

THIS APPLICATION IS FREE OF CHARGE AND MAY BE REPRODUCED WITHOUT PERMISSION



## SABIT

Special American Business Internship Training Program  
A Program of the U.S. Department of Commerce



### SURGICAL INSTRUMENTS

September 3-24, 2011

The U.S. Department of Commerce's Office of South Asia (OSA) and its Special American Business Internship Training Program (SABIT) have established a program to train up to 18 Surgical Instrument specialists from Pakistan. SABIT has successfully trained over 5,000 executives and scientists from Eurasia, Northern Ireland, Latin America, Africa and the Middle East. SABIT provides trainees the opportunity to become familiar with a U.S. industry sector and its regulations, establish valuable business relationships, learn about innovative technologies, equipment, and services, and understand market-based business concepts. The program is designed to provide participants with better knowledge about U.S. standards in the medical instrument sector, and for them to make U.S. contacts for future projects and collaboration. Participants should not expect opportunities to make sales calls, as this is a technical assistance initiative, not a trade mission.

The program will be three weeks in length, beginning with one week of training which may include sessions on policy, legislation, standards, certification, business plan development, cross-cultural negotiations and management for global business. This will be followed by two weeks of comprehensive site visits and training at U.S. company facilities.

This program is designed for professionals in the Surgical Instruments industry. Applicants for this SABIT program must be in positions of significant responsibility in their employing organizations and have several years of industry experience to be considered for participation. **Fluency in English is required.**

Applications must be accompanied by a letter from the candidate's supervisor in his or her employing organization which contains the following: a description of the Applicant's present duties and permission for the Applicant to participate in the program. Applicants should also enclose a recent photograph, passport-size if possible. **There are no fees of any kind associated with this application. There is no cost for applying, processing the application, or being selected to participate in the program.**

Applicants are screened and selected by the U.S. Department of Commerce based on their professional and educational achievements and experience in specific industrial sectors. SABIT and the OSA Washington offices will make final determinations regarding which applicants are selected for training.

For those selected to participate in this program, the U.S. Government will pay for round-trip airfare from a designated site to the United States, housing, a comprehensive training program, medical insurance, and a stipend to defray the costs for meals and incidental expenses. Each participant must provide his or her own transportation to the designated departure site and possess a valid international passport on which to travel. Each participant will travel on a U.S. visa, which prohibits the receipt of a salary or honorarium. Participants are responsible for the cost of the U.S. visa. SABIT participants may not seek permanent employment in the United States. Participants may not be accompanied by their families. Upon completion of their training, participants must immediately return to Pakistan with the delegation. Participants may not extend their stay in

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the United States after the training.

Any misrepresentation on the part of the Applicant either orally or in writing will automatically be grounds for disqualification or expulsion from the program whether the participant is already selected or in the United States.

**APPLICATIONS MUST BE RECEIVED NO LATER THAN JANUARY 28, 2011**

Completed applications should be scanned and emailed to [tracy.rollins@trade.gov](mailto:tracy.rollins@trade.gov) or faxed to the SABIT-Washington office at 202.482.2443.

For questions, please contact Tracy Rollins at the above email address or at 202.482.0073 during the hours of 08:00 to 16:30 Eastern Standard Time (UTC-5).

**PLEASE READ ALL INSTRUCTIONS BEFORE STARTING THE APPLICATION:**

- The **Application** should be completed on a computer, with typewriter or in blue or black ink (please PRINT). If completing the application electronically, please do not alter the format. Answer all of the questions. If needed, use another sheet of paper and attach it to the application. If you don't have an answer to a question, please write N/A (Not Applicable). *Phone numbers should include the country code, city code and the telephone number.*
- **Please attach Curriculum Vitae (Resume)** –This should be no longer than one page.
- Please provide a **recommendation letter**. The letter should be on company letterhead from your supervisor. It should include permission to participate on the program and should list the dates: September 3 – 24, 2011. It must be signed.
- Please provide a copy of your passport. If you already have a U.S. visa, please provide a copy of that as well.
- **There are no fees of any kind associated with this application. There is no cost for applying, processing the application, or being selected to participate in the program.**

*The SABIT program does not discriminate in training on the basis of sex, race, color, age, religion, national origin, or handicap. This policy is consistent with relevant U. S. governmental statutes and regulations*

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**SABIT**  
**SPECIAL AMERICAN BUSINESS INTERNSHIP TRAINING PROGRAM**  
**SURGICAL INSTRUMENTS**  
September 3-24, 2011

Place photo  
here

**I. GENERAL INFORMATION**

Name\* \_\_\_\_\_  
(Surname) (Given Name) (Middle Name)

*\*Please use the format and spelling as found in your passport.*

Place of Employment \_\_\_\_\_  
(Complete Company Name)

Position/Title: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Work Address: \_\_\_\_\_  
(Street, Building, City, Mail Code)

E-mail\*: \_\_\_\_\_ Website: \_\_\_\_\_

*\*Please use an email address that you check regularly.*

Home Address: \_\_\_\_\_  
(Street Name and Number) (Apartment Number) (City, Mail Code)

Home Telephone: \_\_\_\_\_

Preferred Mailing Address:  Home  Work

Date of Birth:  -  -  (\_\_\_\_\_)  
(Month/Day/Year) (Birthday written out with month)

Sex:  Female  Male Marital Status  Single  Married

Place of Birth: \_\_\_\_\_  
(City) (Country)

Citizenship: \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_

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*Spouse's place of work, position, and telephone number:*

\_\_\_\_\_

*If you have children, please list name, gender, and age:*

\_\_\_\_\_

*Other contact numbers where you can be reached (please list alternative telephones and fax numbers including city codes):*

