

# Teach USA 2024 HOST SCHOOL APPLICATION

#### Do not handwrite!

Thank you for choosing Cultural Vistas as your J-1 Teacher sponsor! Please complete ALL sections thoroughly. Incomplete phrases and brief responses will result in delays.

Review the program qualifications and requirements before you begin! **OVERVIEW** 

The prospective teacher must sign this application prior to signing any school contracts to demonstrate he or she has all the pertinent information necessary to make an informed decision about his or her participation in the program.

Send completed application to: teach@culturalvistas.org after the teacher has reviewed and signed it.

Processing time	e requested*b	ased on receipt of bo	oth host and teacher ap	plications	
Standard-	4-6 weeks		Expe	dited- 10 business days review (\$1350 additional)	
Participant Info	ormation				
Teacher Full Na	me:				
Country of Citiz	enship:		Ema	il:	
Proposed Start	Date:		Prop	osed End Date:	
First Day of Sch	ool:				
Start date should be the first date teacher is expected to begin duties inclusive of any teacher orientations. *End date hould be the last day of school or last day teacher has duties for the school year.					
We can approve up to three years initially and after that, you and the teacher can request a fourth or fifth year through a special process. If you wish to request 2 or 3 years, please make the end above reflect that.					
Host School Pro	file				
Name of district	t (if applicable)	:			
Name of assign	ed school:				
Name of assigno	ed school: Private	Public F	Public, Charter	Native American Reservation	

No. of Teaching staff:	No. of Students:
No. of J-1 Teachers:	No more than 20% of teaching staff can be J-1
School Street Address:	
City/State/Zip:	
Website:	
Phone:	
Name of the organization which has accredited the sch	ool:
	nust be able to demonstrate they are meeting the state's standards annually reviews publicly available data on school accountability or other metrics to ited.
Supervisor Information	
Name of Teacher's Supervisor:	Title:
Email:	Phone:
Address same as above? YES NO	
School Street Address:	
City/State/Zip:	
School Representative (responsible for communicating	with Cultural Vistas, if different from supervisor)
Name:	Title:
Email:	Phone:
Address same as above? YES NO	
School Street Address:	
City/State/Zip:	
Attorney (if you have one and want the person to receive	re application related communication from us)
Name:	Firm Name:
Email:	Phone:
Street Address:	
City/State/Zip:	

Teacher Selection						
Date of teacher inte	Date of teacher interview: Name of interviewer:					
Reasons for selectin	g this teacher:					
How did you recruit recruiter? If so, plea			er engage any outside organization such as a staffing agency or the organization.			
Proposed Position (	this cannot be chan	ged in future wit	hout CV permission)			
Position Title:						
Grade levels taught	Grade levels taught: Subjects assigned:					
Special Education		YES	NO			
Mild to Mode	rate	Moderate to	o Severe			
Self-contained classroom Resource Room						
Push-In	Pull-out	Other:				
This position is:						
Full-time, min. 32 ho	ours per week	YES	NO			
Teacher of record*		YES	NO			
*is responsible for d	elivery of instruction	n, lesson planning	g, grading and evaluation of all students in the class			
			ajor curriculum objectives for this teacher's subject and grade. Explain cted to help students acquire.			

Will the teacher have a teaching assistant or paraprofessional? YES NO Unclear

Describe other typical duties expected outside of formal teaching such as lunch/recess supervision, car line pickup duties, afterschool meetings, etc.

