**APPLICATION FORM**

Please complete all of the following and attach all required documents. Please contact SEP point of contact for questions. This application is due **October 10, 2021**.

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| --- | --- | --- | --- |
| **Last Name (Surname)** | **First Name** | | **Middle Name(s)** |
| **Nationality** | **Home Mailing Address** | | **Email Address** |
| ** Male  Female** |
| **Work Telephone Number** | **Home Telephone Number** | | **Mobile Telephone Number** |
| **Date of Birth (Month/Date/Year)** | **City and Country of Birth** | | **Current Employer** |
| **Country Issuing Passport** | **Passport Issue date** | **Passport expiration date** | **Name of person to contact in case of emergency** |
|  | **Emergency contact person’s telephone number** |

1. **Education History**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Institution** | **Degree obtained** | **Dates of Attendance** |
| **Bachelor’s Degree** |  |  |  |
| **Master’s Degree** |  |  |  |
| **PhD** |  |  |  |

1. **Language Skills**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Reading** | **Writing** | **Speaking** |
| **English** |  |  |  |
|  |  |  |  |
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1. **Current Employment**

|  |  |
| --- | --- |
| **University / Department** | **Mailing Address and Telephone Number** |
| **Website Address** |  |
| **Dates of Employment** | **Your Position Title** |
| **Supervisor’s Name / Position Title / Department** | **Supervisor’s Email address** |
| **Supervisor’s Telephone Number** |
| **Duties: Please concisely describe your job-related responsibilities and accomplishments** | |

1. **Previous Employment (if less than 5 years at your current employer)**

|  |  |
| --- | --- |
| **University or Organization Name / Department** | **Mailing Address and Telephone Number** |
| **Website Address** |  |
| **Dates of Employment** | **Your Position Title** |
| **Supervisor’s Name / Position Title / Department** | **Supervisor’s Email address** |
| **Supervisor’s Telephone Number** |
| **Duties: Please concisely describe your job-related responsibilities and accomplishments** | |
| **Reason for leaving** | |

1. **Publications (if applicable)**

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1. **Training or study in other countries:**

|  |  |  |
| --- | --- | --- |
| Field of study | Dates | Country |
|  |  |  |
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1. **Training benefits:**

Describe what you hope to accomplish during your fellowship. How will working with a mentor in the U.S. help you to achieve your research goals?

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Explain how this fellowship will contribute to establishing and harmonizing SPS regulatory regimes of the RECs in the AU through the transfer of new science and agricultural technologies. How do you plan to promote any newly acquired knowledge or research techniques to help support the effort to establish and harmonize SPS regulatory regimes of the RECs in the AU?

|  |
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1. **Experience and Plans:**

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| State a proposal for your research or policy initiatives in one sentence relating to this fellowship. ("The goal of my research is to...") |
| Describe the specific research and/or policy objective(s) that will achieve your goal during this fellowship. |
| How do your interests and scientific background relate to the goals of the program? |
| Describe any relevant leadership and communication experience that exhibits your abilities in advocating for sound policy or procedures to peers, decision-makers, or the general public. |
| Are you involved with any committees (e.g., advisory committees, curriculum reform committees, or any other policy, university, or ministry committees)? |
| What other sort of training or experience do you hope to get while you are in the United States that is not available to you now? |
| Explain how you will collaborate with a higher level policy maker in your country to achieve the goals of this program. |

1. **Please list the professional contacts you have (if any) in the United States:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | University/Organization | Email Address | Phone Number |
|  |  |  |  |
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**USDA Scientific Exchanges Program**

**APPLICATION CERTIFICATION**

## If I am accepted to receive technical training under the U.S. Department of Agriculture (USDA) Scientific Exchanges Program, I agree to adhere to my arranged program, to devote my time and attention to my research and/or practical training, and to conform to the USDA Scientific Exchanges Program regulations and procedures for the duration of my fellowship program. I will not seek extension of the period of my program, and I will return to my country immediately upon completion of my training. I understand that I must fulfill the two year home residency requirement of the J-1 visa. 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 Program:

## I. Dependents:

## USDA cannot permit dependents to accompany a Scientific Exchanges Program Fellow during the training program. USDA defines dependents as spouses of any age and children under the age of 21.

## 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  Scientific Exchanges Program.

## B. Fail to show sufficient interest in or to pursue effectively their training program.

## C. Fail to notify USDA of significant medical issues that could impact program.

## D. Conduct themselves in a manner prejudicial to the program or to the laws of the United States.

## E. Fail to disclose plans to marry or extend stay in the United States. F. Obtain employment in the United States without prior USDA approval.

## G. Falsify information on the application and/or supporting documents in any way.

## III. Financial Support: The applicant is aware that the financial support provided by Scientific Exchanges Program is for travel, training fees, emergency medical insurance, lodging, and food only. The daily maintenance allowance is adequate for meals and incidental expenses, and it will be the only direct financial support provided to the Fellow.

## IV. Health and Insurance: Before arriving in the United States, each participant is required to have a physical examination to determine that he or she is in good health.  Proof of medical fitness is required before participant will be allowed to travel to the United States as a Scientific Exchanges Fellow.

## The insurance provided to the participant while in the United States will cover only emergency medical care and ****DOES NOT**** cover treatment of pre-existing conditions, prescriptions, dental, or optical treatment. Additionally, the participant must pay the first U.S. $500.00 of the total cost in medical expenses for each occurrence. By signing below, the participant certifies agreement to and understanding that 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.

I, , certify the following:

All information provided 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 fellowship.

I have no known established and/or expected business, employment or other commitments that would prevent me from completing the fellowship program if selected.

Applicants Signature Date

**The United States Department of Agriculture**

**Scientific Exchange Program**

**African Union** **Sanitary and Phytosanitary Regulatory Regimes**

**Scientific Exchanges Program Reference Letter Requirement**

**To Department head and academic / professional contact / supervisor:**

The USDA Scientific Exchanges Program is pleased that you have agreed to serve as a reference for this applicant. Please respond to the form below or upload your 1-2 page letter of recommendation specifically addressing the applicant’s:

1) Leadership skills and likelihood he/she will bring back new ideas and implement change

2) Aptitude and experience in sanitary phytosanitary regulatory regimes;

3) Relationship to you; capacity and number of years known

4) Level of institutional support for his/her proposed research area and the link to his/her institution/department's strategic plan.

5) Research area's connection with sanitary phytosanitary regulatory regimes

Letters should be written in English on official letterhead and should include your contact information.  Thank you for taking the time to provide this recommendation.

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Name of Reference Signature of Reference Date

**The United States Department of Agriculture**

**Scientific Exchange Program**

**African Union Sanitary and Phytosanitary Regulatory Regimes**

**Approval of Home Institution**

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a staff member at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is under my supervision. I agree to his/her application to the Scientific Exchanges Program and understand that, if selected, the candidate must be available to spend up to 12 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 country for roughly 6-12 months following the completing of the training, if applicable (contingent upon program funding levels).

The Scientific Exchanges Program promotes food security and economic growth in eligible countries by educating a new generation of agricultural scientists, increasing scientific knowledge and collaborative research to improve agricultural productivity, and extending that knowledge to users and intermediaries in the marketplace. Applicants are eligible to participate if currently employed by a university, government, research institution and/or other institution with the intent to continue working in their home country for a minimum of two years following the return from the United States.

I anticipate that this applicant will be employed by my institution and working for at least two years following the completion of his/her Scientific Exchanges Fellowship.

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Signature of authorized institutional representative Date

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Printed name Position title