORY CODE  
(B48-49)**

AID 1386-1 (12-79)

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<b>KEYPUNCH COPY FOR AID/W USE ONLY</b>  BATCH NUMBER _____ (CC1-3)  PARTICIPANT NUMBER _____ (CC3-8)  REGIONAL NUMBER _____ (CCV-11)	<b>AGENCY FOR INTERNATIONAL DEVELOPMENT PARTICIPANT'S BIOGRAPHICAL DATA</b>	PAGE 3 OF _____																				
	1. COOPERATING COUNTRY _____ 2. PIO/P NUMBER _____																					
	3. NAME (MR., MRS., OR MISS) CAPITALIZE OR UNDERLINE LEGAL SURNAME (B12-46) _____																					
	4. HOME/MAILING ADDRESS STREET (T12-38) _____	CITY OR TOWN (T43-68) _____																				
5. ATTACHMENTS <input type="checkbox"/> TRANSCRIPTS <input type="checkbox"/> PHOTOS <input type="checkbox"/> DEPENDENT CERTIFICATION <input type="checkbox"/> OTHER (Specify) _____	6. BIRTHDATE (MO/DAY/YR) (B86-87) _____	7. PLACE OF BIRTH _____																				
	8. EMERGENCY CONTACT (COUNTRY OF TRAINING) _____	9. SEX/ MARRITAL STATUS <table style="width:100%; border: none;"> <tr> <td style="border: none;">MALE</td> <td style="border: none;">FEMALE</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> SINGLE</td> <td style="border: none;"><input type="checkbox"/> SINGLE</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> MARRIED</td> <td style="border: none;"><input type="checkbox"/> MARRIED</td> </tr> </table>	MALE	FEMALE	<input type="checkbox"/> SINGLE	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> MARRIED														
MALE	FEMALE																					
<input type="checkbox"/> SINGLE	<input type="checkbox"/> SINGLE																					
<input type="checkbox"/> MARRIED	<input type="checkbox"/> MARRIED																					
<b>10. LANGUAGE PROFICIENCY</b>																						
A. ENGLISH LANGUAGE PROFICIENCY STATUS (Check appropriate box)																						
<input type="checkbox"/> TEST GIVEN <input type="checkbox"/> TEST WAIVED <input type="checkbox"/> FURTHER TRAINING NECESSARY <input type="checkbox"/> RETEST NECESSARY																						
B. APPROXIMATE DATE SCORES OR RATING TO BE REPORTED _____																						
C. TEST SCORES/RATINGS (Check and complete appropriate boxes)																						
<input type="checkbox"/> TOEFL TOTAL SCORE _____ <input type="checkbox"/> ALIGU DATE GIVEN _____																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">SCORE</th> <th colspan="2">USAGE</th> <th colspan="2">ORAL</th> <th colspan="2">VOCAB/READ (LISTENING)</th> </tr> <tr> <th>FORM</th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <td> </td> </tr> </table>			SCORE	USAGE		ORAL		VOCAB/READ (LISTENING)		FORM												
SCORE	USAGE			ORAL		VOCAB/READ (LISTENING)																
	FORM																					
D. PROFICIENCY IN OTHER LANGUAGES	LANGUAGES	SPEAKING	READING	WRITING																		
		Excellent    GOOD    FAIR	Excellent    GOOD    FAIR	Excellent    GOOD    FAIR																		
E. FURTHER TRAINING NECESSARY <input type="checkbox"/> HOME COUNTRY <input type="checkbox"/> RECEIVING COUNTRY																						
<b>11. IF YOU HAVE LIVED, STUDIED, OR TRAVELLED ABROAD, COMPLETE THE FOLLOWING</b>																						
COUNTRY	DATES (MO. & YR.)		PURPOSE (e.g., Travel, Training, Conference. If Training, indicate type of program & sponsor)																			
	FROM	TO																				
<b>12. EDUCATION</b>																						
A. TOTAL YEARS COMPLETED (12-13)	B. HIGHEST DEGREE OBTAINED (Check one) (M14) <input type="checkbox"/> BACH OF ARTS <input type="checkbox"/> MASTER OF SCIENCE <input type="checkbox"/> PHD <input type="checkbox"/> BACH OF SCIENCE <input type="checkbox"/> MD <input type="checkbox"/> ITGER <input type="checkbox"/> MASTER OF ARTS <input type="checkbox"/> DVM <input type="checkbox"/> NONE				C. COUNTRY WHERE DEGREE OBTAINED  D. COUNTRY CODE (M15-17)																	
E. LIST BELOW IN CHRONOLOGICAL ORDER, ALL SCHOOLS ATTENDED. INCLUDE PRIMARY, MIDDLE OR SECONDARY SCHOOLS, UNIVERSITIES, VOCATIONAL OR TRADE SCHOOLS. (Use continuation sheet if necessary)																						
NAME OF INSTITUTION	MAJOR FIELD OF STUDY	LANGUAGE OF INSTRUCTION	DATES ATTENDED		TITLE OF DEGREE, DIPLOMA, OR CERTIFICATE	RECEIVED																
			FROM	TO																		
<b>13. EMPLOYMENT</b>																						
A. BRIEF TITLE OF PRESENT POSITION/OCCUPATION (M18-43)			B. DATES OF EMPLOYMENT FROM _____ TO PRESENT		C. TOTAL YEARS (M44-45)																	
D. PRESENT EMPLOYER (Name & Address) (Q38-63)			E. NUMBER OF EMPLOYEES SUPERVISED		F. SIZE (Approx. No. of Employees)																	
G. BRIEF DESCRIPTION OF WORK <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE <input type="checkbox"/> JOINT <input type="checkbox"/> STUDENT																						

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**ATTACHMENT 6B**

**THE ABBREVIATED PIO/P**

The abbreviated PIO/P may be used to document contractor-managed participants, if the contractor uses another means by which to request training program development. An abbreviated PIO/P may also be used to obligate, or sub-obligate, funds for an OIT-managed technical training program when the participant is to attend a conference, workshop, seminar or standard course such as a USDA short technical program if (a) the dates and cost of the program are fixed; and (b) no original training program development is required. Abbreviated PIO/Ps may also include secondary training such as orientation at the Washington International Center, but must not include a request for original program development.

The abbreviated PIO/P contains:

Face Sheet - Page 1

Biographical Data - Page 3 (one for each participant).

The Training Request (Page 2) is dropped, but certain information normally included on this page is moved to the Face Sheet, Block 17, Supplementary Information. This information is as follows:

- a. Title of the conference, workshop, seminar, course, etc.;
- b. Name of the organizer or organizing institution of the conference, workshop, etc., the organizer's address and telephone number;
- c. Dates of the program;
- d. Name of the institution, institute or facility with its address and telephone number; and
- e. A request if any for participation in a standard secondary program such as WIC.

**For Academic Programs:** The abbreviated PIO/P may be used to document contractor-managed academic participant training programs, but no more than one participant is to be included on the PIO/P.

The name of the university or college, the degree objective, and major field of study are to be included in block 17.

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The abbreviated PIO/P may not be used when the PIO/P is funded and the participant is to be programmed for academic training. Requests for original technical training programs may also not be contained on an abbreviated PIO/P.

A Biographic Data (page 3) is to be included for each participant on a technical PIO/P.

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**ATTACHMENT 6C**

The PIO/P Number for Funded and Non-Funded Documents

1. Understanding the PIO/P number - The PIO/P number is made up of 12 to 14 digits depending on the funding source which are separated into four major segments.

<u>First Segment</u>	<u>Second Segment</u>	<u>Third Segment</u>	<u>Fourth Segment</u>	Document Serial Number (missions)
X X X	X X X X	X	X X X X X X X	Document Serial Number (AID/W)
				PIO Document Code (1)
				Project Serial Number
				Geographic Code, Regional or AID/W Code

1. First Segment - Geographic or AID/W. Codes

This three-digit code consists of only the geographic code (country code) or in case of an AID/W PIO/P, the AID/W Identifier and Allotment Code.

a. Second Segment - Project Serial Number

This four-digit number is assigned in numerical sequence to each project.

b. Third Segment - Type of Implementing Document

This one-digit number identifies the type of document and the general reason for its issuance. For PIO/Ps the number is "1".

c. Fourth Segment - Document Serial Number

This is either a seven- or five-digit number depending on where issued.

(1) The obligation number in AID/W consists of seven digits, the first two digits of which (reading from the left hand) are the allotment code, followed by fiscal year indicator (1 digit), allottee control code (1 digit) and document serial number (3 digits); and

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(2) A five-digit identification number assigned to the PIO/P by the mission or regional controller. The first digit identifies the fiscal year in which the allotment was reserved/obligated. The last four digits are assigned in numerical sequence throughout a fiscal year for the country or program as a whole (not a separate series for each field of activity).

NOTE: The numbers 9001 through 9999 are reserved exclusively for AID/W usage.

2. PIO/P Number for Funded Documents

PIO/P documents which obligate, or sub-obligate, funds are processed by the United States AID mission and regional controller in the same manner as all other PIO documents. Numbers are assigned in numerical sequence throughout the fiscal year for the country or programs as a whole. Securing a PIO/P in such cases is to be in accord with whatever local procedures are established by the controller, who will supply the document serial number.

3. PIO/P Number for Non-Funded Documents

Most AID controllers are now issuing PIO/P document serial numbers for non-funded PIO/Ps. There is, however, some increased workload in clearing and ledgering procedures for the mission or AID/W Financial Management Division/Office. In instances where it is determined that the issuance of PIO/P identification numbers for non-funded PIO/Ps places too great a workload on the Controller, then responsibility for issuing document serial numbers may be shifted to the mission training officer. The following steps may be taken to effect this shift:

a. The mission or regional (AID/W Office) controller determines the average number of document serial numbers issued per annum for all obligating and sub-obligating documents. Each year many numbers are unutilized by the normal funding system. (The fifth digit to the left indicates the fiscal year of funding, e.g. 60000 indicates FY 86. There are 9999 such numbers available between 60000 and 69999 each year.)

b. When the mission or regional (AID/W) controller has determined what the average and projected future year requirement for identification numbers has been and will be for future documents, he/she assigns those numbers above the average to the training office (reserving the numbers 9001 through 9999 exclusively for AID/W usage).

Example: Mission "X" has an average use of up to 2000 number per fiscal year (60000 through 61999). There is no apparent use for those numbers 62001 through 68999. As there will be many non-funded PIO/Ps processed in the coming fiscal year, the training office in mission X is assigned all the unused numbers, or a sufficient number, to meet the mission's needs. The controller in mission "X" assigns the training office all numbers between 62000 and 68999, reserving 69000 through 69999 for AID/W use.

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c. The training office assigns a document serial number to each non-funded PIO/P and then processes and clears the non-funded PIO/P in accordance with mission/host country procedures. The PIO/P serial number is assigned in numerical sequence.

**APPENDIX E**  
**TRAINING COSTS ANALYSIS**

ATTACHMENT 5A  
 HB 10, TM 10:108

**BUDGET ESTIMATE WORKSHEET: Academic or Technical Costs**  
**Training Cost Analysis (TCA)**

\*\*SEE "Instructions: Budget Estimate Worksheet"\*\*\*

Academic  
 Technical

PROJECT TITLE	PROJECT NUMBER	PROJECT YEAR ____ Of ____ Years
PROJECT WRITER	PARTICIPANT MONTHS PROJECTED (THIS YEAR)	DATE BUDGET PREPARED
COMMENTS:		

**I. PARTICIPANT COST**

PROGRAM CATEGORIES/TRAINING ACTIVITIES	NUMBER OF PARTICIPANTS	NUMBER OF UNITS*	UNIT PRICE*	SUBTOTAL	TOTAL
<b>A. Education/Training Cost</b>					\$
1. Tuition/Fees			\$ /	\$	
2. Training Costs			/		
3. Package Program Costs			/		
4. Other (Mission Option)			/		
<b>B. Allowances</b>					
1. Maintenance Advance			/		
2. Living/Maintenance			/		
3. Per Diem			/		
4. Books & Equipment			/		
5. Book Shipment			/		
6. Typing (papers) - <i>Academic Only</i>			/		
7. Thesis - <i>Academic Only</i>			/		
8. Doctoral Dissertation - <i>Academic</i>			/		
9. Professional Membership			/		
10. Other (Mission Option)			/		

\* Units are standard measures for the cost element (e.g., participants, participant weeks, etc.)

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**BUDGET ESTIMATE WORKSHEET: Academic or Technical Costs**  
**Training Cost Analysis (TCA)**

Academic  
 Technical

**\*\*SEE "Instructions: Budget Estimate Worksheet"\*\***

PROJECT NUMBER

COMMENTS:

**I. PARTICIPANT COST**

PROGRAM CATEGORIES/TRAINING ACTIVITIES	NUMBER OF PARTICIPANTS	NUMBER OF UNITS*	UNIT PRICE*	SUBTOTAL	TOTAL
<b>C. Travel</b>					\$
1. International			\$ /	\$	
2. Local			/		
3. Other (Mission Option)			/		
<b>D. Insurances</b>					
1. HAC for U.S.			/		
2. Required by Institution			/		
3. Other (Mission Option)			/		
<b>E. Supplemental Activities</b>					
1. ELT, In-Country			/		
2. ELT, U.S.			/		
3. Academic Up-Grade			/		
4. Reception Services			/		
5. WIC Orientation			/		
6. Other Orientation			/		
7. Interpreters/Escorts			/		
8. Internship/Cooperative			/		
9. Enrichment Programs			/		

\* Units are standard measures for the cost element (e.g., participants, participant weeks, etc.)



**APPENDIX F**

**HEALTH & ACCIDENT COVERAGE**



**U.S. AGENCY FOR  
INTERNATIONAL DEVELOPMENT**

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**PARTICIPANT  
HEALTH AND ACCIDENT  
COVERAGE (HAC) PROGRAM**

for

**USAID Sponsored Participants  
in the United States  
During Periods of Training**

**Effective February 1, 1994**

**THE HEALTH AND ACCIDENT  
COVERAGE PROGRAM  
IS ADMINISTERED BY**

■ **AdminaStar Solutions, Inc.**  
P.O. Box 40849  
Indianapolis, IN 46240

**Sponsored By:**  
Office of International Training  
U.S. Agency for International Development  
Washington, DC 20523

**Administered By:**  
AdminaStar Solutions, Inc.  
Long Distance Toll Free: (800) 551-5995  
Indianapolis, IN Area: (317) 581-0102

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**Agency for  
International Development  
Participant  
Health and Accident Coverage  
(HAC) Program**

*This brochure is for the international students and trainees who are in the United States under the auspices of the U.S. Agency for International Development's (USAID's) USAID sponsored participant Training Program, as well as for providers of medical services. It describes the health and accident program coverage provided for most USAID sponsored participants and procedures for applying for that coverage.*

*The Health and Accident Coverage (HAC) Program is a self-funded program established by the Agency to pay for covered medical services needed by USAID sponsored participants who are enrolled in the program.*

*Coverage of the USAID sponsored participants begin at the time of departure from the home country and continues until the training completion date and immediate return to the home country by the most direct route or until the date of any early termination of the training program.*

*All USAID sponsored participants should read this brochure carefully and become familiar both with coverage and with claims procedures. It is especially important to understand the exceptions to and limitations of coverage to avoid incurring personal liability for medical expenses.*

*Medical providers (physicians, hospitals, etc.) should understand that not all USAID sponsored participants and no non-USAID sponsored participants foreign students are enrolled in this program. Medical providers should require the patient to present proof of enrollment as well as other identification with a photograph such as passport or student identification. Also, the spouses and other dependents of USAID sponsored participants are not covered by this program.*

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Room and Board .....	1
Miscellaneous Hospital Expenses .....	1
Emergency Out-Patient Expenses .....	1
Surgical Expenses .....	1
Non-Elective Vs. Elective Surgery .....	1
Anesthesia Expenses .....	1
Other Medical Services .....	1
X-Ray & Radioactive Therapy Expenses .....	1
Laboratory Tests and X-Ray Expenses .....	1
Doctor's Visits .....	1
Home Health Care Expenses .....	1
Skilled Nursing Facility Expenses .....	1
Vision Care and Glasses .....	1
Hearing Aids .....	1
Drugs and Medicines .....	1
Dental Care .....	1
Miscellaneous Expenses .....	1
Incapitated Participant .....	1
Funeral Expenses .....	1
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<b>Coordination of Benefits .....</b>	1
<b>Subrogation .....</b>	1
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<b>Inquiries .....</b>	1
<b>Claims Appeal .....</b>	1

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# Important Points to Remember

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1. The USAID sponsored participant Counselor must be informed by the responsible programming officer or the USAID sponsored participant whenever a USAID sponsored participant's mental or physical condition is likely to interfere with the training program or when the costs of treating such condition are likely to exceed \$25,000 when hospitalized, or \$10,000 per illness without hospitalization, (\$1,500 for outpatient psychotherapy).