**Position Requirements-** School is responsible for establishing eligibility for state licensing before hire.

Please list the specific type of <b>state licenses or cred</b>	<b>lentials</b> th	e teacher is re	quired to	obtain:		
Must the <b>license</b> be obtained prior to starting emp	loyment?		YES	NO		
If not, what is the deadline?						
What are the costs and how much will the	school co	ver?				
Please list the <b>specific tests</b> the teacher is required	to take.					
Must the teacher pass the <b>test(s)</b> prior to starting of	employme	ent?	YES	NO		
If not, when is the deadline to take the tes	st?					
What are the costs and how much will the	school co	over?				
Are there any other qualifications required to teach	n at your s	school?				
Will the teacher be subject to drug testing?				YES	NO	
Is successful completion of a medical exam require	d in order	to begin teach	ing?	YES	NO	
Is successful completion of a police check required	in order t	o begin teachir	ıg?	YES	NO	
Is a Social Security Number required for the backgr				YES	NO	
*it may take a few weeks to issue the SSN which can delay this p	process, and	possibly teacher co	ompensation	or the start (	of duties. Please prepo	are for this.
Compensation and Benefits						
Annual Salary:	Paid:	Weekly	Biwe	ekly	Monthly	Other
Hours per week*:	Estimat	ed No. of over	time hour	s per week	:	
Be realistic and include anything outside of regular school hours	such as afte	er school meetings	or duties.			
Overtime rate of pay:						
Is the position, including benefits, duties, responsible with those of similarly situated U.S. teachers in the				compensa YES	tion, commensur NO	ate
Provide a weblink to your salary scale document, if	applicabl	e.				
Have you completed your assessment of the teachers			cale?	YES	NO	
If not, when will this occur and the salary adjusted	as needed	1?				

Please outline any other relocation stipends or bonuses provided including whether before or after arrival.

Please explain any funding, resources or assistance you can provide to the teacher's dependents that may accompany.

Teacher Co	osts (this section is requi	red to assist teacher w	vith understanding full costs	of program)			
Estimated	* <b>Deductions:</b> (per pay p	eriod)					
E:	stimated tax deduction:						
N	Mandatory retirement deduction (if applicable):						
In	nsurance deduction (tead	cher):					
0	ther:						
Estimated	* Expenses						
N	Monthly Transportation Expenses:						
N	Monthly Cost of Housing (single):						
N	Monthly Cost of Food (single):						
*Not ex	act, range is fine						
Availabl	le Transportation Option	ns:					
C	Car is necessary in our community.						
Ei	mployer provided	Car provided	Arrange a carpool	Other			
P	ublic Transportation						
	is widely availabl	e and convenient to th	e school location. This is a re	ealistic choice for living in our community			
	is limited and ma	y or may not be conve	nient to your assigned school	ols and where you live.			

## **Community Assistance (required)**

How will you assist the teacher with housing/housing resources? (finding housing is difficult without U.S. credit or SSN) Informational resources will be provided.

A staff member can answer questions and make suggestions such as neighborhoods.

A real estate agent or relocation provider will be recommended at no cost.

We will take the teacher to view various housing options.

We will arrange an initial short-term stay for the teacher for this period of time:

Rent cost: No cost to teacher

Briefly describe the community of the area in which your school is located. (Example: The school is in a suburban county between two major East Coast Cities. The semi-rural areas of the county are undergoing rapid residential development. Our students framilies come from lower and middle income levels from more than 40 different countries and English is a second language for approximately 30% of our students.)  Describe the orientation program at your school. Include workshops, meetings, tours, mentor programs or other ways you will help the teacher navigate a new environment and new curriculum.  Give an overview of the types of professional development or additional learning opportunities, activities and projects that will be available to the teacher.  Describe how often and by whom the teacher will be evaluated (regular progress reports and/or periodic reviews) including what happens is performance standards are not met. Teachers should be given feedback in writing and CV must be consulted before termination.	Explain how the s stores/amenities, transportation sy	school will assist the teacher in orienting to the community and settling in. Ex. locating grocery getting a Social Security number, establishing a bank account; finding local attractions, maps of public stems, etc.
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What are the goals and objectives for the SCHOOL in hosting this teacher and participating in the Exchange Visitor Program?	What are the goa	Is and objectives for the SCHOOL in hosting this teacher and participating in the Exchange Visitor Program?

