INSTRUCTIONS FOR ALL PROGRAMS

If additional space is needed in supplying answers to any questions, please use continuation sheets on plain white paper.

1–3. Names and addresses of organization and telephone numbers.

4. Select type of application.

5. Select appropriate categories (see 22 CFR prior to filling out this data).

6–7. Complete information on program sponsor.

8–11. Complete information on program.

If TRAINING PROGRAM, identify appropriate fields: 01—Arts & Culture; 02—Information Media and Communications; 03—Education; 04—Business and Commercial; 05—Banking and Financial; 06—Aviation; 07—Science, Mechanical and Industrial; 08—Construction and Building Trades; 09—Agricultural; 10—Public Administration; 11—Training, Other

Reapplication and Redesignation:

If your organization is making reapplication as an exchange visitor program, or applying for redesignation under 22 CFR, please certify to the following:

I hereby certify as an officer of the organization making application for an exchange program under 22 CFR, that the following documents which have been submitted to the Department of State, Exchange Visitor Program Services, remain in effect and not altered in any way:

(1) Legal status as a corporation such as Articles of Incorporation and By Laws. Provide dates and state of both:

(2) Accreditation. Provide date, type of accreditation, and State of accreditation:

(3) Evidence of Licensure. Provide date, type of license, and state of licensure:

(4) Authorization of governing body authorizing application. Please provide date of such authorization and authorizing body:

(5) Activities in which the organization has been engaged have not changed since application dated:

(6) Citizenship. Provide the date of compliance with citizenship requirements:

If citizenship compliance is not current, please complete the following:

Organization: I hereby certify that I am an officer of _____ with the title of _____; that I am authorized by the (Board of Directors, Trustees, etc.) to sign this certification and bind _____; and that a true copy certified by the (Board of Directors, Trustees, etc.) of such authorization is attached. I further certify that _____ is a citizen of the United States as that term is defined at 22 CFR 514.1.

Responsible Officer or Alternate Responsible Officer: I hereby certify that I am the responsible officer (or alternate responsible officer) for _____, and that I am a citizen of the United States (or a person lawfully admitted to the United States for permanent residence).

Agrees that my inability to substantiate my citizenship or status as a permanent resident will result in the immediate withdrawal of its designation and immediate return of or accounting for all IAP-66 forms transferred to it.

Certification as to (1)–(6) Requirements:

I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years, or both."

Signed in ink by (Name) ________________
Title ________________________________
Subscribed and sworn to before me this day of ______, 19___.
Notary Public

APPENDIX C TO PART 62—UPDATE OF INFORMATION ON EXCHANGE-VISITOR PROGRAM SPONSOR

Please amend the Department of State records for Exchange-Visitor Program Number assigned to (Name of institution/organization) as follows:

1. Change the name of the Program Sponsor

Department of State Use Only

Type of program: __________________________
Subtype if applicable: ______________________
Categories: ________________________________

Please return form to: Exchange Visitor Program Services-GC/V, Department of State, Washington, DC 20547

NOTE: Public reporting burden for this collection of information (Paperwork Reduction Project: OMB No. 3116-0011) is estimated to average 30 minutes/hours per response, including time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of State Clearance Officer, M/ASP, Department of State, 301 4th Street, SW., Washington, DC 20547; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.
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from the above to

2. Change the address of the Program Sponsor
   From: ______________________________
   To: ______________________________

   (city) (state) (zip)

3. ( ) Change the telephone number from _______ to _______

   ( ) Change the fax number from _______ to _______

4. ( ) Change the name of the Responsible Officer of the above program from _______ to _______

5. a. Delete the following Alternate Responsible Officer:

   (city) (state) (zip)

5. b. Add the following Alternate Responsible Officer:

   (city) (state) (zip)

(Citizenship is required for all Responsible and Alternate Responsible Officers—See Reverse)

6. ( ) Send _______ copies of this form.

7. ( ) Send _______ copies of Codes for Educational and Cultural Exchange.

8. ( ) Send _______ copies of this form.

9. ( ) Send _______ copies of this form.

   (Signature of Responsible or Alternate Responsible Officer)

   (Date)

   (Title of Signing Officer)

APPENDIX D TO PART 62—ANNUAL REPORT—EXCHANGE VISITOR PROGRAM SERVICES (GC/V), DEPARTMENT OF STATE, WASHINGTON, DC 20547, (202–401–7964)

Exchange Visitor Program No. _______

Reporting Period _______ to _______

Provide Range of Forms IAP–66 Documents Covered by this Report (_______–_______).

(a) STATISTICAL REPORT

(1) ACTIVITY BY CATEGORY

   Number

   Professor ____________________________
   Research Scholar _____________________
   Short-term Scholar ____________________
   Trainee ______________________________
   Student (College and University) ______
   Student (Practical Trainee) ___________
   Teacher ______________________________
   Student (Secondary) _________________
   Specialists __________________________
   Physicians __________________________
   International Visitors ________________
   Government Visitors _________________
   Camp Counselors ____________________

   Total ______________________________

(2) Forms IAP–66 Reconciliation
   (i) Number of Forms IAP–66 voided or otherwise not used by participant _______
   (ii) Number of Forms IAP–66 issued for dependents _______
   (iii) Number of Forms IAP–66 currently on hand _______

(b) PROGRAM EVALUATION

   On a separate sheet, please provide a brief narrative report on program activity, difficulties encountered and their resolution, program transfers, anticipated growth and the proposed new activity, cross-cultural activities, as well as the reciprocal component of the program.

   I, The Responsible Officer of the program indicated above, certify that we have complied with the insurance requirement (22 CFR 514.14). I also certify that the information contained in this report is complete and correct to the best of my knowledge and belief.

   ________________________________
   Responsible Officer (signed)

   ________________________________
   Date

   ________________________________
   Name and address of sponsoring institution

APPENDIX E TO PART 62—UNSKILLED OCCUPATIONS

For purposes of 22 CFR 514.22(c)(1), the following are considered to be “unskilled occupations”:

(1) Assemblers
(2) Attendants, Parking Lot
(3) Attendants (Service Workers such as Personal Service Attendants, Amusement and Recreation Service Attendants)
(4) Automobile Service Station Attendants
(5) Bartenders
(6) Bookkeepers
(7) Caretakers