2. Generally USAID sponsored participants may use any licensed medical doctor or surgeon of their choice and any accredited hospital. However, USAID sponsored participants at some academic or training institutions may find that they are covered by a mandatory health/accident insurance plan at their institution or have access to medical facilities in addition to their HAC coverage. Such mandatory plans may range from minimal health office or nurse care to comprehensive insurance coverage. Any USAID sponsored participant with such mandatory coverage must first use those facilities and insurance. To the extent that there is double coverage, HAC will pay only the eligible amount not payable by the other plan. If you do not know the extent of mandatory coverage, check with your advisor before going to see a doctor.

Similarly, USAID sponsored participants with families in the United States must have medical insurance for their spouse and/or children. In many cases, such insurance also covers the USAID sponsored participant. When, as a result, there is double coverage, HAC pays only the eligible amount not paid by the other plan.

3. Expenses for health care vary greatly throughout the United States and among different medical providers within the same community. However, "usual, customary and reasonable" (UCR) charges for each community have been established; and

HAC pays only those UCR charges. HAC not pay the extra or higher costs that medical providers may charge above UCR. Therefore, it is best to ask the medical provider advance of treatment, what the charges will be and contact the office of the claims processor, AdminaStar Solutions, Inc., to determine if charges are within the established usual, customary and reasonable charges.

4. For identification purposes and to ensure eligibility, USAID sponsored participants should present both the HAC identification card and any current, photo-identification such as a passport, university identification, etc. to the medical provider.

5. **Dependents of eligible USAID sponsored participants are not covered under the HAC Program.** Because of the high cost of medical services in the United States and because a serious accident or illness can result in medical and surgical costs of many thousands or even tens of thousands of dollars, USAID sponsored participants are required to obtain medical insurance for dependents which provides adequate coverage. There are several sources of information concerning medical insurance: the foreign student advisor or foreign student insurance commissioner at the university or training institution, the state insurance commissioner, or individual insurance carriers.

6. The claims processor will process claims and pay the covered expenses as soon as feasible. However, the claim form(s) must be properly and fully completed, including all necessary identifying information and signatures. Claims which are incomplete will be rejected, resulting in delay of the processing and payment of the claims.

7. If a USAID sponsored participant receives an accidental injury which is covered by other insurance including bodily injury clauses, there may be double coverage. HAC generally pays insurable claims for such injuries only after the other insurance has paid its benefits, and then pays only the difference between the amount paid and the amount covered by HAC. However, to avoid hardship to the USAID sponsored participant:



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dent including injuries resulting from an automobile accident are covered by HAC. Payment will be determined by the nature of the injury and the services required.

**Surgical Expenses**

Benefits for surgical procedures are payable when prescribed as necessary (non-elective) and performed by a legally qualified physician in a hospital, doctor's office or elsewhere up to the usual, customary and reasonable fees for such procedures.

Benefits are payable up to the UCR fees when two or more surgical procedures are performed at the same time setting through the same or different opening for related or unrelated conditions.

**Note: Non-Elective vs. Elective Surgery**

No benefits are payable for elective surgery.

Elective surgery includes:

- cosmetic services, including surgery, unless related to a covered injury;

Surgery which is necessary because of any of the following is covered:

- injury which results from an accident, including injuries resulting from automobile accidents;
- an immediately life-threatening situation;
- a situation in which there is a significant and reasonably sudden change which does or will threaten life or general well-being;
- an illness or condition which significantly impairs or will impair the USAID sponsored participant's ability to pursue the training program.

In the event of uncertain situations, a pre-surgical second opinion must be obtained. Such second opinion is considered a covered expense and must be from an organization or physician not associated with the organization or physician that provided the first pre-surgical opinion. If the second opinion confirms that the proposed surgery is for a non-elective situation as defined above, HAC will cover the expense. If uncertainty remains, physicians are advised to obtain advance approval from the Director, Office of International Training.

**Anesthesia Expenses**

Anesthesiologists' fees are covered under HAC for

the actual charges incurred but not for more than the usual, customary and reasonable charges normally made for such services. However, no benefits are payable if the anesthesia is administered by the operating surgeon or surgical assistant.

**Other Medical Services**

**X-Ray & Radioactive Therapy Expenses**

HAC will pay an amount up to the usual, customary and reasonable charges for services recommended or performed by a licensed physician in the treatment of a covered USAID sponsored participant with x-ray, radium or radioactive isotopes.

**Laboratory Test and X-Ray Expenses**

If laboratory test or X-Ray examinations are recommended or performed by a licensed physician for diagnostic purposes, HAC will pay up to the usual, customary and reasonable charges for such services.

**Doctor's Visits (In-Patient and Out-Patient)**

Subject to the usual, customary and reasonable provision, HAC will pay for the actual charges incurred by a USAID sponsored participant for medical treatment by a licensed physician, whether the services are provided in a doctor's office, at home or in a hospital.

**Home Health Care Expenses**

Noncustodial medical and nursing care are covered when a HAC participant is confined to home and physician refers the patient to a home health care agency. The HAC Program will pay usual, customary and reasonable fees for these services.

**Skilled Nursing Facility Expenses**

As an alternative to hospital confinement, your doctor may prescribe admission to a skilled nursing facility (SNF). SNF services are covered under the HAC Program up to usual, customary and reasonable reimbursement levels.

**Vision Care and Glasses**

Eye examinations by a licensed ophthalmologist or optometrist are covered with actual charges up to the usual, customary and reasonable fees for such services. If recommended by such treating specialist actual charges for eye glasses or contact lenses will

be covered up to \$100, no more than once a year. There is no coverage extended to those USAID sponsored participants whose time in training is less than six (6) months.

#### Hearing Aids

Hearing aids and/or their fitting are covered upon recommendation of a licensed physician. Tests required for purchase and/or fitting of hearing aids are also covered, if recommended by a licensed physician.

#### Drugs and Medicines Prescribed by a Physician

Drugs and medicines requiring a prescription under federal law and in increments of not more than a one month supply are covered in full. 'Over the counter drugs' even if prescribed by a physician are not covered. If prescribed drug and medicine costs are included in a doctor's or hospital's bill, they can be paid directly to the medical provider if the provider accepts assignment of the claim for services and prescriptions.

### Dental Care

HAC Dental Benefits are limited to:

1. Annual maximum of \$750 at UCR reimbursement levels (limited to \$350 for USAID sponsored participants on training programs of less than six months duration) for the relief of pain and correction of the disorder causing the pain. Within the \$750 annual maximum benefit, dental procedures will be reimbursed only up to usual, customary and reasonable levels. Periodontal work is not covered except as necessary to relieve pain and within the \$750 maximum.
2. One annual prophylaxis (cleaning, scaling, and polishing) treatment after the completion of one full year of training with HAC.

These benefits do not include the replacement of teeth missing prior to the beginning of HAC coverage.

The above limitations do not apply to the repair and restoration of teeth, gums, and prosthetic devices required as a result of a traumatic injury. In such cases, the claim must be submitted with a written medical diagnosis and plan of treatment. If the

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treatment will exceed \$5,000, advance approval must be obtained from the Director, OIT.

### Miscellaneous Expenses

In addition to the covered expenses described above, HAC recognizes the following as covered expenses up to the usual, customary and reasonable charge for the service and area involved:

1. Therapeutic services performed by a licensed practitioner including but not limited to: licensed physical therapist; licensed occupational therapists; and licensed psychotherapists. These services must be under recommendation of the attending physician. Also, outpatient psychotherapy coverage is limited to \$1,500 at UCR reimbursement levels per year of training with prior approval by the Director, OIT.
2. Local ambulance service to and from the hospital at UCR reimbursement levels.
3. The repair and placement of an existing prosthetic device as prescribed by a licensed physician because of deterioration or breakage, covered after USAID sponsored participant has been in training a minimum of one year.
4. Purchase or use of other medical supplies, equipment, medicines and services as may be deemed necessary and prescribed by the attending physician.
5. Services performed by a licensed chiropractor for the relief of pain, not to exceed \$1,000 and 30 office visits per year of training, when prescribed by the attending physician.
6. Detection or treatment of allergies, not to exceed \$1,000 per year of training for USAID sponsored participants on training programs greater than six months duration. No benefit applies for USAID sponsored participants on training programs of less than six months duration.

### Repatriation Of Terminally Ill Or Incapacitated Participant

Except as provided below, an USAID participant is repatriated to the country of origin whenever:

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1. The participant is diagnosed as having a mental or physical disease or disorder which will unduly delay or prevent successful completion of the training program; and/or
2. The participant is diagnosed as having an illness or disability, terminal or otherwise, which, regardless of immediate capacity to continue the training, will render him/her unlikely to contribute to the home country's development for which the training was designed.

This requirement may be waived only by concurrent approval of the director of OIT, the cognizant mission director, and the cognizant central or regional bureau.

In cases of such diagnosis, HAC will cover medical costs only until the point of repatriation. If repatriation is delayed after diagnosis beyond the earliest time when repatriation is medically feasible, HAC coverage will terminate as of the date of initial feasibility.

### **Funerals In The United States And Preparation And Transportation Of Remains**

In the event of a USAID sponsored participant's death, HAC will pay reasonable costs related to the conduct of a funeral in the United States and for the preparation and transportation of remains to the home country, in accordance with legal, religious, social and cultural requirements prescribed by the USAID sponsored participant's background and as stipulated by USAID upon advice from the cognizant embassy. The amount to be paid for such expenses will be determined by USAID.

The USAID sponsored participant Counselor can be the liaison with the foreign embassy as well as with the USAID Mission and the host country for the arrangements and for HAC payment.

## **NON-COVERED EXPENSES**

The following are the major expenses not covered under HAC:

1. Treatment of pre-existing conditions, including pregnancy (e.g., conditions identified during pre-departure examination for which the cognizant A.I.D. Mission waived HAC coverage, unidentified conditions diagnosed as pre-existing by qualified physicians and/or medical review board of HAC administration).
2. Illness or injury resulting from unauthorized employment.
3. Services not recommended by a qualified physician or for which a USAID sponsored participant was not required to pay.
4. Routine physical, x-ray or laboratory examinations.
5. All cosmetic services, including surgery, unless necessary because of a covered injury sustained during the period of training.
6. Dentistry, except as specifically described under benefits.
7. Vaccinations or other immunizations.
8. Taxicabs or other transportation to and from a doctor's office or other place of treatment, except local ambulance service as noted under miscellaneous expenses.
9. Medical costs related to fertility or the treatment of infertility, sterility or impotence.
10. Termination of pregnancy, unless life threatening to the mother.
11. Illness or injury resulting from war or any act of war.
12. Services or supplies not necessary for treatment or which are unreasonable, or which are not prescribed by the attending physician. A service or supply is considered necessary only if it is broadly accepted professionally as essential to

the treatment of the disease or injury.

13. Medical care of infant immediately upon birth.
14. Acupuncture
15. Travel, whether or not recommended by a physician.
16. Personal hygiene and convenience items, such as air conditioners, humidifiers, hot tubs, whirlpools, or physical exercise equipment, even if a physician prescribes such items.
17. Expenses in excess of established usual, customary and reasonable (UCR) charges.

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## Coordination of Benefits

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Quite frequently, USAID sponsored participants are covered under more than one health plan. Such arrangements may result in duplication of coverage where two plans are paying benefits for the same hospital and medical expenses. It is not intended that greater benefits be received than the actual medical expenses incurred. For that reason, HAC has a provision to coordinate the benefits payable under that HAC Program with benefits payable under other health coverage. Under this coordination of benefits provision, the total benefit received by any one person from this plan and any other plan, policy or coverage may not exceed 100% of the total allowable expense under that HAC Program.

USAID sponsored participants with such double coverage are required to use the university's health insurance, health facilities, or any other coverage to the maximum extent of coverage before submitting claims to the HAC Program.

When double coverage exists, the HAC Program will pay expenses for covered charges after any other plan, policy or coverage pays its benefits in full.

On the form submitted to the claims processor, USAID sponsored participant must report any duplicate coverage they may have, including any mandatory university or institution plan. This coordination of benefits provision will apply with regard to any

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other plan, policy or coverage which provides payment of medical benefits.

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## Subrogation

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Subrogation is the process by which the USAID sponsored participant agrees, by signing the "Conditions of Training" prior to departure from host country or simply by virtue of enrollment in HAC that HAC can regain - by legal action if necessary - benefits paid through HAC to the USAID sponsored participant (or to a medical provider on his/her behalf) from the person who caused an injury (such as an automobile accident) or that person's insurance plan.

Under the HAC's subrogation provision, a USAID sponsored participant has the following obligation:

1. To cooperate with HAC representatives to take such action as may be necessary or appropriate to recover from any third party, as damages for those payments made by HAC.
2. To pay immediately to HAC through the HAC administrator any money recovered from third persons for expenses paid by HAC.
3. To avoid any action which would impair, prejudice or discharge HAC's right to subrogation. If asked to waive any rights or sign any document covering any conditions for which payment from HAC has been received or is expected, the USAID sponsored participant must contact the HAC administrator, AdminaStar Solutions, Inc., before doing so.

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## How to Submit Claims for Benefits

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### Participant Actions

Phone the HAC administrator for forms, if necessary, at toll free (800) 551-5995.

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go to a doctor or hospital, present it along with other photo-identification.

Ask what the charges may be for the services needed and be sure to ask the doctor or hospital if it will accept HAC Program payment as assignment of fees paid in full. Give them a copy of the medical, hospital or vision care claim form and ask that the bill and form be sent directly to the HAC administrator.

Submit any claim to any other health coverage plan you may have before submitting a claim to HAC. Then file a claim with HAC for the uncovered balance of charges, if any.

Include with the claim any documents describing payments made by other Health Insurance.

It is important to obtain and keep all receipts for any payments for medical expenses, in the event you later require additional treatment for the same illness. Claim forms, bills, or statements should be mailed to the HAC administrator at the address shown on page 14 only after completion of your medical treatment, unless the treatment will continue longer than twenty days after the accident or onset of sickness.

## Procedures for Submission of Claims

Each claim form must include the USAID sponsored participant's name, **full identification number** as it appears on the HAC identification card, signatures of the USAID sponsored participant and the medical provider, a diagnosis, date of service, and the type of service provided. *Incomplete claim forms will be returned without processing.* (Please type or use pen with black ink.)

Have the doctor or other provider of medical services (hospital, laboratory, etc.) complete its portion of the claim form, including:

1. Name and age of patient;
2. Nature of illness or injury;
3. If an injury, when, how, and where it occurred;
4. Date or dates of services rendered;
5. Itemized breakdown of charges;

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6. Total charges;
7. By whom paid;
8. Balance due, if any
9. Name, address, and phone number of medical provider;
10. Federal tax I.D. number and signature of doctor or provider of services.

Attach all receipts from the hospital, dentist, doctor, lab and/or druggist. Keep copies of all submitted documents as originals cannot be returned.