#### **Cultural Activities**

- 1) Describe activities the school will organize to expose the teacher to U.S. culture. AND
- 2) Give specific examples of unique activities in the community/local area the teacher can do.

Visa Requirements: The teacher is required to plan and conduct two types of activities within the community and school 1) sharing his or her culture 2) connecting U.S. students with students in the home country. How will your school support the teacher in completing this?

### **Billing Details**

Choose below which party is responsible for the fees listed. See next page for more details on Insurance.

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		Teacher	School
Fees New School Registration (m	ust be paid by school) \$300		
Administration Fee	One Year: \$1,750		
T	wo Years: \$2,600		
Т	hree Years \$3,450		
Cultural Vistas Standard Ins	urance: \$720yr		
Cultural Vistas Enhanced Ins	urance: \$1200/yr		

SEVIS (DHS Mandatory Fee): \$220 Expedited Application Fee: \$1350

Dependent Visa Document (includes all J-2): \$750

Who a	at the	e school	should	receive	the	invoice?
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Name:

Email address:

#### J-1 Teacher Insurance

Teachers are required to purchase Cultural Vistas' insurance or an option we provide prior to approval of the program for at least the first year. J-1 and J-2 Dependents are required to have insurance coverage that meets the federal regulations below. If your school is able to offer coverage that meets federal requirements, the teacher may be able to switch later. Teachers are free to choose both coverages to suit their needs. Coverage must be continuous with no breaks including summer break.

Pursuant to 22 CFR Part 62 Exchange Visitor Program Regulations, Minimum coverage must provide:

- 1. Medical benefits of at least \$100,000 per accident or illness;
- 2. Repatriation of remains in the amount of \$25,000;
- 3. Expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000; and
- 4. Deductibles not to exceed \$500 per accident or illness.

Insurance policies secured to fulfill the requirements of this section:

- 1. May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards;
- 2. May include provisions for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness; and
- 3. Must not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be:

Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B +" or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above; or such other rating as the Department of State may from time to time specify;

Federal, state or local government agencies; state colleges and universities; and public community colleges may, if permitted by law, self-insure any or all of the above-required insurance coverage.

#### **School System Obligations and Responsibilities**

Read all of the statements below and sign the application to indicate acceptance and agreement. In order for Cultural Vistas to approve a participant to teach in your school district under Cultural Vistas sponsorship, you must accept the responsibilities and obligations listed here. Your signature means that you understand and agree to the conditions as stated. This is considered a binding agreement between Cultural Vistas and your organization.

I certify that this teacher satisfies any teaching eligibility standards set by the state to include any criminal background or other checks as well as any required teaching licenses. School personnel have assessed the teacher's education and experience and determined the appropriate license the teacher can obtain.

I certify that this teaching position, including duties, responsibilities, hours of employment, and compensation, are commensurate with those of similarly situated U.S. teachers in the school district or host school where the exchange teacher is assigned to teach.

I certify the position is full-time with a minimum of 32 hours per week of teaching duties as teacher of record including lesson planning, curriculum development, grading, and field trip planning for students and that this teacher's appointment is temporary, even if the teaching position is permanent, and does not lead to tenure.

I understand that Cultural Vistas, and not the school or school district that I represent, is the legal sponsor of this program and of this exchange visitor. I agree to respond to any requests by Cultural Vistas concerning my organization's participant(s) in a timely manner and to complete any paperwork, including program evaluations, as required by Cultural Vistas.

I certify that sufficient classroom space, equipment, training and guidance will be provided to help ensure the teacher's success.

I understand the host school I represent is responsible for abiding by all applicable federal, state, and local labor and wage laws including the Fair Labor Standards Act and that teacher exchange visitors will comply with collective bargaining agreements.

I agree to immediately notify Cultural Vistas by phone or e-mail of any circumstances that differ from this application. Any changes that affect the participant and accompanying dependents will be submitted to Cultural Vistas in advance for approval. This includes, but is not limited to, school assignment, length of program, school leave and wages paid or any performance issues that arise and could lead to termination.

