

MINNESOTA SECRETARY OF STATE APPLICATION FOR REGISTRATION/RENEWAL OF AN INTERNATIONAL STUDENT EXCHANGE VISITOR PLACEMENT ORGANIZATION

Read the instructions before completing this form.

A. Organization:(Name)
Address:
Address:(List the complete street address or rural route and rural route box number; a P.O. Box Number is not acceptable.)
()(Phone Number)
B. Chief Executive Officer:(Name)
Address:(List the complete street address or rural route and rural route box number; a P.O. Box Number is not acceptable.)
()(Phone Number)
C. Responsible Officer:
Address:(List the complete street address or rural route and rural route box number; a P.O. Box Number is not acceptable.)
()(Phone Number)
2. The organization's Minnesota or nation-wide toll-free telephone number is: ()(See instruction #2)
3. The name and address of the person responsible ensuring that the telephone number listed in item 2 is answered, is:
Name:
Address:
Address:(List the complete street address or rural route and rural route box number; a P.O. Box Number is not acceptable.)
4. The organization is exempt from federal income tax. Yes No

1. The name, address and telephone numbers of the organization, its chief executive officer and the officer or person who

has the primary responsibility for supervising placements within Minnesota (known as the Responsible Officer) is:

copy



MINNESOTA SECRETARY OF STATE STATEMENT OF COMPLIANCE INTERNATIONAL STUDENT EXCHANGE ORGANIZATION ACT Minnesota Statutes, Chapter 5A

This Statement is to be completed only if the organization is <u>Not</u> registered with the United States Department of State, Bureau of Educational and Cultural Affairs or the Council on Standards for International Educational Travel (CSIET).

The undersigned hereby certifies that I am authorized to sign on behalf of the named organization which is an international student exchange visitor placement organization. I hereby certify that the statutes, regulations, and standards relating to the placement of a student in Minnesota by the organization have been reviewed and understood.

I further certify on behalf of the organization that it is in compliance with all required standards and documentation set forth by statute and regulation. I understand that the Secretary of State may request the documents which support this statement from the organization at any time. All documents must be supplied upon request.

Name of Organization		
THIS FORM MUST BE SIGNED IN	HE PRESENCE OF A NOTARY PUBLIC.	
	(Authorized Signature and Title)	
Dated:		
State of		
County of) ss.)	
Su	scribed and sworn before me on	
	Notary Public	
	My Commission Expires	

INSTRUCTIONS FOR THE APPLICATION/RENEWAL

Minnesota Statutes, Section 5A.06 provides that complaints about International Student Exchange Organizations may be submitted to the Office of the Minnesota Secretary of State. The Secretary has the authority to forward these complaints to the Council on Standards for International Educational Travel (CSIET) and the U.S. Department of State. The Secretary also has the discretion to further investigate situations raised in complaints to determine whether the complaint is an isolated instance, or whether there is a systemic problem with placements by an organization. If the Secretary determines that the organization has failed to remain in compliance with the appropriate legal requirements, the registration of the organization may be terminated.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

All sections of the forms must be completed. Additional items that must accompany the completed application/renewal are: (1) U.S. Dept. of State, Bureau of Educational and Cultural Affairs or CSIET document demonstrating compliance with the established standards; (2) list of students in response to Item 6; and (3) \$150 filing fee for initial application or \$50 filing fee for renewal.

- 1. List the current name, address and telephone number for the organization, the chief executive officer of the organization (regardless of title), and the officer or employee who bears primary responsibility for the placement of students in Minnesota, referred to in state statute and this document as the Responsible Officer. The Responsible Officer must be an officer or an employee of the organization. Addresses must include a complete street address or rural route and rural route box number. Post Office Box numbers are not acceptable.
- 2. List a telephone number at which the organization may be reached. This must either be a Minnesota telephone number or a nation-wide, toll-free telephone number that is answered 24 hours per day, everyday. The number is for use by students and host families to obtain assistance or information from the organization.
- 3. List the name and address of the person responsible for answering the telephone number listed in item 2. This person may be a volunteer. The address must be a complete street address or rural route and rural route box number, and may not be a Post Office Box.
- 4. Check whether the organization is exempt from federal income tax.
- 5. Check box A, B or C to indicate whether the organization is or is not registered with the U.S. Dept. of State, Bureau of Educational and Cultural Affairs or CSIET. If the organization is registered with one of these two agencies, please attach a copy of either the U.S. Dept. of State, Bureau of Educational and Cultural Affair's Designation Letter or the CSIET Approval for Listing Letter, whichever is appropriate. If the organization checks box C, you must complete the Statement of Compliance which is part of this form.
- 6. Attach a list of the following information for each student placed by the organization in an elementary or secondary school in Minnesota during the most recently completed academic year: name, home country, name of school district, length of placement and starting date of placement.
- 7. Provide the total number of students listed in response to Item 6.
- 8. The Chief Executive Officer of the organization and the Responsible Officer must sign, date and print their title next to their signature.

Filing Fee: \$150 filing fee for initial application or \$50 filing fee for renewal payable to the MN Secretary of State

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services
First National Bank Building
332 Minnesota Street, Suite N201
Saint Paul, MN 55101
(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.