Mail the completed form and all receipts to:

AdminaStar Solutions, Inc.  
USAID/HAC Program  
P.O. Box 40849  
Indianapolis, Indiana 46240-0849

Remember, each claim must show TJF's name and full identification including the USAID HAC I.D. number and period of entitlement as they appear on the HAC I.D. card.

## Other Pertinent Reminders

Do not submit any claim for excluded services specified in this HAC brochure.

Do not permit your HAC card to be used by any other person for medical services. If you have dependents with you, they must have their own separate insurance program; dependents cannot be covered by HAC. Use by any other person constitutes fraud and is subject to criminal prosecution.

Write your name exactly as it appears on your HAC card.

Do not use the HAC claims forms for any other health care plan.

## To Providers of Health Care Services

Please use the USAID sponsored participant's HAC I.D. card for the pertinent USAID sponsored participant's information, e.g., name, I.D. numbers, etc., to fill out the claim form.

Please accept for the services which you provide the

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"usual, customary and reasonable" charges for your area, as this program cannot pay more and USAID sponsored participants are provided minimal living allowances.

Fill out completely those portions of the claims forms necessary for the case, attach the itemized bills, sign, date and forward the claim to the HAC administrator. If there is other coverage, it must be pursued before the HAC administrator can process a claim.

**All claims must be submitted within one year of the date that service was provided.**

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## Inquiries

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Inquiries concerning HAC entitlement and/or benefits should be directed to one of the following numbers during normal business hours (9:00 to 5:00, Monday to Friday, except holidays). During non-business hours, recorded messages can be left at the same number and calls will be returned during the next workday. Be sure to leave your name, HAC Program I.D. number and your phone number including area code.

1-800-551-5995 Toll Free

or

317-581-0102 In the Indianapolis, IN area

Send all Claims and Correspondence to:

AdminaStar Solutions, Inc.

USAID HAC Program

P.O. Box 40849

Indianapolis, IN 46240-0849

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## Claims Appeal

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If a claim for benefits under this HAC Program is totally or partially denied, the TJF has the right to appeal.

An appeal of a denied claim must be made in writing and should include an explanation of why you think the claim should be paid. You may submit whatever additional information you believe will be helpful to the Agency in its review of your appeal.

To receive consideration you must present a written request for a review to the HAC administrator within 30 days of the denial of the original claim, or as soon thereafter as is feasible. The Agency's decision on an appeal will be made in writing within 60 days of receipt of your formal written request and will include the specific reasons for its decisions and references to the relevant provisions of HAC involved in your case.

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**APPENDIX G**

**MEDICAL FITNESS STANDARDS**  
**&**  
**GUIDELINES FOR EXAMINING PHYSICIANS**

THE AGENCY FOR INTERNATIONAL DEVELOPMENT  
 OFFICE OF INTERNATIONAL TRAINING  
 MEDICAL HISTORY AND EXAMINATION FOR FOREIGN APPLICANTS

MEDICAL HISTORY TO BE COMPLETED BY APPLICANT

1. Name of examinee (last name, first name, middle name) \_\_\_\_\_

2. Date of Birth (mo/day/yr)	3. Nationality	4. Sex <input type="checkbox"/> male <input type="checkbox"/> female	5. Address For Contact
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6. Training Location (city, state, country) \_\_\_\_\_

7. Length of Training (weeks, months, years) \_\_\_\_\_

8. Estimated Date To Begin Training (month/year) \_\_\_\_\_

9. IMPORTANT NOTICE

Before you complete the Medical History Questionnaire, you are hereby notified that:

USAID does not provide medical insurance for dependents who accompany the applicant.

A medical condition resulting from an undisclosed pre-existing condition may not be financially compensated for by USAID and may result in termination of your training program.

I understand and accept the terms of this notice.  Yes  No

10. APPLICANT WILL CHECK "YES" OR "NO" AND EXPLAIN

YES	NO		EXPLANATION
		a. Have you had any significant or serious illness or injury? (If hospitalized, give place & dates)	
		b. Have you had any operations or advised by a physician to have an operation? (give place & dates)	
		c. Do you currently use any drugs for treatment of a medical condition? (give name & dose)	
		d. Have you ever been a patient in a mental hospital or sanitarium or treated by a Psychiatrist? (give place & dates)	

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11. APPLICANT WILL INDICATE "YES" OR "NO" TO EACH ITEM  
DO YOU NOW HAVE OR HAVE YOU EVER HAD THE CONDITIONS LISTED BELOW?

YES	NO	CONDITION
		a. Epilepsy, convulsions, "fits"
		b. Eye disease, vision defect in both or either eye
		c. Tooth or gum disease (periodontal disease)
		d. Asthma, emphysema, or other lung conditions
		e. Tuberculosis or live with anyone who has tuberculosis
		f. High blood pressure, heart disease
		g. Stomach, liver (hepatitis), gallbladder disease
		h. Hernia (rupture)
		i. Kidney or bladder disease, stone or blood in urine
		j. Diabetes (sugar in the urine)
		k. Joint disease or injury, swollen or painful joints
		l. Back pain, wear a back brace or support
		m. Tropical disease (malaria, bilharzia, amoebiasis, leprosy, filariasis, yaws, etc.)
		n. Depression, excess worry, attempted suicide, or other psychological symptoms
		o. Drug or narcotic habit such as marijuana, cocaine, heroin, LSD or any derivatives
		p. Bleeding disorder, blood disease (sickle cell anemia)
		q. Acquired Immune Deficiency Syndrome (AIDS)
		r. Tumor, abnormal growth, cyst, or cancer
		s. Skin, disorder, growths, psoriasis
		t. Female disorder (gynecological disease), abnormal menses
		u.

I CERTIFY THAT I HAVE READ THE ABOVE INSTRUCTIONS AND ANSWERED ALL QUESTIONS TRULY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE

12. Printed name of Applicant	13. Date	14. Signature of Applicant

NOTE: For the examining Physician: Please review this Medical History and make appropriate comments on the Examination Form on all positive or significant comments.

NOTE: Form available in English (AID 1382-1), Spanish (AID 1382-3), Arabic (AID 1382-5), and French (AID 1382-7) through MO/RM, Room 1200F, SA-14, Wash. D.C. 20523.

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REPORT OF MEDICAL EXAM FOR FOREIGN APPLICANTS  
 TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PHOTO

15. NAME OF PARTICIPANT:

16. Height	17. Weight	18. Blood Pressure	19. Corrected Vision L20: ___ R20: ___
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20. Urinalysis (sugar, blood, etc.)	21. Blood Serology Test for Syphilis positive ___ negative ___
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22. Chest X Ray Report: (Date)	23. Electrocardiogram Report (if indicated by history or physical)
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Normal	24. CLINICAL EVALUATION	Abnormal	DESCRIBE ABNORMAL FINDINGS
	Head, nose, Mouth		
	Ears, hearing acuity		
	Eyes, visual acuity		
	Lungs and chest		
	Heart, rhythm & sounds		
	Vascular system, vari- cosities		
	Abdomen, hernia, etc.		
	Hemorrhoids, fistula prostate		
	Urinary system		
	Spine, arms, legs, etc.		
	Skin, lymph nodes, scars		
	Neurological		
	Emotional stability		

25. THE PHYSICIAN MUST COMMENT ON ALL ITEMS MARKED "YES" IN THE HISTORY AND COMMENT ON ANY CONDITION DISCOVERED DURING THE EXAMINATION.

26. SUMMARY OF ANY DEFECTS AND DIAGNOSIS:	RECOMMENDATIONS: <input type="checkbox"/> Medically Qualified for Training <input type="checkbox"/> Not Medically Qualified For Training
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27. Examining Physician	28. Address	29. Date of Exam.
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30. SIGNATURE OF EXAMINING PHYSICIAN:

ADMINISTRATIVE REVIEW OF MEDICAL EXAMINATION  
(FOR USE BY POST TRAINING OFFICE)

ATTACHMENT 13A  
HB 10, TM 10:108

Candidate: Name \_\_\_\_\_

Medical Clearance Action:

Action By Training Officer:

Recommend approval of Applicant's entry into training program

Recommend disapproval of Applicants entry into training program

Reason for Rejection:

Date \_\_\_\_\_,

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Reviewed By:  
(US Officer Only)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Medical Waiver Action

Applicants rejected for training because of medical problems may be re-evaluated for training with a waiver of M.A.C. coverage for specified pre-existing condition.

The A.I.D. Mission may determine to grant a waiver when:

1. It is felt that the period of training will be of short duration and medical condition is unlikely to be activated or aggravated during that period; or
2. The training is considered essential to the program objective.

If a waiver is granted, the A.I.D. Mission accepts full responsibility to ensure payment of all claims arising from waived conditions. This determination by the USAID Director or US officer designee must be obtained prior to further processing of the applicant.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

THE AGENCY FOR INTERNATIONAL DEVELOPMENT  
OFFICE OF INTERNATIONAL TRAINING

GUIDE TO MEDICAL FITNESS STANDARDS FOR APPLICANTS

Applicants must be screened to identify medical conditions which might limit their ability to complete their training or might result in excessive costs for medical care for a pre-existing condition.

This guide provides medical fitness standards of sufficient detail to ensure uniformity in the medical evaluation of applicants for training programs. Although the guide attempts to generally include all disease conditions, it is not possible to cover every disease or physical finding. It is the responsibility of the medical examiner to use sound medical judgment to determine fitness of those personnel who have medical findings not covered precisely by the guide.

If a disqualifying defect listed in this guide is identified but not considered disqualifying for this particular applicant, the examining physician should state the reasons why the finding is not likely to limit performance or cause undue risk during training. In addition, those conditions indicated as causes for rejection which can be corrected by treatment or by spontaneous cure will be reconsidered following resolution and/or therapy when substantiating studies have been completed and received.

The medical assessment should be based on the established classifications given in the following Guide to Medical Fitness.

MEDICAL CONDITIONS LISTED UNDER EACH HEADING IN SECTION ONE THROUGH SIXTEEN ARE REASONS FOR DISQUALIFICATION UNLESS OTHERWISE STATED.

CONTENTS

SECTION	1	ABDOMEN AND GASTROINTESTINAL SYSTEM
SECTION	2	BLOOD AND BLOOD-FORMING DISEASES
SECTION	3	EARS AND HEARING
SECTION	4	ENDOCRINE AND METABOLIC DISORDERS
SECTION	5	MUSCULO-SKELETAL SYSTEM
SECTION	6	EYES AND VISION
SECTION	7	GENITO-URINARY SYSTEM
SECTION	8	HEAD AND NECK
SECTION	9	HEART AND VASCULAR SYSTEM
SECTION	10	HEIGHT, WEIGHT AND BODY BUILD
SECTION	11	LUNG AND CHEST WALL
SECTION	12	MOUTH, NOSE, PHARYNX, TRACHEA, ESOPHAGUS AND LARYNX
SECTION	13	NEUROLOGICAL DISORDERS
SECTION	14	PSYCHOSES, PSYCHONEUROSES, PERSONALITY DISORDERS, ALCOHOLISM, DRUG DEPENDENCE, ETC.
SECTION	15	SKIN AND CELLULAR TISSUES
SECTION	16	SYSTEMIC DISEASES AND MISCELLANEOUS CONDITIONS AND DEFECTS

MEDICAL CONDITIONS LISTED UNDER EACH HEADING ABOVE ARE  
REASONS FOR DISQUALIFICATION UNLESS OTHERWISE STATED.

ABDOMEN AND GASTROINTESTINAL SYSTEM

Cholecystitis (gall bladder disease), chronic with symptoms so severe as to interfere with normal activities.

Cholelithiasis (gall stones), symptomatic or asymptomatic.

Cirrhosis, demonstrated by abnormal liver function tests with or without jaundice, or with ascites or varices of the esophagus.

Hepatitis, active or chronic as demonstrated by liver function tests.

Hernia, symptomatic inguinal, umbilical, hiatal.

Intestinal tract, megacolon, diverticulitis, ulcerative colitis, Chron's disease.

Rectum and Anus, stricture, fissure, prolapse, hemorrhoids.

Pancreas, acute or chronic disease.

Spleen, diseases involving, splenectomy within the last two years.

Tumors, benign or malignant. (see section 16)

Ulcer, stomach or duodenal confirmed by history or X-Ray.

OTHER CONGENITAL OR ACQUIRED ABNORMALITIES AND DEFECTS WHICH REQUIRE SPECIAL MEDICAL CARE.

BLOOD AND BLOOD-FORMING TISSUE DISEASES

Anemias, blood loss anemia, abnormal destruction of RBCs(hemolytic anemia), faulty RBC production including: hereditary hemolytic anemia, thalassemia, sickle cell and other clinically significant hemoglobinopathies.

Hemorrhagic states, caused by coagulation defect or vascular instability.

Leukopenia, chronic or recurrent.

Myeloproliferative disease, polycythemia, leukemia, etc.

Hypogammaglobulinemia,

Acquired Immune Deficiency Syndrome & ARC

Malignancies, those conditions associated with the blood forming elements.

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EARS AND HEARING

Auditory canal, tumors or obstruction of the ear canal.

Mastoids, chronic mastoiditis.

Tympanic membrane (ear drum), perforation or severe scarring associated with a hearing level below standards and requiring hearing apparatus.

OTHER DEFECTS AND DISEASES OF THE EAR  
REQUIRING FREQUENT AND PROLONGED TREATMENT.

Hearing defect, significant hearing loss determined by audiometer. Use of a hearing aid to bring auditory acuity up to acceptable standards is permitted.

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ENDOCRINE AND METABOLIC DISORDERS

Adrenal gland, abnormal function of any degree.

Diabetes mellitus, requiring insulin and not controlled by diet, history of acidosis.

Thyroid, goiter, thyroid nodule (benign or malignant), hypo or hyperthyroidism.

Gout, moderate to severe with renal complications, any gouty condition not controlled by diet or medication.

Hyperlipidemia, familial.

OTHER ENDOCRINE OR METABOLIC DISORDERS WHICH REQUIRE FREQUENT MONITORING AND TREATMENT.

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MUSCULO-SKELETAL SYSTEM

Extremities, congenital or acquired abnormality which requires frequent observation, evaluation and/or treatment including prosthetic appliances.

Arthritis, chronic osteoarthritis or traumatic arthritis, rheumatoid arthritis documented by laboratory studies or by history.

Osteomyelitis, any infection involving bone, including tuberculosis, which is active or recurrent, unless successfully treated two or more years previously.

Spine, diseases, abnormalities, or injuries which require continual treatment or evaluation of the spine and prevent physically active participation in training. Intervertebral disc herniation or history of surgical intervention unless two or more years have passed and no symptoms exist.

Fractures, any fracture of a bone which has not healed completely and therefore requires continual treatment.

ALL OTHER CONDITIONS, EITHER CONGENITAL OR ACQUIRED, WHICH INVOLVE THE MUSCULO-SKELETAL SYSTEM THAT WILL REQUIRE TREATMENT OR FREQUENT OBSERVATION WOULD BE DISQUALIFYING.

EYES AND VISIONEYES

Lids, ptosis, growth or tumor which interferes with vision.

Conjunctiva, conjunctivitis, including trachoma interfering with normal vision.

Cornea, opacification of the cornea from any cause, including corneal ulcer, herpetic ulcer.

Retina, degeneration, detachment of the retina, or congenital condition that impairs vision.

Lens, opacities or dislocation of the lens which interferes with vision.

Glaucoma, primary or secondary that is not easily controlled by medication or where vision is significantly effected.

ALL OTHER DEFECTS AND DISEASES WHICH IMPAIR VISION OR REQUIRE CONTINUED EVALUATION AND TREATMENT.

VISION

Distant vision, visual acuity which does not correct to at least one of the following:

20/30 in one eye and;  
20/100 in the other eye.

20/20 in one eye and;  
20/400 in the other eye.