To the best of my knowledge, the participant intends to enter the United States for a teaching program and does not intend to abandon his/her non-immigrant status. I will not encourage nor assist the teacher to stay in the United States beyond his/her program end date, which is the end date shown on the Certificate of Eligibility document governing the participant's admission and stay in the United States. I certify that I will not assist in any way to help participant change visa categories.

I understand that Cultural Vistas may visit my school, by appointment, to discuss the progress of the teaching assignment with the participant and his/her supervisor.

If I have chosen to provide insurance through the school's insurance policy and the teacher chooses this option, the school will provide proof of visa compliance and coverage upon request. If the teacher or the school does not provide proof of compliant coverage, the teacher will be required to purchase other insurance, or the program will be terminated requiring the teacher to depart the U.S.

I understand that Cultural Vistas has the right to withdraw sponsorship from any teacher who does not comply with program or visa rules or whose employing school/district does not comply with program or visa rules, compelling that participant to leave the country. If a situation of irreconcilable differences arises between the teacher and the school, Cultural Vistas may try to replace the teacher but is not obligated to do so.

I understand the participant takes part in the program at his or her own risk and of his or her own volition. Cultural Vistas and its partner organizations cannot be held liable under U.S. law, the law of the participant's home country, or the law of the country or countries in which the program takes place for any damage or injury, such as injury to persons or damage to property, suffered or caused by the participant in the course of the program.

I understand that Cultural Vistas and its partners undertake a variety of activities to adequately prepare participants for their program abroad, including, but not limited to: information on health and safety issues in the host country, insurance issues, housing and accommodation, visa and residency requirements, political and cultural conditions, roles and responsibilities of partners and host companies, and select laws specific to the United States. Beyond this preparatory information, a range of issues related to a participant's experience can occur and are beyond the control of Cultural Vistas and partners. **Cultural Vistas and its partner organizations cannot:** 

- Guarantee the safety of participants or eliminate all risks from the participant's environment while in the United States:
- Prevent participants from engaging in illegal, dangerous or unwise activities;
- Assure that home-country standards of due process apply in overseas legal proceedings or provide or pay for legal representation for a participant;
- Assume responsibility for the actions of persons not employed or otherwise engaged by Cultural Vistas, for
  events that are not part of the program, or that are beyond the control of Cultural Vistas and its
  subcontractors, or for situations that may arise due to the failure of a participant to disclose pertinent
  information.
- Bear liability for any financial obligation that the participant may incur due to lack of adequate insurance coverage outside of any program-provided insurance;
- Assure that home-country cultural values, norms, and laws will apply in the United States.

I hereby attest that I have read and understood the Conditions of Participation and Liability Information listed above, and I accept them as binding for the duration of the program. I acknowledge and accept the limitations to the liability of the administering organization as listed above. I hereby release Cultural Vistas, Inc., its officers, directors, agents, partners, representatives, successors, and assignees from any claims and causes of action, heretofore or hereafter arising, known or unknown, by reason of violence or natural disasters affecting me or my property while participating in this program.

I agree that arbitration is the required and exclusive forum for the resolution of any and all disputes between me and Cultural Vistas, Inc., in accordance with the arbitration agreement posted online at http://culturalvistas.org/legal#arbitration-agreement.

I attest that I have read and understand the information given above and certify that all statements made by me in this application are true and correct.

Name:	Title:
Signature:	Date:
Teacher Acknowledgement	
I confirm I received this application prior to signing any school or represents the basic minimums of the position and additional d be provided upon starting the position. I will follow the guidance duties to the best of my abilities within the rules provided by Cu	uties, assignments, procedures and instructions will ce and instruction of the school and perform my
Name:	
Signature:	Date:

Send completed application to: teach@culturalvistas.org