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THE USDA SCIENTIFIC EXHANGES

APPLICATION FORM 2010

Application form and all attachments must be in English. Please type or print legibly.

Complete Application Packet Must Include:

- ☐ Completed application form
- ☐ One (1) Passport-size Photograph *attach
- ☐ Participation Rationale (pages 7-8 of application form)
- ☐ One (1) copy of passport Identification Page (separate attachment)
- ☐ One (1) copy of university transcripts (separate attachment)
- ☐ **Signed** applicant certification form (page 9 of application form)
- ☐ **Signed** approval of home institution form (page 9 of application form)
- ☐ Two (2) official letters of recommendation (page 10 of application form)
- ☐ **Signed** Conditions of training form (pages 11-12 of application form

***Attach your Passport-Size Photograph Here**

I. Personal Information

Last Name (Surname) (exactly as shown on your passport)	**First Name** (exactly as shown on your passport)	**Middle Name(s)** (exactly as shown on your passport)
Nationality ◯ **Male** ◯ **Female**	**Home Mailing Address**	**E-mail Address(es)**
Work Telephone Number (Include country / local area codes)	**Home Telephone Number** (Include country / local area codes)	**Mobile Telephone Number** (Include country / local area codes)
Date of Birth (month/date/year) ____ / ____ / ____	**City and Country of Birth**	**Current employer**
Passport Number	**Passport Issue Date** ____ / ____ / ____ month day year	**Passport Expiration Date** ____ / ____ / ____ month day year	Name of person to contact in case of an emergency
Country Issuing Passport			Emergency contact person's telephone number (Include country / local area codes)

II. Goal Summary

Please summarize in two to four sentences how participation in a scientific exchange will help meet your goals.

III. Academic Education

Please list each College or University you have been enrolled in, **beginning with the most recent**. If you need additional space, please attach a separate sheet and include your full name on it.

Name of Institution and Country	Major Field of Study	Dates Attended	Degree Earned	Date Completed
		____/____ -- ____/____ month / year month / year		____/____ month / year
		____/____ -- ____/____ month / year month / year		____/____ month / year
		____/____ -- ____/____ month / year month / year		____/____ month / year

IV. Technical / Professional Training or Courses

Please list each relevant technical / professional training or courses you have completed, **beginning with the most recent.** If you need additional space, please attach a separate sheet and include your full name on it.

Name of Training or Course	Dates	Language of Instruction	Country of Instruction
	____/____ -- ____/____ month / year month / year		
	____/____ -- ____/____ month / year month / year		
	____/____ -- ____/____ month / year month / year		
	____/____ -- ____/____ month / year month / year		

V. Language Skills

Language	Reading	Writing	Speaking
English			

Excellent = Fluent, always comprehend **Good = Proficient, can usually comprehend** **Limited = Little or no comprehension**

VI. Current Employment

Organization or Company Name / Department	Mailing Address and Telephone Number
Web Site Address HTTP://	
Dates of Employment _____/_____ -- _____/_____ Month year month year	**Your Position Title**
Supervisor's Name / Position Title / Department	**Supervisor's E-mail Address**
	Supervisor's Telephone Number (Include country / local area codes)

Duties: **Please concisely describe your current job-related responsibilities and accomplishments**

VII. Employment History

Please list each job you have held in the past five years **beginning with the most recent**. If you need additional space, please attach a separate sheet and include your full name on it.

Organization or Company Name / Department	**Mailing Address and Telephone Number**
Web Site Address HTTP:// _____	
Dates of Employment _____ / _____ -- _____ / _____ Month year month year	**Your Position Title**
Supervisor's Name / Position Title / Department	**Supervisor's E-mail Address**
	Supervisor's Telephone Number (Include country / local area codes)
Duties: **Please concisely describe your job-related responsibilities and accomplishments**	
Reason for leaving	

Employment History (Continued)

Organization or Company Name / Department	Mailing Address and Telephone Number
Web Site Address HTTP://	
Dates of Employment _____/_____ -- _____/_____ Month year month year	**Your Position Title**
Supervisor's Name / Position Title / Department	**Supervisor's E-mail Address**
	Supervisor's Telephone Number (Include country / local area codes)
Duties: **Please concisely describe your job-related responsibilities and accomplishments**	
Reason for leaving	

VIII. Awards, Honors, Scholarships

Award Type / title	description	date received	awarding institution

IX. Professional Publications

Please list your professional publications below using the standard bibliographical format.