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GENITO-URINARY SYSTEM

Kidney, absence of one kidney unless the remaining kidney has normal function, cystic or polycystic kidney, chronic infection of the urinary tract such as pyelonephritis, glomerulonephritis, or tuberculosis. Any tumor or persistent calculi (stone) which is identified and symptomatic.

Ureter, bladder, urethra, any infection which does not respond to treatment or reoccurs with such frequency so as to interfere with normal function. Stones located in any portion of the urinary tract.

Testicles, undescended testicle unless surgically corrected, epididimitis, or tumors and cysts involving this organ.

Prostate, enlargement to such a degree so as to cause obstruction to urine flow, chronic infection.

Uterus, enlargement due to fibroids,

Pregnancy, until satisfactory delivery and no residual complication.

Ovaries, cysts or tumors or chronic infections involving the tubes (salpingitis).

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Genitalia, male or female, any abnormality, acquired or congenital, that will require treatment; this includes cystocele, rectocele, vaginal cysts, hydrocele, etc.

Tumor, any tumor, benign or malignant, of the genito-urinary system.

ALL OTHER CONDITIONS INVOLVING THE G-U SYSTEM THAT WILL INTERFERE WITH NORMAL FUNCTION OR REQUIRE EXTENSIVE MEDICAL CARE.

HEAD AND NECKSUPPLEMENT 13A  
HB 10, TM 10:108

Abnormalities, any injury or congenital changes which affect normal function.

Skull, any deformity if associated with evidence of compromise of brain, spinal cord, or peripheral nerve function.

Neck, congenital bronchial cleft cyst, spastic contraction of neck muscles (torticollis), cervical lymph node enlargement.

ALL OTHER CONDITIONS INVOLVING THE HEAD AND NECK THAT PROHIBIT NORMAL FUNCTION OR WHICH MAY REQUIRE EXTENSIVE MEDICAL CARE.

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HEART AND VASCULAR SYSTEM

Congenital abnormalities, heart and major vessels unless such abnormalities have been satisfactorily corrected without prosthesis and there are no residual or complications of treatment.

Valvular disease, this includes mitral valve prolapse which has persistent hemodynamic significance.

Ischemic myocardial disease, occlusive coronary artery disease as manifested by any of the following:

- \*history of myocardial damage
- \*symptoms of acute or chronic ischemia
- \*electrocardiographic evidence of myocardial ischemia.

Pericarditis, including constrictive pericarditis unless surgically corrected.

Endocarditis, valve deformity with or without myocarditis.

Hypertrophy (enlargement) of the heart, dilatation for any reason including congestive failure, parasitic infection (Chagas' disease), etc.

Abnormal electrocardiogram, evidence of myocardial infarction, arrhythmias, conduction disorder or defect including second or third degree heart block, persistent tachycardia or bradycardia.

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Hypertension, manifested by consistent systolic pressure readings of 160 mm Hg. or more in a 35 year old person, 140 mm Hg. or more in a person under 35 years old, or in a person whose diastolic pressure remains above 95 mm Hg. at any age. Pre-existing hypertension well controlled by drug therapy and no evidence of involvement of any organs may be exempted if verified.

Acquired diseases of the circulatory system, aneurisms of major vessels, varicosities, thrombophlebitis, occlusive disease of vessels, arterio-spastic diseases, etc.

Rheumatic fever, evidence of rheumatic fever present now or within the past two years.

Coronary revascularization, any person who is a candidate for coronary bypass surgery or who has had such surgery in the past year.

ANY CARDIOVASCULAR CONDITION THAT INTERFERES WITH NORMAL FUNCTION OR REQUIRES MEDICAL CARE AND MONITORING.

HEIGHT AND WEIGHT

Proportion of height to weight which would limit physical activity or normal function and place the subject at increased medical risk is reason for rejection.

The examining physician should include an evaluation of the subject's physical condition and reject those whose weight exceeds that from the height/weight table by more than 30 per cent.

## Height and Weight Tables\*

MEN				WOMEN					
Height Feet	Inches	Small Frame	Medium Frame	Large Frame	Height Feet	Inches	Small Frame	Medium Frame	Large Frame
5	2	129-134	131-141	138-150	4	10	102-111	109-121	119-131
5	3	130-136	133-143	140-153	4	11	103-113	111-123	120-134
5	4	132-138	135-145	142-156	5	0	104-115	113-126	122-136
5	5	134-140	137-148	144-160	5	1	106-119	115-129	125-140
5	6	136-142	139-151	146-164	5	2	108-121	118-132	128-143
5	7	138-145	142-154	149-168	5	3	111-124	121-135	131-146
5	8	140-148	145-157	152-172	5	4	114-127	124-138	134-149
5	9	142-151	148-160	155-178	5	5	117-130	127-141	137-152
5	10	144-154	151-163	158-190	5	6	120-133	130-144	140-159
5	11	146-157	154-168	161-184	5	7	123-136	133-147	143-163
6	0	149-160	157-170	164-198	5	8	126-139	136-150	146-166
6	1	152-164	160-174	168-192	5	9	129-142	139-153	149-170
6	2	155-168	164-178	172-197	5	10	132-145	142-156	152-172
6	3	158-172	167-182	176-202	5	11	135-148	145-159	155-175
6	4	162-176	171-187	181-207	6	0	138-151	148-162	158-178

\*In shorts with one-inch heels and indoor clothing weighing five pounds for men and three pounds for women.

LUNGS AND CHEST WALL

Tuberculous lesions, active tuberculosis or evidence of tuberculosis within the past two years. Treated and healed tuberculosis which is demonstrated as inactive by X-ray and laboratory studies is not disqualifying. The subject should not currently require anti-tuberculosis treatment.

Lung, lobectomy for any reason; pneumothorax which has reoccurred within the past two years regardless of cause, abscess of the lung bullous emphysema, or bronchopleural fistula.

Infectious disease, any non-tubercular chronic infection involving the lungs such as sarcoidosis, histoplasmosis, coccidiomycosis mycotic infections, chronic lung abscesses.

Respiratory diseases, asthma requiring frequent medication and/or requiring hospitalization in the past five years, bronchiectasis, chronic emphysema, and extensive pulmonary fibrosis.

Tumor, any tumor or growth, malignant or benign.

Chest wall, any deformity causing pulmonary insufficiency.

ALL OTHER CONDITIONS OF THE CHEST AND LUNGS THAT RESULT IN DIFFICULTY IN RESPIRATION AND THUS LIMIT ACTIVITY OR REQUIRE EXTENSIVE MEDICAL CARE ARE REASONS FOR REJECTION.

MOUTH, NOSE, THROAT, ESOPHAGUS, LARYNX

Nose, allergies not controlled by medication, nasal polyps, perforated nasal septum associated with interference of function.

Sinuses, chronic sinusitis requiring frequent medical attention.

Pharynx/Larynx, disease condition which results in ulceration or obstruction, tumor or polyps, laryngeal paralysis which interferes with swallowing or speech.

Esophagus, obstruction due to scarring or tumor, varicose veins associated with portal hypertension.

Tongue, paralysis affecting speech, tumors.

ALL OTHER CONDITIONS THAT INTERFERE WITH FUNCTION OR REQUIRE CONTINUED MEDICAL CARE.

NEUROLOGICAL DISORDERS

Degenerative disorders, cerebral arterial sclerosis, ataxias, multiple sclerosis, Parkinson's disease, etc.

Convulsive disorders, all forms of psychomotor or temporal lobe epilepsy except by history more than five years previous and not requiring medication for control.

Migraine headaches, those headaches which respond poorly to treatment and result in incapacitation.

Paralysis, incapacitation, congenital or acquired, if subject is unable to care for himself or where therapy or appliances are required.

Peripheral nerve disorder, neuralgia which is chronic and of an intensity that is incapacitating, polyneuritis, neurofibromatosis.

NEUROLOGICAL CONDITIONS THAT LIMIT FUNCTION AND THE ABILITY TO COMPLY WITH TRAINING PROGRAMS OR REQUIRE EXTENSIVE MEDICAL CARE.

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PSYCHOSES, PSYCHONEUROSES, PERSONALITY  
DISORDERS, DRUG DEPENDENCE, ETC.

Psychoses, current behavior suggestive of a psychosis or by history unless of a brief duration and at least three years have elapsed since recovery.

Psychoneuroses, neurotic symptoms or behavior which impairs occupation or interpersonal effectiveness, depressive state which is or was sufficiently severe to require hospitalization or therapy.

Personality disorders, personality inadequacy which will seriously interfere with adjustment.

Drug dependencies, this includes all illegal drugs and the state of alcoholism which is characterized by repeated and excessive abuse of alcohol which interferes with normal functions. Recovering alcoholics who have a period of sobriety for more than three years may be considered for training if continued participation in a form of treatment can be assured.

OTHER PSYCHIATRIC CONDITIONS WHICH INTERFERE WITH EXPECTED ACTIVITIES OR THOSE WHICH MAY INVOLVE OR AFFECT OTHERS ARE REASONS FOR DISQUALIFICATION.

SKIN DISORDERS

Lupus erythematosus, discoid or systemic which is not controlled or is aggravated by sunlight.

Psoriasis, if extensive and requiring frequent medical attention.

Pemphigus, familial and vulgaris, especially when in bullous form and requiring extensive medical care.

Fungal, any of the fungal infections which are chronic and unresponsive to treatment.

Eczema, atopic dermatitis, if symptomatic and unresponsive to treatment.

Malignancies, basal cell, squamous cell, or malignant melanoma cancers which have not been adequately treated, leukemia cutis, Hodgkins disease.

OTHER CHRONIC DISORDERS OF THE SKIN OF A DEGREE OR NATURE WHICH REQUIRE FREQUENT OUTPATIENT TREATMENT OR INTERFERE WITH NORMAL FUNCTION.

SYSTEMIC DISEASES AND OTHER CONDITIONS

Tuberculosis, active tuberculosis in any form or location except treated or spontaneously healed lesions for more than one year under supervised treatment.

Sarcoidosis, unless the manifestations of the disease are limited to hilar adenopathy and the condition has been stable for more than two years.

Allergies, all forms of skin, respiratory, rhinitis allergies that require constant medical evaluation, treatment or desensitization.

Parasitic infections, this includes shistosomiasis, filariasis, trypanisomiasis, amebiasis, hookworm, and other similar parasitic infections until successfully treated.

Tumors, for this purpose, tumor includes all malignancies and benign lesions which interfere with normal function, require extensive medical treatment or surveillance and have the potential for increased morbidity or mortality.

Malignancies, this includes lymphomas,  
leukemias, etc.

Veneral, any acute or chronic venereal  
disease such as syphilis, gonorrhea,  
lymphogranuloma venereum, acquired immune  
deficiency syndrome (AIDS), etc. The finding  
of a positive blood test for syphilis  
following the adequate WHO treatment is not  
in itself considered evidence of chronic  
venereal disease.

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THE AGENCY FOR INTERNATIONAL DEVELOPMENT  
GUIDELINES FOR THE EXAMINING PHYSICIAN

All reports should be in the English language

1. PURPOSE OF EXAMINATION

The person you are authorized to examine is a candidate for training under a USAID program. The United States Government desires to verify that this person is physically and mentally fit to enter into a rigorous training program and asks that your examination identify any significant medical condition which may require correction or medical management. Emphasis should be placed on those conditions that are likely to cause disruption of the training or result in costly medical care.

You should inform the candidate of any abnormal condition that requires medical care but need not inform the person as to the likelihood of acceptance into the training program until the forms have been reviewed by an AID Official.

2. SCOPE OF THE EXAMINATION

The candidate should complete the first page which is a medical history about that person. After careful review, you should perform your examination taking into consideration and commenting on any positive findings.

Laboratory tests should include as a minimum urinalysis, blood serology for syphilis, and a chest X-ray. There may be a need for additional laboratory studies to complete your evaluation; however, authorization must be obtained from the USAID Training Office before obtaining these studies.

Please complete the examination form by listing defects or diagnosis and offer your recommendation as to the candidate's ability to enter into and complete the projected training program.

3. DISPOSITION OF MEDICAL REPORT

The completed forms should be sealed in an envelope and instructions followed with regard to the local disposition. All the forms should be treated as medical confidential.

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**APPENDIX H**  
**IAP-66A FORM**  
**&**  
**INSTRUCTIONS**

PLEASE DO NOT STAPLE THIS FORM

AGENCY FOR INTERNATIONAL DEVELOPMENT OFFICE OF INTERNATIONAL TRAINING Control No _____	UNITED STATES INFORMATION AGENCY ASSOCIATE DIRECTORATE FOR EDUCATIONAL AND CULTURAL AFFAIRS CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J - 1) STATUS
<b>PART I - IT IS HEREBY CERTIFIED THAT:</b>	
1. _____ ( ) Male ( ) Female (FAMILY NAME OF EXCHANGE VISITOR) (FIRST NAME) (MIDDLE NAME) born _____ in _____ (Mo.) (Day) (Yr.) (City) (Country) a legal permanent resident of _____, whose position in _____ (Country) (Code) that country is _____ (Post Code) U.S. address _____	THE PURPOSE OF THIS FORM IS TO: 1. ( ) Begin a new program 2. ( ) Extend an on going program 3. ( ) Transfer to a different program 4. ( ) Replace a lost form 5. ( ) Permit visitor's immediate family to enter U.S. separately.
2. which will be sponsored by the AGENCY FOR INTERNATIONAL DEVELOPMENT, U.S. INTERNATIONAL DEVELOPMENT COOPERATION AGENCY to participate in the EXCHANGE VISITOR PROGRAM NO. G-2-0263 which is still valid and is officially described as follows:  <i>A program of the Agency for International Development, U.S. International Development Cooperation Agency to bring participants to the United States for training, academic study, observation or consultation in keeping with the objectives of human resource development as contained in the Foreign Assistance Act of 1961 as amended.</i>  PIO/P No. _____ DTS No. _____ Contractor _____	
3. This form covers the period from _____ to _____ (one year maximum.) Passport No. _____ (Mo.) (Day) (Yr.) (Mo.) (Day) (Yr.) If this form is for family travel or replaces a lost form, the expiration date on the exchange visitor's I-94 is _____	
4. The category of this visitor is 1 ( ) Student, 2 ( ) Trainee, 3 ( ) Teacher, 4 ( ) Professor, 5 ( ) Research Scholar or Specialist, 6 ( ) International Visitor, 7 ( ) Professional Trainee, and the specific educational field or non-study activity to be engaged in is Code No. _____, verbally described as follows: (Subj/Field Code)	
5. During the period covered by this form, it is estimated that the following financial support (in U.S. \$) will be provided to this exchange visitor by: a. ( ) The Program Sponsor in Item 2 above \$ _____ Financial support from organizations other than the sponsor will be provided by one or more of the following: b1. ( ) U.S. Government Agency(ies): _____ (Agency Code), \$ _____; b2. _____ (Agency Code), \$ _____ c1. ( ) International Organization(s): _____ (Int. Org. Code), \$ _____; c2. _____ (Int. Org. Code), \$ _____ d. ( ) The Exchange Visitor's Government \$ _____ (If necessary, use above spaces for funding by multiple U.S. Agencies or Intl. Organizations) e. ( ) The Binational Commission of the visitor's Country \$ _____ f. ( ) All other organizations providing support \$ _____ g. ( ) Personal funds \$ _____	
6. I.N.S. USE	7. _____ (Title) _____ (Title) _____ (Address) _____ (Signature of Responsible Officer or Ambassador, E.O.) (Date)
<b>PART II - ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE I.N.A.</b>	<b>PART III - STATEMENT OF RESPONSIBLE OFFICER FOR RELEASING SPONSOR (FOR TRANSFER OF PROGRAM)</b>
NO endorsement of Consular or Immigration Officer regarding Sec. 212(e) of the Immigration and Naturalization Act is necessary because  <b>ALL AID PARTICIPANTS ARE SUBJECT TO THE TWO YEAR RESIDENCE REQUIREMENT</b>  Keypunch Information: Col 138=1 Col 138=1 Col 140=1	Date _____, Transfer of this exchange visitor from program No. _____ sponsored by _____ to the program specified in item (2) is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961.  _____ (Signature of Officer) (Date)

TH

**EDUCATIONAL AND CULTURAL EXCHANGE**

**Exchange-Visitor Program**

**Instructions and Codes**

**for**

**Preparation of Form IAP-66**

**UNITED STATES INFORMATION AGENCY**

**Printed 4/86**

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## INTRODUCTION

An organization sponsoring an exchange visitor program must name a responsible officer whose duty is to administer the program and carry out the obligations which the organization assumed in undertaking to sponsor a program in accordance with the regulations contained in the Code of Federal Regulations (CFR), Title 22, Chapter V, Part 514, Sections 514.1 - 514.24. (All subsequent references to exchange visitor program regulations are to Part 514 of the CFR, as cited above.) The responsible officer must be an official of the organization who is fully familiar with the laws, regulations and operation of the organization's exchange visitor program.

