



United States
Department of
Agriculture

Foreign
Agricultural
Service

Office of Agricultural Affairs
American Embassy
Tunis, Tunisia

Monsieur le Directeur de la
Coopération Internationale
Ministère du Commerce

Tunis, le 8 novembre 2017

Objet: Programme de Stages Cochran pour l'année 2018

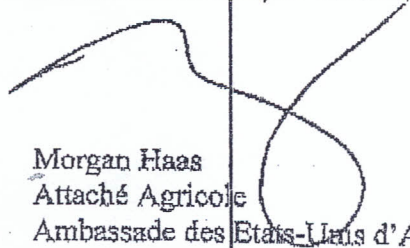
Monsieur le Directeur,

J'ai le plaisir de vous informer que le Département Américain de l'Agriculture (USDA) a retenu pour le Programme de Stages Cochran pour l'année 2018 les thèmes suivants :

- 1/ Réforme de la chaîne de valeur du blé (Market Reform within the Wheat Value Chain)
- 2/ Introduction aux standards sanitaires des aliments (Introduction to Food Safety Regulations)
- 3/ Logistique des graines et gestion des silos (Grain Logistics and Silo Management)

Les candidats potentiels désignés par vos services devront remplir le formulaire Cochran, ci-joint, et le renvoyer au Bureau des Affaires Agricoles à l'Ambassade des Etats-Unis d'Amérique à Tunis, au plus tard le 15 décembre 2017. Les interviews de sélection auront lieu ultérieurement. Je tiens à vous informer que l'USDA prend à sa charge tous les frais inhérents au stage (inscription, logement, repas, visites, assurance médicale et transport à l'intérieur des Etats-Unis) alors que le transport, les frais de visa et le timbre de voyage sont à la charge de la partie Tunisienne.

Dans l'attente de vous voir, je vous prie, Monsieur le Directeur, de croire à l'assurance de ma considération.


Morgan Haas
Attaché Agricole
Ambassade des Etats-Unis d'Amérique
Tunis, Tunisie

The Embassy's point of contact for the Cochran Fellowship Program is the Office of Agricultural Affairs, which can be reached by e-mail at: AgTunis@fas.usda.gov.

The Embassy of the United States of America avails itself of this opportunity to renew to the Ministry of Foreign Affairs the assurances of its highest consideration.

Enclosures:

As stated.

Embassy of the United States of America,

Tunis, 09 NOV 2017



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No. 1638

Arrivée le ...	
ACTION	INFORMATION
D/Asie	

NOV 2017

The Embassy of the United States of America presents its compliments to the Ministry of Foreign Affairs of the Republic of Tunisia and has the honor to request the Ministry's assistance in transmitting the attached letters and application form for the 2018 Cochran Fellowship Program to the following recipients:

- Ministry of Agriculture, Water Resources and Fisheries;
- Ministry of Public Health; and
- Ministry of Commerce.

The letters announce the 2018 Cochran Fellowship Program and encourage candidates to apply. This program provides U.S. based agricultural training opportunities for senior and mid-level specialists, researchers, and administrators from the public and private sector, who are involved in agricultural trade, agribusiness development, management, policy, or marketing.

The Embassy requests the return of the completed 2018 Cochran Fellowship Program application forms to the Office of Agricultural Affairs prior to December 15, 2017.

DIPLOMATIC NOTE



COCHRAN FELLOWSHIP PROGRAM
2018
APPLICATION FORM

(NOTE: PLEASE TYPE)

***** APPLICATION AND ATTACHMENTS MUST BE IN ENGLISH *****

I. PERSONAL INFORMATION

Name: _____
Family Name Given Name

(Name must correspond exactly with passport or travel documents)

Date of Birth: _____
(Day / Month / Year) e.g., 03/March/1970

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Have you ever applied for U.S. Citizenship: Yes No

Home Address:

Street

Town or City

Country and Post Code

II. CURRENT EMPLOYMENT:

Title or Position

Organization/Company

Street

Town or City

Country and Post Code

COMPLETED APPLICATION SHOULD INCLUDE:

- ☐ 2 Letters of Recommendation
- ☐ 2 Photographs
- ☐ Photocopies of Passports (front page only)
- ☐ Signed Conditions of Training
- ☐ Medical Clearance Documentation (upon acceptance into the program)
- ☐ Signed Photo Consent Form

MALE ☐ FEMALE ☐

(Home Telephone)

(Personal Mobile Telephone)

(Personal Email Address)

Dates of Employment

From: To: Present

Work Telephone

Fax

Work Mobile Telephone

Work Email Address

III. PROPOSED PROGRAM:

- A) What technical subjects, topics, courses and/or fields do you want to study? (It is important to give a detailed description of the training you want. USDA will use this information to design your training program in the United States. Continue on back of page).