X. Participation Rationale (2-3 pages)

Please describe your scientific background, research interests, what you hope to accomplish, and how your participation in a scientific exchange will impact your country. (If additional space is needed, please attach a separate sheet of paper and include your name on it)

Participation Rationale (Continued)

XI. Applicant Certification

I, _____, certify that all information provided
Print your full Name
on this application form is true to the best of my knowledge and that willful misstatement may lead to disqualification and/or revocation of the scientific exchange.

Applicant's Signature _____ Date _____

XII. Approval of Home Institution

I certify that _____ is a staff member at _____
Print Applicant's Full Name **Name of Institution**
and is under my supervision. I agree to his/her application to the *USDA Scientific Exchanges* and understand that, if selected, the candidate must be available to spend up to four weeks in the United States or another designated country within the next year. I also understand that he/she will participate in a follow-up activity in his/her home country or a neighboring country roughly 1-2 months following the completion of the training, if applicable (contingent upon program funding levels).

_____ _____
Signature of authorized institutional representative Date

_____
Print name and position title

XIII. Letters of recommendation

Please provide the information below for each of the people submitting letters of recommendation for you.

Name	institution/organization and position title	telephone number (include country/local codes)	Email Address
1.			
2.			

To Department head and academic / professional contact:

Please provide a 1-2 page letter of recommendation addressing the applicant's:
1) Aptitude for scientific research and policy;
2) Leadership skills;
3) Likelihood the applicant will bring back new ideas and help implement change at his/her institution;
4) How his/her participation in this program will be advantageous to your institution/organization; and
5) Any other pertinent information you would like the selection panel to consider.

The applicant is required to submit two (2) official letters of recommendation from their supervisor/department head and an academic or professional contact of their choice.

Letters should be written in English on official letterhead and should include your contact information.

USDA Scientific Exchanges
CONDITIONS OF TRAINING

Full Name of Applicant _____
(Family Name, Given name, Other names)

Applicant's Home Country _____

If I am accepted to receive technical training under the U.S. Department of Agriculture (USDA) Scientific Exchanges, I agree to adhere to my arranged program, to devote my time and attention to my practical training, and to conform to the USDA Scientific Exchanges regulations and procedures for the duration of my program. I will not seek extension of the period of my program and will return to my country immediately upon completion of my training acquired under this program. I agree to conform to all laws of the United States.

Furthermore, I certify that I understand and agree with the following policies of the Scientific Exchanges:

I. Dependents:

USDA strongly discourages family members/dependents from accompanying or joining a participant while he/she is in training. The Scientific Exchanges office is not responsible in any way for family members.

II. Conditions for Termination of Training Programs:

USDA reserves the right to terminate the training program of those participants who:

A. Change the course of study without authorization from the USDA Scientific Exchanges office;
B. Fail to show sufficient interest in or to pursue effectively their training program;
C. Have severe mental or physical health problems.
D. Conduct themselves in a manner prejudicial to the program or to the laws of the United States.
E. Marry during training without securing prior USDA approval.

F. have falsified information on the application and/or supporting documents in any way.

III. Financial Support:

The applicant is aware that the financial support provided by the USDA Scientific Exchanges is for travel, training fees, emergency medical insurance, lodging and food only. The daily maintenance allowance is adequate for meals and incidental expenses. The USDA does not fund any expenses related to family members accompanying the participant.

IV. Health and Insurance:

It is a **requirement** before arrival in the United States that every participant has a physical examination and be determined to be in good health. **Proof of medical fitness is required before participant will be allowed to travel to the United States as a part of a Scientific Exchange.**

The insurance provided to the participant while in the United States will cover **only** emergency medical care and **DOES NOT** cover pre-existing conditions, prescriptions, dental or optical treatment. In addition, the participant must pay the first $100.00 in medical expenses for each occurrence. **By signing below, the participant certifies agreement to and understanding that the USDA and its training providers are not responsible for any costs related to medical care.**

V. Debts and Obligations:

The participant will be responsible for all debts and financial obligations incurred while in the United States.

Signature below indicates understanding and agreement of the above terms and conditions.

Applicant's Signature	**Date**