The sponsoring organization must record with the United States Information Agency (hereinafter referred to as USIA) the name and title of the designated responsible officer. The designation of an alternate responsible officer(s) is encouraged; the name and title of any alternate(s) must also be recorded with USIA. No other official of the organization is authorized to act for the organization in regard to the designated exchange visitor program. USIA will conduct correspondence concerning the program only with the designated responsible officer (or alternate).

The only person authorized to sign Form IAP-66 is the responsible officer (or designated alternate) whose name has been recorded with USIA. The responsible officer must also take whatever measures are necessary to safeguard supplies of Form IAP-66 and to ensure that Form IAP-66 is not executed by unauthorized individuals.

The codes in this handbook have been drawn from a variety of codes used by the U.S. Government and private organizations. They have been tested in past usage but may continue to be subject to change as the circumstances or substance of international educational exchange activities may change. The codes must be used as given in this handbook unless the responsible officers or sponsoring organizations are notified of changes. Inquiries regarding the content of the handbook or requests for additional copies should be sent to: Office of the General Counsel, United States Information Agency, Washington, D.C. 20547.

I. INSTRUCTIONS FOR PREPARATION AND ISSUANCE OF FORM IAP-66  
CERTIFICATE OF ELIGIBILITY  
FOR EXCHANGE VISITOR STATUS (J-1)

1. FORM IAP-66

The IAP-66 form is a four-page document, and each page is a different color. It is printed on NCR paper (No Carbon Required); copy 1 (white) goes to the Immigration and Naturalization Service's records; copy 2 (yellow) goes to the United States Information Agency (USIA) to be used for statistics and reports; copy 3 (pink) is retained by the exchange visitor for his re-entries; and copy 4 (green) is for the issuing office's file.

Copy 1 of the form contains details about the exchange visitor and his/her program and is printed on the front of all copies.\*

On the reverse of copy 1 (white) is a certificate which is to be read and signed by the exchange visitor, showing that he understands the conditions of his stay in the United States in J-visa status.\*

On the reverse of copy 3 (pink); a certificate like the one on the back of copy 1 (white) which is to be read and signed by the exchange visitor; a certificate which is to be endorsed by the Responsible Officer of the sponsoring organization to indicate the exchange visitor's good standing. Before the exchange visitor visits another country, he should have this copy of the IAP-66 form validated (to facilitate readmission).\*

On the reverse of copy 4 (green) are abbreviated instructions for the program sponsor. More detailed instructions follow below.\*

2. Procedures

When the IAP-66 has been filled out by the program sponsor and signed by the responsible officer (or alternate responsible officer), the sponsoring organization should detach copy 4 of the form for its records. Copies 1, 2, and 3 should be forwarded to the exchange visitor.

The visitor should be instructed to present all three copies when he applies for a visa or an extension of stay. The exchange visitor should not separate the three copies.

At the port of entry or when the visitor's extension or transfer is approved, the Immigration Service will collect copies 1 and 2, retaining copy 1 and forwarding copy 2 to USIA. The Immigration inspector will indicate the authorized length of stay on copy 3 and return it to the visitor for use in re-entry to the United States after a temporary visit abroad.

\*See Samples on Pages 11-14

where it involves travel outside of the U.S., the sponsoring organization should certify that the exchange visitor is still in status, in the same program, and in good standing at the institution. The Responsible Officer should revalidate the exchange visitor's IAP-66 form by endorsing the back of the exchange visitor's (pink) copy. A new IAP-66 may be issued if it is preferred by the sponsoring organization.

### 3. THE FILLING-OUT PROCESS

#### UPPER RIGHT-HAND CORNER

The box in the upper right-hand corner of the IAP-66 indicates the purpose for which it is issued. Sample forms are included in this handbook. Check only one of the five options. Check "TO BEGIN A NEW PROGRAM" for an exchange visitor who is beginning a new program and who is not now participating in this or any other exchange visitor program.

If the exchange visitor is accompanied by immediate family, indicate the number of accompanying family members, and provide listing of their names, dates and places of birth, and relationship to the exchange visitor on sponsoring organization's letter head stationery. If the exchange visitor is not accompanied by his immediate family, type in (N).

Check "TO EXTEND AN ONGOING PROGRAM" for an exchange visitor who is extending an ongoing program beyond the period of stay authorized on his Form I-94. (Form I-94 is issued to all exchange visitors by the Immigration Service.) Check "TO TRANSFER TO A DIFFERENT PROGRAM" for a visitor who is transferring from one program number to another.

Check "TO REPLACE A LOST FORM" if the form is to replace a pink copy of an IAP-66 lost by the exchange visitor.

Check "TO PERMIT THE VISITOR'S FAMILY TO ENTER THE U.S. SEPARATELY" if the form is to be used by members of the immediate family (spouse and minor children) of the exchange visitor in order to travel separately from the J-holder, indicate number of immediate family members.

#### COPY 1

Copy 1 should be filled in by the program sponsor and signed by the responsible officer or alternate responsible officer whose names are on the record with USIA. No other person may sign an IAP-66.

-Block 1: Fill in the family name first, followed by the first name and middle names. Indicate the sex of the visitor. Fill in the visitor's birthdate using numerals, with the month first, followed by the day and the year. For example, the 9th of October, 1934, would be typed as 10 09 34. Enter the city and country of birth of the visitor. Province, prefecture, township, district, etc., may be used in place of the city where local custom or regulation requires. Fill in the name of the country in

which the visitor is a legal permanent resident, and insert the code for that country, from the list of country codes in this handbook.

The legal permanent residence of the exchange visitor has a direct bearing on applicability of the two-year foreign-residence requirement of U.S. law. For most visitors, the country of legal permanent residence is the same as his/her country of citizenship. (The phrase "Exchange Visitor's government" as used in these instructions refers to the government of the country of the exchange visitor's legal permanent residence.)

In a few cases, persons who become exchange visitors will have migrated from the country of their birth and/or citizenship to another country. They may or may not have taken out citizenship in their adopted country. Some examples: A Pakistani who is a landed immigrant in Canada would be a legal permanent resident of Canada, whereas a Pakistani who is in Canada to study on a student visa would not be. A French professor who is teaching in the Ivory Coast on a one-year contract would not be considered a legal permanent resident of the Ivory Coast, even though he/she may receive the IAP-66 and apply for the J visa there. Thus, the geographical location of an individual when he/she receives the IAP-66 and applies for a U.S. visa is not necessarily a factor in determining legal permanent residence. If in doubt, program sponsors should query the potential exchange visitor to determine the country of legal permanent residence. Consular officers will review this carefully at the time the visitor applies for a visa.

Following the country of legal permanent residence, fill in the position of the exchange visitor in his or her country of legal permanent residence prior to becoming an exchange visitor. Be specific. If the exchange visitor is connected with an organization, specify that organization, for example, "Minister of Public Works" or "Director, Irish Department of Tourism" or "Production Manager, Gowon Chemical Corp." or "Student, Mohammed V. University." If there is no organizational connection, use entries such as "physician, private practice" or "free-lance writer," then, fill in the appropriate code for that position, from the position/occupation codes in this book.

Finally, fill in the U.S. address of the visitor. This address is important to the Immigration and Naturalization Service in communicating with the visitor, especially when an application for extension of stay or program transfer is made. If the visitor is entering the U.S. for the first time and has no mailing address, enter the address of the institution where he or she will carry out the program or the address of the program sponsor.

-Block 2: Enter the name of the program as it appears in the records of the USIA. If the name of the sponsoring organization changes, the USIA must be notified so that the official records can reflect the change. Enter the program number in the following manner: P-1-45 or G-4-63. (Do not use Roman numerals even though programs in the past may have been designated with Roman numerals.)

In the space provided, enter the full description of the sponsor's program exactly as shown in the letter of designation or subsequent letter of amendment. The description may be entered by typing, overprinting or the use of a rubber stamp. If overprinting is used, the method must be such that it will carry through the first three copies. If a rubber stamp is used, the first three copies must be stamped individually. (Copy 4 is to be retained by the sponsor and need not be stamped.)

-Block 3: Enter the dates of the program covered by this IAP-66 (duration of acceptance). Use numerals for the date as you did for the date of birth. The Immigration and Naturalization Service grants admission into, and extensions of stay in, the United States in maximum periods. This maximum is an administrative device, and the full extent of the limitations on stay are set forth in Section 514.23 (a) (1) of the Regulations Governing Designated Exchange Visitor Programs (Code of Federal Regulations, Title 22, Chapter V, Part 514) and in block 1(b) on reverse of copy 1 (white) of IAP-66. At the time of the visitor's admission into the United States in exchange visitor (J) status, the Immigration Service will issue him/her Form I-94 on which the Immigration inspector will enter the period of stay authorized. The inspector will also indicate the authorized period of stay in block 6 of copy 3 (pink) of the IAP-66 which is retained by the exchange visitor.

All exchange visitors will be admitted for "Duration of Program." The I-94 Arrival/Departure form will show the date which appears on the IAP-66 form which indicates the expiration of the period of acceptance for sponsorship by the exchange visitor sponsor.

Everyone will be admitted for duration of program plus 30 days, and each individual exchange visitor will have an IAP-66 form giving a period of acceptance, indicating the length of time the sponsoring organization is willing to accept the exchange visitor. Should the exchange visitor need to stay in the U.S. beyond that date a new IAP-66 (checked to extend) would need to be issued by the sponsor indicating a further period of acceptance for the exchange visitor. If this form is for the visitor's family travel or to replace a lost form, enter the expiration date which appears on the exchange visitor's Form I-94.

If an exchange visitor plans to engage in activities (not travel) lasting beyond the date entered on the I-94, he or she must apply to the Immigration Service for an extension 15 to 30 days before the current stay expires. The visitor should obtain a newly-executed Form IAP-66 (marked "TO EXTEND AN ONGOING PROGRAM" in the upper right-hand corner) from the program sponsor, and forward it to the District Office of the Immigration and Naturalization Service having jurisdiction over his or her place of residence. In filling out block 3 for extensions (and transfers), do not include the period shown on previous IAP-66s. Enter the beginning and ending dates of the period for which the program is being extended.

If the IAP-66 is for the visitor's family travel or to replace a lost form, the expiration date of the exchange visitor's Form I-94 must be entered in block 3.

**-Block 4:** Check the category of exchange visitor into which the visitor best fits. Definitions of the categories will be found in this book under II.E. "Definitions of Visitor Categories." Then, enter the code for the subject or field of activity to be undertaken by the exchange visitor. In the space remaining in block 4, describe the coded activity. The description should be sufficiently clear to enable the consular or Immigration officer to determine whether the activities are authorized by the program description appearing in block 2. For example, a description in block 4 might read: "Visiting Professor of Mathematics," or "Student in Theory of International Relations," or "Trainee in Agricultural Field Office Operations."

**-Block 5:** Indicate how much money (all foreign currency must be converted into U.S. dollars) is to be provided for that period of the exchange visitor's program covered by the IAP-66 being issued. For example, if the contemplated program is a four-year program of undergraduate studies and the IAP-66 is being issued to cover the first year, indicate only what will be provided or spent during the first year. International travel should be counted in the period in which it occurs. If the program sponsor is a source of funds, those funds should be indicated in the top line of block 5 ("The program sponsor in Block 2 above"), even if the program sponsor fits into one of the subsequent categories also. If funds come from organizations other than the program sponsor or from the visitor's private sources, enter those funds on lines b. through g. In the case of U.S. government agencies or international organization sponsors, please use the standard acronyms and/or abbreviations which are found in this book under II.D. These are referred to on the IAP-66 as "Agency Code" and "Int. Org. Code."

If the IAP-66 is being issued for a period of one year or less, be sure to calculate the total amount to be spent during that period rounded to the nearest dollar. Do not make such entries as "180/month" or "\$500 per semester." Show the total amount instead. Sponsors should endeavor to provide the most accurate and realistic cost data possible, even though they may be estimates. If, on the other hand, the IAP-66 is being issued to cover more than one year, in addition to the preceding, the sponsor should show the total amount for the period covered by the IAP-66 even though the figure may be an estimate.

Should a non-governmentally sponsored exchange visitor receive funding from either a U.S. government agency or an international organization after the first year, the sponsoring organization should report the change in the source of support to the Immigration and Naturalization Service by issuing a new IAP-66 form.

Consular and Immigration officers will rely on the information in block 5 to make a determination as to the applicability of the two-year residence requirement and as to the likelihood of the potential visitor's becoming a public charge.

Multiple Sources of Funds:

When there is more than one source of funds for an individual's exchange program, each source and the amount should be indicated on the appropriate line in block 5.

Government Funding: According to the relevant statute, the foreign residence requirement applies if financial support is provided to an exchange visitor "in whole or in part, directly or indirectly" by the United States Government or the exchange visitor's government. Care should be exercised in filling out the form to indicate government sources even though partial or indirect. Government sources also include binational ("Fulbright") commissions and international organizations such as the U.N. If the amount of government financing in an individual's program cannot be determined, check the "U.S. Government Agencies" category and write "unknown" on the amount line for that category. General institutional support not specifically designated for an exchange visitor program should not be considered to be government financing of the individual.

Sponsors should note that while their indications of fund sources will guide consular and Immigration officers in making decisions regarding the two-year residence requirement, these officers may base their decisions on other evidence as well.

-Block 6: Do not write in this space.

-Block 7: Enter the name and business address of the official signing the form, and the date of signing. This official must be the responsible officer or alternate responsible officer registered with the USIA. Forms signed by persons other than the responsible officer or alternate responsible officer(s) are not valid.

-Notice Block: Program sponsors should not enter anything in this block. This space is used to notify the exchange visitor that he or she may be subject to the two-year foreign residence requirement of the law.

-Block 8: Block 8 is to be filled in and signed by the responsible officer of an exchange visitor program from which an exchange visitor is transferring into another exchange visitor program. This part should not be filled out when an exchange visitor merely changes activity under the same sponsorship. (That is to say, within the same program number.)

REVERSE OF COPY 1 (WHITE) AND COPY 3 (PINK)

The sponsor, particularly the responsible officer, must study carefully the certificate on the reverse of copy 1 of Form IAP-66 which an exchange visitor is required to sign, inasmuch as it contains information and instructions of which the sponsor should be aware. At the time Form IAP-66 is sent to the exchange visitor by the program sponsor, the sponsor should instruct the visitor or potential visitor to read and fill out this certificate. For those exchange visitors who will be traveling outside of the U.S., they should have the reverse of the pink copy endorsed by the Responsible Officers annually to indicate good standing.

4. SPECIAL PROVISIONS

LOSS OF FORM BY EXCHANGE VISITOR

If an exchange visitor should lose his/her copy (pink) of the IAP-66 and request another for re-entry after a temporary visit abroad, the responsible officer may issue one. The following procedure should be used:

Check "TO REPLACE A LOST FORM" in the upper right-hand corner of the form which should be completed in its entirety. Use the same information that was entered on the original IAP-66 that is being replaced. (Refer to the sponsor's file copy of the lost form.) In block 3, enter the expiration date of the exchange visitor's Form I-94. The replacement Form IAP-66 will not be valid unless the I-94 expiration date is entered in block 3. Sign and date the form with the current date.