- B) U.S. Contacts Already Established: Please list name, address, and telephone number of professionals in your field in the United States with whom you already have contact.

_____	Name	_____	Name	_____	Name
_____	Title	_____	Title	_____	Title
_____	Company	_____	Company	_____	Company
_____	Address	_____	Address	_____	Address
_____	Telephone	_____	Telephone	_____	Telephone

- C) Training dates: Please list any dates you are NOT available for the program

From	To
From	To
From	To

IV. EMPLOYMENT: (Start with current employment)

A) Dates of Employment (CURRENT EMPLOYMENT)

From: _____ To: Present

Organization Name

Supervisor's Name

Number & Street

Supervisor's Telephone

Title of Position:

Town or City

Organization Telephone

Country and Post Code

Description of your place of employment and your duties and responsibilities:
(Continue on the back of the page if necessary).

B) Dates of Employment

From: _____ To: _____

Organization Name

Supervisor's Name

Number & Street

Supervisor's Telephone

Title of Position:

Town or City

Organization Telephone

Country and Post Code

Description of your place of employment and your duties and responsibilities:

V. TRAINING BENEFITS:

How will your employer use your training when you return from the United States?

VI. SUPERVISOR'S RECOMMENDATION FOR APPLICANT'S TRAINING:

Please have your supervisor complete the following questions. Provide an English translation if necessary.

A) What do you want the applicant to learn while in the United States for training?

B) How will the applicant's training be used by the organization when he/she returns from the United States?

Thank you.

Signature

Title

Date

VII. ACADEMIC EDUCATION AND TRAINING EXPERIENCE

A) Academic

Name of Institution	Field of Study	Dates Attended	Degree & Date Completed	Language of Instruction

B) Training: (List additional training in home country).

Field of Study	Dates	Language/Place of Instruction

C) Additional Training in Other Countries:

Field of Study	Dates	Language of Instruction	Country

Awards, Honors, Scholarships Received, Publications, Professional Memberships:

VIII. LANGUAGES

(Please indicate ENGLISH capabilities in first line, additional languages on remaining lines).

English

Speaking

Reading

Writing

Other Languages

Little to none

Understands
but requires
interpretation

Only requires
interpretation
for complex
discussions

Does not
require
interpretation

Fluent

IX. NAME AND ADDRESS OF PERSON TO CONTACT IN CASE OF EMERGENCY:

(Name)

(Home Telephone)

Relationship: _____

(Mobile Telephone)

(# Street)

(Email Address)

(City or Town)

(Country and Post Code)

X. ATTACHMENTS

Please include with your application the following attachments:

- 1.) 2 passport photographs
- 2.) 2 letters of recommendation
- 3.) Signed Conditions of Training
- 4.) 1 photocopy of International Passport

COCHRAN FELLOWSHIP PROGRAM
CONDITIONS OF TRAINING

Name of Fellow _____
(FAMILY NAME, Given name, Other names)

Country _____

If I am accepted to receive technical training under the U.S. Department of Agriculture (USDA) Cochran Fellowship Program, I agree to adhere to my arranged program, to devote my time and attention to my studies and/or practical training, and to conform to Cochran Program regulations and procedures for the duration of my training program. Upon my return, I agree to provide feedback to training providers and FAS staff as requested. I will not seek extension of the period of my program but will return to my country without delay upon completion of my training acquired under this program. I also agree to conform to all laws of the United States.

Furthermore, I thoroughly understand the following requirements and policies of the Cochran Fellowship Program:

I. Dependents:

USDA does not permit family members to accompany or join a Fellow while he/she is in training.

II. Attendance of Fellows at Conferences and Meetings:

Attendance of fellows at national or international conferences, conventions or meetings of professional, trade, or other associations is not permitted unless such attendance is a part of the Cochran Fellowship training program.