Retain copy 4 (green) for the sponsor's files and give copy 3 (pink) to the exchange visitor. Destroy copy 1 and 2 (the white and yellow copies) of the replacement form.

OVERSEAS: When the visitor has an emergency regarding issuance of a visa, for example, losing the entire IAP-66 before he arrives in the U.S. and there is no time for the sponsoring organization to issue another one by mail, the Responsible Officer, may call the visa office of the Department of State at ~~202-663-1972~~ for assistance.

EXCHANGE VISITOR FAMILY MEMBERS

\*Only the spouse and unmarried dependent children of an exchange visitor may accompany him or her on a J visa. They are eligible for J-2 visa status. If the exchange visitor's family will travel with him or her, only one IAP-66 is required for the entire family. Family members who will not enter the United States at the same time and place as the exchange visitor will need another IAP-66 marked "PERMIT THE VISITOR'S IMMEDIATE FAMILY TO ENTER U.S. SEPARATELY." Only one such marked form is required for each party of

\*See also paragraphs 3 and 6 of page 4.

family members traveling separately from the exchange visitor. The form must contain all entries and information shown on the IAP-66 issued to the principal except for the certificate on the reverse of copy 1 which need not be filled out by family members. If a visitor's family is with him or her in the United States at the time he or she extends, transfers, or originates an exchange visitor program, only one IAP-66 need be issued.

\*When a visitor's family accompanies him or her, the program sponsor must provide, on letter-head stationery, a statement giving the names, dates and places of birth, relationships and nationalities of the family members. The supplying of such family information by the program sponsor indicates the sponsor's approval of the family members proceeding to or remaining in the United States. The statement should be attached to the visitor's IAP-66 unless the family is traveling separately from the visitor, in which case it should be attached to the VISITOR'S FAMILY TRAVEL form.

#### 5. CHANGES IN ACTIVITY OR LOCATION

A foreign national in the United States in exchange visitor (J-1) status is expected to pursue the activity for which he or she was admitted (block 4 of IAP-66) at the location indicated in block 2, and is not authorized to change either the activity or location, without first notifying the Immigration and Naturalization Service, which has jurisdiction over all foreign nationals in the U.S.

\*See also paragraphs 3 and 6 of page 4.

ASSURE THAT IMPRESSIONS ON ALL COPIES ARE CLEAR

APPROVED ON 01-10-66 ELP 30

**United States Information Agency  
EXCHANGE VISITOR FACILITATIVE STAFF DCN  
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS**

**A905151**

**1 THE PURPOSE OF THIS FORM IS TO**

- 1.1 Supply information requested by the Department of State
- 1.2 Supply information requested by the Department of State
- 1.3 Supply information requested by the Department of State
- 1.4 Supply information requested by the Department of State
- 1.5 Supply information requested by the Department of State

**2 This form covers the period from \_\_\_\_\_ to \_\_\_\_\_**

**3 The date shown on the front here \_\_\_\_\_**

**4 The category of the visitor is 1) Student, 2) Scholar, 3) Professor, 4) Professional Researcher, 5) International Visitor, 6) Medical Student, 7) Trainee, 8) Other.**

**5**

**6 U.S. USE**

**7 STATEMENT OF RESPONSIBLE OFFICER FOR RELASING SPONSOR (FOR TRANSFER OF FEDERAL)**

PAGE 1

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**INSTRUCTIONS FOR AND QUALIFICATION BY the alien beneficiary named on page 1 of this Form**

— Read and complete this page prior to presentation to a United States consular or immigration official

1. I understand that the following conditions are applicable to exchange visits.

(a) **Duration of Visa and Program Period.** A completed form IAP-66 is required in order to apply for an exchange or transfer and may be obtained from or with the assistance of the sponsor. It must be presented to the appropriate office of the Immigration and Naturalization Service within three to six days before the expiration of the authority provided there.

(b) **Language of the STUDENTS.** As long as there exists a substantial educational program leading to recognized degrees or equivalent credits for which the sponsor is conducting practical training also the provision is made for such persons for an additional period of up to 18 months after receiving their degree or certificate. **GRADUATE STUDENTS AND INDUSTRIAL TRAINERS.** 18 months. **TEACHING PROFESSIONALS, RESEARCHERS, AND SPECIALISTS.** 3 years. **PROFESSIONAL AND TECHNICAL TRAINERS.** 1 year. **MEDICAL TRAINERS.** Graduate Studies - 2 years. **Medical Technicians, Medical Record Librarians, Medical Record Technicians, Radiologic Technicians, and other participants in similar programs.** the length of the approved training program plus a maximum of 18 months for practical experience, not exceeding a total of 3 years. **Medical Instructors and Residents.** the time required to complete the medical specialty resident but limited to 3 years with the provision of extension of such extension as approved by the Director of the United States Information Agency.

(c) **Discretionary Grounds for Admission or Extension of an Exchange Visitor.** To be eligible for admission or extension to the United States as exchange visitor must possess the following at the point of entry: (1) A valid immigration visa bearing classification J-1, unless exempt from immigration visa requirements, (2) A passport valid for six months beyond the anticipated period of admission, unless exempt from passport requirements, (3) A properly executed Form IAP-66. Copies and the original Form IAP-66 must be surrendered to a United States immigration official upon arrival in the United States. Copy three may be retained for re-entry under a previous period authorized by.

(d) **Exchange Visitor's Exchange Status.** Exchange visitors are required to leave the United States upon completion of their objective. An exchange visitor who is subject to the two-year home-country physical presence requirement is not eligible to change his/her status while in the United States to any other immigration category except, if applicable, that of official or employee of a foreign government, or of an international organization (G) or member of the faculty or assistant of either of these types of officials or employees.

(e) **Two Year Home-Country Physical Presence Requirement.** Any exchange visitor whose program is financed in whole or in part, directly or indirectly by either his/her own government or by the United States Government is required to reside in his/her own country for two years following completion of his/her program in the United States before he/she can become eligible for permanent residence or readmission of for status as a temporary worker ("H") or as an international student ("F"). Likewise, if an exchange visitor is acquiring a skill which is in short supply in his/her own country whose skills appear on the Exchange Visitor Skills List, he/she will be subject to the same two-year home-country residence requirement as well as also physical presence; the U.S. to receive graduate medical education or training (Section 212(e) of the Immigration and Nationality Act and 8 CFR 214.6(a)(1)).

2. I am to enter on or remain temporarily in the United States as an exchange visitor under Section 103(a)(1)(A) of the Immigration and Nationality Act, to attend, for a total maximum stay of \_\_\_\_\_ months or years for the purpose of (state type of course, training, or other objective toward which your program participation will be directed. Because of maximum should indicate your national specialty): \_\_\_\_\_

and I understand that I shall be permitted to perform only those activities described in both 3 and 4 on page 1 of this Form.

I intend to return to (country) \_\_\_\_\_ where I am (select one)  legal permanent resident  citizen.

3. My passport number \_\_\_\_\_ issued by \_\_\_\_\_ (Country) expires on \_\_\_\_\_ (Mo./Day/yr)

4.  I have  have not (select one) been in the United States previously as an exchange visitor. If you have been in the United States previously as an exchange visitor, state total length of time: \_\_\_\_\_; and date: \_\_\_\_\_

5. (To be completed only if application is being made for extension of stay or Program transfer. Use a checkmark if necessary.) I am (select one)  have not been in the United States as an exchange visitor, or received exchange visitor status, on \_\_\_\_\_ (Mo./Day/yr) and have complied with the program objectives under the sponsorship of my sponsor/organization/agency for each entry/transfer program/extension.

6. I understand that a consular or immigration officer will make a preliminary determination as to whether I am subject to the two-year home-country physical presence requirement described in (a) or (b) above. If I need home information, I hereby reserve the right to make a final determination. I have determined when I will accept that determination and comply with the requirement.

7. I certify that I have read and I understand the foregoing.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Place)

\_\_\_\_\_  
(Date Mo., Day, Yr.)

AP 66-112 (2)

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**INSTRUCTIONS FOR AND CERTIFICATION BY the alien beneficiary named on page 1 of this Form:**

Read and complete this page prior to presentation to a United States consulate or appropriate official.

I understand that the following conditions are applicable to exchange visitors:

- (1) **Extension of Stay and Program Termination.** A completed form IAP-66 is required in order to effect an extension or renewal and may be obtained from or with the assistance of the sponsor. It must be submitted to the appropriate office of the Immigration and Naturalization Service within fifteen to sixty days before the expiration of the authorized period of stay.
- (2) **Limitation on Stay: STUDENTS** - as long as they pursue a substantial educational program leading to recognized degree or certificate. Students for whom the sponsor commences practical training may be permitted to return for such purposes for an additional period of up to 18 months after receiving their degree or certificate. **BUSINESS AND INDUSTRIAL TRAINees** - 18 months. **TEACHERS, PROGRAMERS, RESEARCH SCHOLARS, and SPECIALISTS** - 3 years. **INTERNATIONAL VISITORS** - 1 year. **MEDICAL TRAINees**: Graduate courses - 3 years. Medical Technologists, Medical Record Librarians, Medical Record Technicians, Radiologic Technicians, and other participants in similar categories - the length of the approved training program plus a maximum of 18 months for practical experience, not exceeding a total of 3 years. Medical trainees and residents - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if such extension is approved by the Director of the United States Information Agency.
- (3) **Requirements Required for Admission or Readmission as an Exchange Visitor.** To be eligible for admission or readmission to the United States, an exchange visitor must provide the following at the port of entry: (1) A valid nonimmigrant visa bearing classification J-1, unless exempt from nonimmigrant visa requirements. (2) A passport valid for six months beyond the authorized period of admission, unless exempt from passport requirements. (3) A properly executed Form IAP-66. Copies one and two of Form IAP-66 must be surrendered to a United States immigration officer upon arrival in the United States. Copy three may be retained for or return with a proof of previously authorized stay.
- (4) **Change of Status.** Exchange visitors are expected to leave the United States upon completing their stay. An exchange visitor who is subject to the two-year home-country physical presence requirement is not eligible to change status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government (A) or of an international organization (G) or member of the family or situation of either of these types of officials or employees.
- (5) **Two-Year Home-Country Physical Presence Requirement.** Any exchange visitor whose program is funded in whole or in part, directly or indirectly by either his/her own government or by the United States Government is required to reside in his/her own country for two years following completion of his/her program in the United States unless he/she has become eligible for permanent residence (immigrant) or for status as a temporary worker ("M") or as an international student ("L"). Likewise, if an exchange visitor is acquiring a skill which is in short supply in his/her own country (such skills appear on the Exchange Visitor Skills List) he/she will be subject to the same two-year home-country residence requirement as well as also physicians carrying the U.S. or foreign graduate medical education or training (Section 312(b) of the Immigration and Naturalization Act and 8 U.S.C. 484) or research.

Signature of Applicant

Name

(Date Rec. Rec. No.)

IAP-66 (12-65)

**NOTICE TO ALL EXCHANGE VISITORS**

To facilitate your evaluation as to the United States office which issues visas, you should have the Responsible Officer of your sponsoring organization indicate that you continue to be in good standing on this copy of the IAP-66 form.

**VALIDATION BY RESPONSIBLE OFFICER**

(1) Exchange visitor is in good standing and will continue to be accepted under this Exchange Visitor Program until \_\_\_\_\_.

Signature of Responsible Officer

(2) Exchange visitor is in good standing from \_\_\_\_\_ to \_\_\_\_\_.

Signature of Responsible Officer

(3) Exchange visitor is in good standing from \_\_\_\_\_ to \_\_\_\_\_.

Signature of Responsible Officer

(4) Exchange visitor is in good standing from \_\_\_\_\_ to \_\_\_\_\_.

Signature of Responsible Officer

(5) Exchange visitor is in good standing from \_\_\_\_\_ to \_\_\_\_\_.

Signature of Responsible Officer

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INSTRUCTIONS FOR PROGRAM SPONSOR

PROHIBITIONS

1) No one except the Responsible Officer or Alternate Responsible Officer whose name is recorded with the United States Information Agency may sign this form.

2) Authorized exchange visitor program sponsors may not transfer Form IAP-66 to any other organization, individual or not that organization has an authorized exchange visitor program.

PROCEDURES

Give copies 1, 2, and 3 (white, yellow and pink) to the exchange visitor for transfer to and to applying for a "J" visa or to applying to the INS for an extension or renewal. If the IAP-66 is to replace a lost form, destroy copies 1 and 2 and give copy 3 to the exchange visitor, being sure to fill in block 5, the expiration date of the visitor's I-94.

EXCHANGE VISITOR FAMILY MEMBERS

If the Exchange Visitor's immediate family members will accompany him/her to the United States or if they will remain in the U.S. at the time the Exchange Visitor returns to his/her home program, attach a list for the Sponsor's information giving the names, relationships to the Exchange Visitor, and date and place of birth of each of the family members. If the form is for the Visitor's family travel, attach a similar list.

EXTENDING AN ONGOING PROGRAM

Check this box for an Exchange Visitor who is continuing in the same Exchange Visitor Program.

TRANSFER TO A DIFFERENT PROGRAM Check this box for an Exchange Visitor who is transferring from one Program Sponsor to another. Do not use for a change of attorney or subject under the same Exchange Visitor Program Sponsor.

LOST FORM Check this box when the form is being reissued to replace a pink copy of the IAP-66 lost by the Exchange Visitor. Note the I-94 expiration date comparison in block 3.

VISITOR'S FAMILY TRAVEL Check this box when the form is to be used for the Exchange Visitor's immediate family members (number of dependents) in order to extend their stay in the U.S. (expiration date comparison in block 3).

Block 1 Fill in the FAMILY NAME first. Use numerals for the BIRTH DATE in the order Month, Day, Year, e.g., 07 22 59. Province, prefecture, township, district, etc. may be used in place of CITY (IF BIRTH) where local custom or population requires. Followed by COUNTRY OF BIRTH. LEGAL PERMANENT RESIDENT in a phrase used to designate country of permanent residence from country of birth and country of citizenship in those few cases where permanent residence and citizenship are different. In most cases, the country of citizenship and the country of permanent residence are the same. Exchange Visitors are subject to the Six-Month and Two-Year foreign-residence requirements in the country of permanent residence if that is different from the country of citizenship under both POSITION IN THAT COUNTRY in the program or language of the Exchange Visitor in the country of birth and country of permanent residence prior to becoming an Exchange Visitor. U.S. ADDRESS If the Visitor has a resident address in the U.S., put that address. If not, put the address of the sponsor where the Visitor will carry on his/her program or the address of the Program Sponsor.

Block 2 Write the PROGRAM SPONSOR'S NAME on the first line. The PROGRAM NUMBER comes of three parts, separated by dashes. The first is either "C" or "P" followed by a four digit number (PROGRAM NUMBER). Followed by a number from 1 to 4 digits in the space below enter the correct PROGRAM DESCRIPTION as recorded by the United States Information Agency. This description may be pre-printed or entered with a rubber stamp if all spaces are legible. Program number examples: P-3-238.

Block 3 Enter the Date of the Program covered by this IAP on the line above (optional). Use numerals for the date as you did for the date of birth. The expiration date is the date when the program terminates and termination of this is the last date on which the Visitor may be admitted for admission to the U.S. with individual exchange visitor status. Although extension will be admitted for admission to the U.S. with individual exchange visitor status, an IAP-66 form going to a period of extension extending the period the sponsoring organization is willing to accept the Exchange Visitor. Should the Exchange Visitor need to visit the U.S. beyond that date a new IAP-66 should be issued and used for the period of the extension with a rubber stamp of expiration to the Exchange Visitor. If this form is for the Visitor's family travel or to replace a lost form enter the expiration date which appears on the Exchange Visitor's I-94.

Block 4 Definitions of VISITOR CATEGORIES will be found in Code for Educational and Cultural Exchange. Before the visitor category enter the SUBJECT-FIELD only when it more clearly describes the type of activity to be engaged in by the visitor. Finally, describe in your own words the activity which you have entered. Be specific in your description.

Block 5 Indicate the total amount of FUNDS to be supplied by the various sources during the period of a stay of the form. Do not make entries such as "\$400 per month", unless you are the sponsor for the period. Any funds supplied to the exchange visitor by the program sponsor should be listed in the first line even though the sponsor may be using one of the categories listed in subsequent lines. If the sponsor contributes funds received from other sources and cannot identify specific amounts on an individual's program, enter all these funds in the first line. Then check the appropriate category below and enter unknown in the amount line for that category. See additional instructions in Code for Educational and Cultural Exchange (Pg. 4, block 5).

Block 6 Do not enter in block 6.

Block 7 Fill in the name and business address of the OFFICIAL SIGNING THE FORM and the correct extension. The official must be the Responsible Officer or an Alternate Responsible Officer of the program described in block 2 above.

Block 8 The Responsible Officer or alternate should fill in this block to indicate approval of a transfer of an Exchange Visitor from his/her program to the program of another sponsor (i.e. to another program number). Changes in type of activity of Exchange Visitor within the same program number do not require a new IAP-66. (Use only when the Exchange Visitor is subject to CIEA)

This form is issued by the U.S. Information Agency and is subject to the terms and conditions set forth in the Code for Educational and Cultural Exchange. It is to be used only for the purposes stated in the Code for Educational and Cultural Exchange. Washington, D.C. 20547.

IAP 66-112 66a

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**APPENDIX I**

**CONDITIONS OF TRAINING**

AGENCY FOR INTERNATIONAL DEVELOPMENT  
OFFICE OF INTERNATIONAL TRAINING, (OIT)

CONDITIONS OF TRAINING

1. Name of Participant ( <i>Mr., Ms., Dr.</i> ) ( <i>Family, Given, Other</i> )	
2. PIO/P Number	3. Country of Training
4. Cooperating Country	5. Project/Activity Number

I agree that, as an A.I.D.-sponsored participant, I will adhere to my program, which has been requested and/or approved by my government, devote my time and attention to my studies and/or practical training, and conform to A.I.D. regulations and procedures for the duration of the training program. I agree that I will not seek extensions of my program, but will return to my country without delay upon completion of my training and endeavor to utilize the training acquired under this program for the benefit of my country. I also agree to comply with all laws, including tax laws, of the country and local jurisdiction in which my training takes place.

Furthermore, I thoroughly understand the following policies of A.I.D.:

1. **Two-year Residency Requirement:** I will receive and must remain on an A.I.D. J-1 visa during my training program in the United States and I will be obligated to return home immediately for a minimum of two years after the completion of my training program.

2. **Dependents:** Participant dependents (i.e., spouse and/or children) should not accompany or join a participant while he/she is in training in order that the successful accomplishment of training objectives is not hampered by increased problems of adjustment and added financial burdens. In any case, dependents may not join a participant until a full academic term or six months, whichever is longer, is completed. A.I.D. provides no funds for the dependents, and permission for the participant to work in the United States to support the dependents will not be given.

3. **Termination of Training Program:** A.I.D. reserves the right to terminate the training program of those participants who:

- a. Change their course of study without authorization.
- b. Fail in their studies.

c. Fail to carry classroom work that the training institution believes is commensurate with their ability.

d. Fail to show sufficient interest in or to pursue effectively the practical training phases of their program.

e. Conduct themselves in a manner prejudicial to the Participant Training Program or to the laws of the country of training.

f. Accept any public welfare funds.

g. Bring dependents to the country of training without prior approval.

h. Obtain employment in the United States or other country of training without prior A.I.D. approval.

i. Are diagnosed as having a mental or physical disease, disability or disorder that will unduly delay or prevent successful completion of the training program or render the participant unlikely to contribute to the home country's development for which the training was designed.

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**4. Automobile Ownership:**

a. Agency policy prohibits ownership of a vehicle without the approval of the Director, Office of International Training.

b. The Agency's Health and Accident Coverage (HAC) program will not cover costs of medical treatment sustained as the result of the operation of an automobile or other vehicle, whether or not I own the vehicle.

c. If I operate a motor vehicle not owned by me, I do so at my own risk and am personally responsible for:

(1) Payment of the costs for medical treatment of injuries sustained as a result of an automobile accident.

(2) Obtaining all necessary personal, liability and health and accident insurance (other than the Agency's Health Coverage [HAC] Program) and licenses to meet state and local requirements for the operation of motor vehicle.

(3) Determining and complying with all state and local laws, ordinances and requirements where applicable, restrictions and requirements of the training facility.

d. It will be to my advantage to obtain the maximum personal liability insurance coverage available to cover claims against me should I ever be involved in an automobile accident.

e. I also understand and will be guided by the following conditions:

(1) A.I.D. assumes no responsibility for expenses involved in a participant owning or operating a motor vehicle, for expenses involving litigations related to or resulting from participant ownership or operation of a motor vehicle, or medical treatment required for injuries sustained while operating a vehicle.

(2) The U.S. Government cannot provide any assistance or protection to a participant accused of violating city, county or state laws regulating motor vehicle acquisition, operation and disposition. This applies to arrest and detention as well as fines, taxes, legal fees, and lawsuits and medical coverage for injuries sustained as the result of operating a motor vehicle.

**5. Assignment and Subrogation of Claim Payments Relative to Health and Accident Coverage (HAC) Program:** I hereby assign and subrogate to A.I.D. any and all rights and claims, and any proceeds resulting from the enforcement thereof, that may accrue to my benefit against any third party, including without limitation insurance companies, for the payment of costs or expenses, including without limitation medical costs, that A.I.D. has paid or will pay on my behalf or on behalf of such third party. I also agree to execute and provide to A.I.D. any and all documents pertaining to the foregoing, including without limitation written demands for reimbursement against third parties, and to cooperate with A.I.D. in any other manner necessary to implement the foregoing assignment and subrogation.

Signed:		Witnessed:	
Signature of Participant		Signature of Mission Official	
Date		Title	

NOTE: Form available in English (AID 1381-6), Spanish (AID 1381-6A), Arabic (AID 1381-6B), and French (AID 1381-6C) through MO/RM, Rm. 1200F, SA-14, Washington, D.C. 20523.

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**APPENDIX J**

**OUTLINE OF**

**PREDEPARTURE ORIENTATION PROGRAM**

## TECHNICAL PRE-DEPARTURE ORIENTATION

This is an outline of suggestions for Pre-Departure Orientation topics for technical students. Not all topics are appropriate for all situations. Some topics not listed might be needed in some situations. Level of education and sophistication, and the time available will dictate which subjects should be included in any orientation.

It is important to explain to students about their sponsorship - A.I.D. and The country Government and to tell them that they are Thomas Jefferson Fellowship program participants. *See Definitions.*

Notations in italics are suggestions regarding content.

### PRE-DEPARTURE ORIENTATION SUGGESTIONS

#### I. Welcome & Introduction

##### Benefits of international Training

- *Different approaches to problem solving*
- *Adapt to new culture..demonstrates individual's strengths*
- *Utilize extensive resources of U.S. education and training system*
- *Modern technology*
- *Make life long friends - professional connections*
- *Understanding and appreciation of another culture (not a program designed to change views but to expose to other views)*
- *Shrinking world...need to have exposure*

#### II. Roles & Responsibilities

##### A. Home Government Regulation

##### B. USAID

##### 1. General Rules

- *Utilize the Manual Section on A.I.D./USG Rules and Regulations*

##### 2. Conditions of Training

- *Read and explain - answer questions*

##### 3. Return Home

- *Obligation to return and apply knowledge*

D. **In-Country and U.S. Contractor, Grantee, IAA**

- *Who are they*

- *What do they do*

1. *Plan programs*

2. *Placements*

*Identify technical programs meeting students needs - both standardized and tailored programs*

3. *Monitoring - Stress importance of trainee staying in touch with contractor - explain and advise about 800 number if one exists or go over other means of contact.*

*Monitor Training Performance through direct contact with training provider*

*Monitor Training Performance through direct contact with trainees*

*Check on social and cultural adjustments*

*Report to Project Officer using, cables and faxes*

III. **Pre-Departure**

A. **Visa**

*Explain the rules governing J-1*

- *Training Plan*

- *Sponsorship*

- *Employment*

- *Travel*

- *Dependents*

- *Home country residency requirements at end of program*

- *Kinds of visas available to participant during 2 year residency period*

B. **Medical certification**

- *Define pre-existing conditions*

- *Responsibilities for notifying contractor/project officer of pre-existing conditions*

C. **Air Travel Issues**

- *Luggage limitation*
- *Travel funds*
- *Emergency layover procedures (hotels, cabs)*
- *Security of personal belongings - passports, travellers checks*

#### **IV. U.S. Arrival**

##### **A. Arrival in New York, Meet & Greet, Customs**

- *Verify with U.S. counterpart about what is planned for participants and review*

##### **B. Arrival in D.C. (if appropriate), Meet & Greet**

- *Verify with what is planned for participants and review*

##### **C. Orientation**

- *If scheduled, get outline and briefly go over content. Advise participants that U.S. program will likely cover some of same materials as being provided but that they will have had a chance to formulate questions between the two sessions. Also since so much information, it will be good to have it repeated.*
- *Provide maps which show where U.S. orientation held*

##### **D. Contractor/grantee/IAA Administrative Briefing**

- *Request outline and provide to students*

#### **VI. Housing**

##### **A. Upon arrival (hotels, private homes, college campus, etc.)**

- *Go over general arrangements .. what hotel or alternatives and how much*

##### **B. Housing at the training site**

- *Explain that training providers often insist on the participant staying in a particular hotel or guest house. The reason for this is usually that a more favorable room rate has been negotiated because of guaranteed numbers of room rentals. It may also be related to the hotel providing a seminar room without charge. Before making any changes in lodging, it is important to find out if the change will cause difficulty. Remind the participants that they are not buying the room, just staying there for a brief period.*

- *A.I.D. Allowances are based on shared housing. The students should be advised of this. Because of fund limitations and also opportunity to "live and work" with others.*

*If the technical program is long term, students may have the option of short term apartments rental. Issues such as deposits, legal responsibility, cleaning, departure notice, utilities, etc. should be discussed.*

*If the program is presented on a college or university campus, housing may be in college dorms. Again there may be no option for living elsewhere. Trainees should be prepared.*

**VII. U.S. Technical Training Issues - Utilize NIS citizens who have studied in the U.S. to assist with this part, if possible.**

- A. Classroom etiquette**
- B. Informality**
- C. Classroom participation**
- D. Clubs and social events**

**VIII. Cultural/Social - Guest speakers - returned participants**

- A. Expectations & fears**
- B. Culture shock, adjustment**
- C. Home culture vs. U.S. culture**
- D. Male/Female relations**
- E. Racism**
- F. Value systems (group vs. individual)**
- G. Stereotypes**
- I. Laws**

- *Mention should be made that trainees subject to U.S. Tax laws but that details on requirements and responsibilities will be provided once they are in the U.S. Generally speaking they will have no taxes due but they may be required to file a tax form.*

- *AIDS*
- *TB in select areas*
- *Safe water and food*
- *Controlled prescription drugs*

**APPENDIX K**

**PDF FORM**  
**&**  
**INSTRUCTIONS FOR PREPARATIONS**

AGENCY FOR INTERNATIONAL DEVELOPMENT  
OFFICE OF INTERNATIONAL TRAINING

## PARTICIPANT DATA

See Handbook 10 for instructions on completing form.

Control Number

### PART I - ADMINISTRATIVE DATA

1. Family Name		2. First Name		3. Middle Name		4. Date of Birth (YYMMDD)		5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
6. Legal Country of Residence Code		7. Country of Training Code		8. Type of Training <input type="checkbox"/> Academic <input type="checkbox"/> Technical		9. Training for Future Position <input type="checkbox"/> Gov't <input type="checkbox"/> Private <input type="checkbox"/> Enterprise <input type="checkbox"/> Parastate		Code for Training Arrangement	
10. Project Number	11. Complete PIQ/P Number	12. Program Agency		(AID/OIT Use) Documents Attached PIQ/P <input type="checkbox"/> 1    BIODATA <input type="checkbox"/> 2    TRANSCRIPT <input type="checkbox"/> 3    PHOTO <input type="checkbox"/> 4    CERTIFICATE <input type="checkbox"/> 5					

### PART II - PROGRAM DATA

13. Onboard Date (YYMMDD)		14. Field of Training Code		15. Major Course of Study Code		16. Future Occupation		17. Degree Objective ("X" one) ASSOCIATE <input type="checkbox"/> 1    BACHELOR <input type="checkbox"/> 2    MASTER <input type="checkbox"/> 3    PH.D. <input type="checkbox"/> 4	
18. Estimated Program Completion Date (YYMMDD)		19. Programmer ID Code		20. Insurance Entitlement <input type="checkbox"/> YES <input type="checkbox"/> NO		21. Entitlement Start Date (YYMMDD)		22. Entitlement End Date (YYMMDD)	

CODE	TRAINING FACILITY			TRAINING DATES	
	NAME	CITY	STATE	Starting Date (YYMMDD)	Ending Date (YYMMDD)
23.					
24.					
25.					
26.					
27.					

28. Contractor's Name Code		29. Contract Number		30. Contracting Agency <input type="checkbox"/> A.I.D. <input type="checkbox"/> HOST COUNTRY		31. Contract Administrator	
32. Contractor's Address City		State		Zip Code		33. Telephone Number (include area code)	
35. Item Number		Program Change		34. Date Forwarded (YYMMDD)			

### PART III - PROGRAM CHANGES

### PART IV - PROGRAM COMPLETION DATA

37. Final Program Status		38. Degree Achieved ("X" one)		39. Termination Date (YYMMDD)		40. Date Forwarded (YYMMDD)	
				41. I-94 Admission Number (Ac P C)			

BEST AVAILABLE COPY

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INSTRUCTIONS

This report must be completed by anyone who has responsibility for programming AID sponsored participants. The report provides information used by AID for statistical records and to facilitate enrollment in the Health Accident Coverage (IIAC) program. This report should be prepared and submitted as soon as sufficient information has been received by the programming agent, contractor or grantee to complete Parts I and II of the form.

The white copy is to be sent to:

Agency for International Development (AID)  
Office of International Training (OIT)  
Statistical Unit  
Washington, D.C. 20523 - 1601

The blue copies are to be used to indicate any changes in the participant's program (i.e. extensions, change in training site, program termination). One copy is to be sent to AID/OIT Statistical Unit. Each time that there is a change in a participant's program a blue copy must be completed and sent to A.I.D.

The salmon copy is to be retained in the participant's file folder.