III. Conditions for Termination of Training Programs:

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

- A. Change the course of study or depart the program without authorization from the USDA/Cochran Fellowship Program.
- 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 in any way falsified information on the application and/or supporting documents.
- G. Not compliant with Two Year Residence Requirement for DS 2019 SEVIS Program.

IV. Travel:

If selected, the applicant, their institution, or other sponsor assumes financial responsibility for air travel to and from Washington, D.C. or their specified arrival/departure site. Fellows are not permitted to rent or drive vehicles during their Cochran Fellowship Program.

V. Financial Support:

The applicant is aware that the financial support provided by the USDA Cochran Program is for training fees, emergency medical insurance, domestic transportation, lodging and food only. The daily maintenance allowance is based on U.S. Government Service Administrative rates and is adequate for modest lodging and food. USDA does not fund any expenses related to family members accompanying the Fellow.

The Cochran Fellowship program does NOT cover the cost of international airfare. Please initial here to indicate you understand this requirement. _____

Do you have guaranteed/approved funding from your company or organization? Yes ___ No ___

VI. Health and Insurance:

It is a requirement before arrival in the United States that every Fellow has a physical examination and be determined to be in good health. Proof of medical fitness (a signed letter from a medical doctor within 1 month of the program start date) is required before you will be allowed to travel to the United States as a Cochran Fellow. The insurance provided to the Fellow while in the United States will cover only EMERGENCY medical care and **DOES NOT** cover pre-existing conditions, prescriptions, dental or optical work. In addition, the Fellow may be responsible for paying the established deductible (\$100.00) for each occurrence. **I understand that USDA and its training providers are not responsible for any costs related to medical care while in the United States.**

VII. Debts and Obligations:

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

VIII. Two-year Home-Country Physical Presence Requirement:

When you agree to participate in an Exchange Visitor Program and your program falls under the conditions explained below, you will be subject to the **two-year home-country physical presence (foreign residence) requirement**. This means you will be required to return to your home country for two years at the end of your exchange visitor program. This requirement under immigration law is based on Section 212(e) of the Immigration and Nationality Act.

Two-year Home-Country Physical Presence Requirement Conditions - An exchange visitor is subject to the two-year home country physical presence requirement if the following conditions exist:
Government funded exchange program - The program in which the exchange visitor was participating was financed in whole or in part directly or indirectly by the U.S. government or the government of the exchange visitor's nationality or last residence.

For additional information for this requirement, please visit:

http://travel.state.gov/visa/temp/types/types_1267.html#twoyear

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

Applicant's Signature

Date

PHOTO CONSENT/RELEASE

I hereby consent to the royalty-free use by the United States Department of Agriculture (USDA) of photograph(s) taken of me by employees/representatives of the USDA Office of Communications, Photography Services Division, and of any reproduction of the photograph(s) in any form, in any media, for any purpose in connection with USDA, world-wide, free and clear of any claim whatsoever on my part.

I also consent to the use with the photograph(s) of my name and any comments I may have made at the time of the photograph(s), including the editing thereof.

Furthermore, I understand that this consent includes consent to USDA to use the photograph(s), with or without my name and any comments, for educational, promotional, and outreach purposes, and to use alone or in conjunction with other types of material, including use on the Internet and other means of public display.

I hereby release the United States, its officers, and employees from liability for any violation of any right I may have in connection with the foregoing use.

I hereby waive any right of inspection or approval of the photograph(s) or of the use that may be made of the photograph(s), my name, and my comment(s).

I am of legal age.

Signature _____

Date _____

(Please Print)

Name _____

Telephone No. _____

Address _____

2018 Cochran Fellowship Program Applicant Bio

[illegible]

Place of Residence: _____
City _____ Country _____

Title: _____

Company/Organization: _____

Description of employer and applicant duties and responsibilities:

Specific technical subjects, topics, courses and/or fields the applicant is interested in:

Education

Parent Institution	Est.	Days Attended	Degree & Date Completed	Leverage of Institution

English Language skills

Little to none

Understands
but requires
interpretation

Only requires interpretation for complex discussions

Does not
require
interpretation

Fluent

English

Speaking
Reading
Writing