**PART I - ADMINISTRATIVE**

- 1-3 Enter participant's name (last, first, middle)
4. Enter participant's date of birth (year, month, day)
5. 'X' appropriate box
6. Enter country name (see Block 1 of PIO/P)  
(Code for statistical use only - DO NOT enter data)
7. Enter name of country where training will take place  
(Code for statistical use only - DO NOT enter data)
8. 'X' type of training participant will receive  
(A) Academic - a program in an accredited institution of higher education leading to a degree  
(B) Technical - all training not classified as academic
9. Enter date actual training program will begin (year, month, day)
10. Enter number appearing in Block 3 of PIO/P
11. Enter all numbers which appear in Block 2 upper right-hand corner of PIO/P
12. For OIT programming agency use only

**PART II - PROGRAM DATA**

13. Enter arrival date in U.S. (year, month, day)
14. Enter complete field of training (code will be supplied by AID)
15. Enter complete major course of study (code will be supplied by AID)
16. Enter complete future occupation (code will be supplied by AID)
17. Indicate appropriate degree objective for academic training
18. Enter program completion date (year, month, day)
19. For OIT programming agents use only
20. 'X' appropriate box
21. Enter date of departure from home country (year, month, day)
22. Enter date of return to home country or release from AID sponsorship

- 23-27 (Code for statistical use only)  
Training Facility - Enter name(s) of facilities, city, state; starting and ending dates at each facility (year, month, day)
- 28-34 (Contractor use only)
28. Enter full name of contractor/grantee
29. Enter complete contract/grant number
30. Indicate appropriate contracting agency
31. Enter full name of your staff person to be contacted by the Health Accident Coverage (IIAC) claims processor
32. Enter complete mailing address
33. Enter complete telephone number
34. Indicate date sent to the Health Accident Coverage (IIAC) claims processor

**PART III - PROGRAM CHANGES (all AID participants)**

35. Use this portion of the form to correct or change specific items of information previously submitted. Enter in left-hand column item number changed. Enter in right-hand column a clear, concise description of the change.
36. Enter data forwarded to the OIT statistical unit

**PART IV - PROGRAM COMPLETION DATA**

37. 'X' appropriate returnee status
38. Enter departure date from U.S. (year, month, day)
39. Enter information from I-94 found in passport
40. Indicate whether program completed or cancelled
41. Indicate degree category
42. Enter date returned to home country. This information should be verified by home country
43. Indicate appropriate port of exit
44. Enter date sent to the OIT statistical unit.

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3. The Participant Data Form (PDF)

a. All initial PDFs must be submitted to OIT before the participant arrives in the United States to assure HAC enrollment. Amendments to the PDF must be submitted within 30 days of the event being recorded, except amendments involving HAC enrollment, which should be forwarded to OIT before the beginning of the event.

b. The PDF is a pre-numbered, multicopy, four color, no-carbon-required form.

c. In the upper left hand corner of the PDF is a unique Control Number, which serves as the identification (I.D.) number for the participant. No two forms have the same number. (Blank [unnumbered] PDFs are also available for program changes only, in which case the original PDF number is entered in the space provided.)

(1) This number must always be used in identifying the participant and becomes his/her unique I.D. number for the duration of the current training program.

(2) A participant must never be assigned more than one number during the same training program.

(3) No PDF number is ever assigned to more than one participant.

(4) Blank, (unnumbered) PDFs should never be submitted for new participants.

d. Data on the PDF are organized into four parts.

(1) Part One is administrative data that are largely available from Training documents received prior to the arrival of the participant for training.

(a) Programming specialists should complete Part One of the PDF when the PIO/P arrives in their office.

(b) Block 9 of Part One (Requested Start Date) is omitted.

(c) It is critical that the country of origin and the country of training be provided.

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(2) Part Two is program data which should be available no later than the day the participant arrives in the United States or in a third country for training.

(a) The white copy enrolls the participant in the Participant Training Information System (PTIS), which is the central repository for records of all AID-sponsored participants, and must be submitted as soon as a firm on-board date is known to:

Office of International Training (OIT)  
Statistical Unit  
Agency for International Development  
Washington, D.C. 20523

(b) Blocks 28 through 33 contain training contractor information necessary for OIT recordkeeping and proper communications. The campus or other training location must also be included, also the city and state location and the start and end dates at the facility.

(3) Part Three is reserved for program changes. A notation of the item being changed such as Block 22, "Insurance Entitlement End Date," should be shown under Part Three in the space to the left; i.e., (Block 35), and the new date provided in the "Program Change" space. Changes must be submitted within 30 days of the event necessitating the change with the exception of Insurance Entitlement Dates, which should be submitted to OIT as soon as possible.

(a) Any time there is a major program change or information in the participant's record needs to be updated, the OIT Statistical Unit must be notified using BLUE copies. When possible, use the blue copies of the original PDF with the pre-printed participant identification number. If these are not available, use blue copies of a blank, unnumbered PDF with the participant identification number typed in the space indicated.

(b) Changes may include program extension, change of training site, program termination, etc.

(c) All data fields must have a day, month, and year.

(d) Extra BLUE copies are available from AID OIT upon request.

(4) Part Four -- Termination/departure information crucial for both the PTIS and the HAC program.

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(a) Part Four of the PDF must be completed and submitted within 30 days of the completion and/or termination of the participant's program and departure. Periodic analysis of PTIS data reveals participants still in the United States with extended training programs long after the estimated completion date has passed. In other cases participants have returned home, but OIT has not been informed (see Chapter 33 -- Nonreturnees). Apart from invalidating Agency statistics, erroneous status information can result in visa extension problems and nonpayment of HAC claims. Careful reporting will ensure accurate PTIS data and help programming specialists avoid lengthy data justifications.

(b) Program changes and terminations on the blue copies of the PDF are to be submitted to both OIT and the HAC program administrator. Do not submit PDFs to the AID Cashier's office.

(c) Block 37 must be completed only if the participant does not depart upon completion of his/her program. Did the participant:

1. Obtain a waiver? -- Block 37, #1, or
2. Depart voluntarily when contacted? -- Block 37, #2.

(d) Block 38. A departure date must be given for each participant. If no actual departure date is given, follow (a) above.

(e) Participants whose programs are completed and/or terminated remain in active status in the PTIS if the information in Blocks 37 and 38 is not provided.

(f) Block 39. The I-94 admission visa number must be supplied. This number may be found on the participant's visa.

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**APPENDIX L**  
**ACADEMIC ENROLLMENT**  
**AND**  
**TERM REPORT**

(Please read instructions on the reverse of last copy before completing this form.)

AGENCY FOR INTERNATIONAL DEVELOPMENT ACADEMIC ENROLLMENT AND TERM REPORT	1. NAME OF PARTICIPANT	2. DATE
	3. COUNTRY	4. PIO/P NO.
5. NAME OF INSTITUTION	6. PROGRAM OFFICER AND AGENCY	

TO BE COMPLETED BY PARTICIPANT

7. MAILING ADDRESS AND TELEPHONE NUMBER	8. ACADEMIC ADVISOR - NAME, TITLE, DEPARTMENT, AND TELEPHONE NUMBER
---	---

9. TYPE OF HOUSING ACCOMMODATIONS:  DORMITORY  APARTMENT  ROOM

10. COURSES IN WHICH YOU ARE NOW ENROLLED. Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

COURSE NO.	COURSE TITLE	CREDIT UNITS	AUDIT UNITS

11. COURSES COMPLETED LAST TERM: Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

COURSE NO.	COURSE TITLE	CREDIT UNITS	GRADE	AUDIT UNITS

12. TRAINING OR FIELD TRIPS AWAY FROM CAMPUS (Date, location, purpose):

CUMULATIVE GPA

13. PARTICIPANT'S COMMENTS ON ACADEMIC PROBLEMS:

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY ACADEMIC ADVISOR

15. DEGREE OBJECTIVE AND MAJOR FIELD	18. EST. DATE OF DEGREE COMPLETION	16. <input type="checkbox"/> SPECIAL STUDENT <input type="checkbox"/> UNDERGRADUATE	<input type="checkbox"/> GRADUATE
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17. ACADEMIC ADVISOR'S COMMENTS:

Signature of Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

18. COMMENTS BY OIT/RSSA/CONTRACTOR/OTHER

**APPENDIX M**

**MATRIX OF**

**PARTICIPANT TRAINING RESPONSIBILITIES**

**PARTICIPANT TRAINING RESPONSIBILITIES**  
**USAID MISSION/ASMARA, BASICS PROJECT, P. WEINBERG 10/2/95**

MISSION	BASICS	MSH/P. WEINBERG
	- Selection of educational training course	
- PIO/P #	- Fill out PIO/P according to Handbook 10. - Include course description, location, dates, and biodata information on participants	- Provide PIO/P # course information, dates, location, and names of participants
- J-1 visa - IAP 66-A - Travel concurrence - Predeparture orientation	Predeparture Advance of \$100-\$200 depending on complexity travel	
- Medical Examination (Forms are in Handbook 10)	- Inform Project of completion of exam and results (any preexisting conditions)	- Inform re completion of medical examination
		- Registration of participants - Liaise with training Institution re other information needed
	- Travel Arrangements - Pre-pay or send tickets to participants	- Travel itinerary - Inform participants
		- Fill out PDF forms - Info provided by BASICS - Copy to BASICS
	- Payment of HAC premiums - Send letters to agencies	- Calculation of cost of HAC - Formation of letters to agencies as outlined in Handbook 10. - Copies of letters to BASICS
Predeparture allowance	- Predeparture allowance - this should be done in country - If no project office check should be done by Mission - Instructions of procedures re overnight stays	
	- Payment of tuition fees - Letter to University stating BASICS is providing funding	- Budget preparation of expenses for course and participants
	- Cut check for maintenance allowances - Send to P.W for distribution to participant	- Provide participants with allowances - Provide orientation - Have participants fill out tax forms - Provide tax info to USAID

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**APPENDIX N**  
**PARTICIPANT TRAINING BUDGETS**

**PARTICIPANT TRAINING RESPONSIBILITIES**  
**USAID MISSION/ASMARA, BASICS PROJECT, P. WEINBERG 10/2/95**

MISSION	BASICS	MSH/P. WEINBERG
	<ul style="list-style-type: none"> <li>- Selection of educational training course</li> </ul>	
<ul style="list-style-type: none"> <li>- PIO/P #</li> </ul>	<ul style="list-style-type: none"> <li>- Fill out PIO/P according to Handbook 10.</li> <li>- Include course description, location, dates, and biodata information on participants</li> </ul>	<ul style="list-style-type: none"> <li>- Provide PIO/P # course information, dates, location, and names of participants</li> </ul>
<ul style="list-style-type: none"> <li>- J-1 visa</li> <li>- IAP 66-A</li> <li>- Travel concurrence</li> <li>- Predeparture orientation</li> </ul>	<ul style="list-style-type: none"> <li>Predeparture Advance of \$100-\$200 depending on complexity travel</li> </ul>	
<ul style="list-style-type: none"> <li>- Medical Examination (Forms are in Handbook 10)</li> </ul>	<ul style="list-style-type: none"> <li>- Inform Project of completion of exam and results (any preexisting conditions)</li> </ul>	<ul style="list-style-type: none"> <li>- Inform re completion of medical examination</li> </ul>
		<ul style="list-style-type: none"> <li>- Registration of participants</li> <li>- Liaise with training Institution re other information needed</li> </ul>
	<ul style="list-style-type: none"> <li>- Travel Arrangements</li> <li>- Pre-pay or send tickets to participants</li> </ul>	<ul style="list-style-type: none"> <li>- Travel itinerary</li> <li>- Inform participants</li> </ul>
		<ul style="list-style-type: none"> <li>- Fill out PDF forms</li> <li>- Info provided by BASICS</li> <li>- Copy to BASICS</li> </ul>
	<ul style="list-style-type: none"> <li>- Payment of HAC premiums</li> <li>- Send letters to agencies</li> </ul>	<ul style="list-style-type: none"> <li>- Calculation of cost of HAC</li> <li>- Formation of letters to agencies as outlined in Handbook 10.</li> <li>- Copies of letters to BASICS</li> </ul>

Predeparture allowance	<ul style="list-style-type: none"> <li>- Predeparture allowance - this should be done in country</li> <li>- If no project office check should be done by Mission</li> <li>- Instructions of procedures re overnight stays</li> </ul>	
	<ul style="list-style-type: none"> <li>- Payment of tuition fees</li> <li>- Letter to University stating BASICS is providing funding</li> </ul>	<ul style="list-style-type: none"> <li>- Budget preparation of expenses for course and participants</li> </ul>
	<ul style="list-style-type: none"> <li>- Cut check for maintenance allowances</li> <li>- Send to P.W for distribution to participant</li> </ul>	<ul style="list-style-type: none"> <li>- Provide participants with allowances</li> <li>- Provide orientation</li> <li>- Have participants fill out tax forms</li> <li>- Provide tax info to USAID</li> </ul>

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APPENDIX N

BUDGET #1

BOSTON UNIVERSITY - "SETTING TOMORROW'S AGENDA"  
15 SEPTEMBER - 6 OCTOBER, 1995

EXPENSE CATEGORY	COST PER STUDENT	TOTAL FOR FOUR STUDENTS
Transportation	\$	
Tuition	\$4,125*	\$16,500
Course Materials/Books	\$250	\$1,000
USAID Health Insurance	\$100/month - Sept & Oct Total=\$200	\$800
Maintenance 13 Sept - 8 Oct	\$132/9 days = \$1,118 \$117/16 days = \$1,872 \$58.50/ 1/2 day = \$58.50 Total per participant= \$3,118.5	\$12,474
Shipping Fees	\$60	\$240
		TOTAL \$31,014 + transportation

\* The tuition and book fees are 1994 fees. I don't know if they are the same for 1995.

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**BUDGET #2**

**BOSTON UNIVERSITY - "SETTING TOMORROW'S AGENDA"  
15 SEPTEMBER - 6 OCTOBER, 1995**

<b>EXPENSE CATEGORY</b>	<b>COST PER STUDENT</b>	<b>TOTAL-4 STUDENTS</b>
Transportation	\$	
Tuition	\$4,175	\$16,700
Course Materials/Books	\$275	\$1,100
USAID Health Insurance	\$100/month - Sept & Oct Total=\$200	\$800
Housing	\$2,100	\$8,400
Maintenance 13 Sept - 8 Oct	\$132/3days = \$396 \$34/day for 23 days = \$782 Total per participant = \$1,178*	\$4,712
Shipping Fees	\$60	\$240
		TOTAL \$31,952 + trans.

\* Since Boston University is providing housing at \$2,100 for the duration of the course, I would calculate the allowance rate differently, since this can now be considered a "packaged deal". Under these terms, the participant is entitled to a 3 day transit rate of \$132 and for the remaining days the rate is \$34/day for meals and incidentals.

You could still cut a check for the DoubleTree Guest Suites for \$2,100 and then provide the participant with a separate check of \$1,178, or provide the total amount with a detailed explanation of the breakdown of expenses.

**BUDGET**

**CLARK ATLANTA UNIVERSITY - "MANAGEMENT OF HEALTH SERVICES"  
11 SEPTEMBER - 20 OCTOBER, 1995**

<b>EXPENSE CATEGORY</b>	<b>COST PER STUDENT</b>	<b>TOTAL FOR TWO STUDENTS</b>
Transportation	\$	
Tuition	\$5,900	\$11,800
Course Materials/Books	\$65	\$130
USAID Health Insurance	\$100/month - Sept & Oct Total=\$200	\$400
Maintenance 9 Sept - 22 Oct	\$110/9 days = \$990 \$95/21 days = \$1,995 28.57/11 days = \$314.27* \$14.28/ 1/2 day =\$14.28 Total per participant= \$3,313.55 *Monthly rate for Atlanta is \$857	\$6,627.10
Shipping Fees	\$60	\$120
		TOTAL \$19,077.1 plus transportatio n

**APPENDIX O**

## APPENDIX O: CONTACT LIST

### BASICS PROJECT

Ms. Patricia Taylor	Deputy Project Director
Dr. Paultre Desroisers	Training Coordinator
Ms. Jennifer Taylor	Operations Coordinator
Ms. Marie Tien	Program Assistant

### ASMARA, ERITREA

Mr. Eugene Chiavaroli	Acting Director USAID/Asmara
Ms. Pam Delargy	Director, Training Assistance Program, USAID/Asmara
Ms. Astier Araya	Participant Training Assistant, USAID/Asmara
Mr. Michael Hoza	Administration Officer, USAID/Asmara
Mr. Al Neill	Acting Chief of Party, Eritrea Health Population Project
Dr. Sennay Kifleyesus	Head, Planning & Evaluation Unit, MOH
Mr. Ariel Kerem	Ambassador, Embassy of Israel