*Tel.:* \_\_\_\_\_ *Fax:* \_\_\_\_\_ *Name/:* \_\_\_\_\_

*Relationship:*     Friend    Co-worker    Spouse    Relative    Other

*In case of emergency, whom should we contact? (Include name, address and telephone number):*

\_\_\_\_\_

*How did you learn about this program:* \_\_\_\_\_

\_\_\_\_\_

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**II. EDUCATION**

*A. List all post-secondary education including professional education, beginning with most recent (attach additional pages as needed):*

<u>Dates</u>	<u>Institute/University</u>	<u>Major Subject</u>	<u>Degree/Date Received</u>

*B. List all U.S. Government-funded programs in which you have participated (attach additional pages as needed):*

<u>Dates</u>	<u>Name of U.S. Government Sponsoring Agency</u>	<u>Topic of Program</u>

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C. List the languages you know, in addition to English:


**III. BUSINESS AND EMPLOYMENT EXPERIENCE**

A. List your business and employment history for the past ten years, beginning with most recent:

<u>Dates</u>	<u>Name of Organization</u>	<u>City</u>	<u>Position/Title</u>	<u>Responsibilities and duties</u>

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**B. Please list three professional references (names, addresses and phone numbers):**

NAME	COMPANY NAME, ADDRESS AND TELEPHONE	PROFESSIONAL RELATIONSHIP
1.		
2.		
3.		

**IV. ADDITIONAL INFORMATION**

**A. Passport and Travel Information:**

*You must have a valid international passport to participate in this program.*

Passport Series/Number: \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_

Have you ever applied for a U.S. visa?     Yes     No

When/Where: \_\_\_\_\_

Were you granted a U.S. visa?     Yes     No    What type? \_\_\_\_\_

Have you ever applied for immigration to the U.S.?  Yes     No

When/Where: \_\_\_\_\_

**B. List previous travel abroad (attach additional pages as needed):**

<u>Country</u>	<u>Dates</u>	<u>Sponsor</u>	<u>Purpose</u>

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*This information is not intended to disqualify you for participation, but to allow us to accommodate your needs if you are selected.*

- Do you have any allergies?  Yes  No

If yes, please explain \_\_\_\_\_

- Do you have any medical conditions or limitations?  Yes  No

If yes, please explain \_\_\_\_\_

- Do you take any medication?  Yes  No

If yes, please explain \_\_\_\_\_

- Do you have any special dietary needs?  Yes  No

If yes, please explain \_\_\_\_\_

- Please list any contacts you have in the United States (including family, friends, business associates, and acquaintances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. STATEMENTS OF PURPOSE

*The following information is important to create a comprehensive program. Please provide as much information as possible.*

### A. Current enterprise description:

Name of enterprise:

\_\_\_\_\_  
\_\_\_\_\_

Type of enterprise (i.e. industry sector: types of goods or services provided:

\_\_\_\_\_  
\_\_\_\_\_

The market for your product or service is:

- local  national  
 regional  International (please list countries) \_\_\_\_\_

Who are your customers?

- state enterprises  individuals  
 private enterprises  other \_\_\_\_\_

How many people work at the firm? \_\_\_\_\_

Annual gross revenue (in US\$): \_\_\_\_\_

Ownership of your company: \_\_\_\_\_

If it is owned by more than one entity or individual, please provide the ownership breakdown by percentage:

\_\_\_\_\_  
\_\_\_\_\_



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**B. *On separate sheets of paper, please answer the following questions. The information you provide may be several pages long:***

- 1. Describe your present employing organization (please be specific in terms of private or public sector, the date it was formed, what the mission and goals are, what areas of work it is involved in, how it is structured and /or types of goods and services it provides);**
  
- 2. Please give a description of your specific responsibilities in the organization. This must include: your title; the name and title of the person whom you work; the name of the division or department for which you work; and its major function within the enterprise; how many employees report to you directly; some of the major problems you have encountered in your work and how you think this program might assist you with those problems; and, any other information you think would be of interest.**
  
- 3. Describe your short- and long-term career goals.**
  
- 4. Describe your goals in coming to the United States for an internship program.**
  
- 5. Please provide information about specific projects, joint ventures, or business relationships you would like to develop with U.S. companies (list particular companies you have in mind).**
  
- 6. How do you plan to apply the knowledge you will gain on the SABIT training program to your work back home -- both in your company and the country as a whole? *What makes you a good candidate for this program?***
  
- 7. Please attach a copy of your company's product list.**

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**Annual output:**

\_\_\_\_\_

**Your company currently:**

\_\_\_ Exports to Europe or the United States

If exporting to the United States, please list current partners: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ Exports to other countries (please list: \_\_\_\_\_)

*C. Rank each topic from 1 – 5 according to your professional needs and requirements. Please rank each topic carefully as this will determine program content and structure.*

**Ranking:**

- 1 – most important
- 2 – very important
- 3 – important
- 4 – somewhat important
- 5 – not important or not applicable

**Topics:**

**Types of Surgical Instruments**

- \_\_\_ Grasping (for example, obstetric instruments, forceps)
- \_\_\_ Clamping
- \_\_\_ Retracting
- \_\_\_ Accessories

Please list accessories you are interested in: \_\_\_\_\_

- \_\_\_ Design
- \_\_\_ Laboratory facilities/ Testing
- \_\_\_ Certification
- \_\_\_ Intellectual Property Rights
- \_\_\_ Quality assurance
- \_\_\_ Product safety
- \_\_\_ Workplace safety
  
- \_\_\_ Pricing
- \_\_\_ Distributor and wholesale networks
- \_\_\_ Sales and marketing methods, advertising and promotion
  
- \_\_\_ Education
- \_\_\_ Federal regulation of the industry
- \_\_\_ Associations
- \_\_\_ Contracts and legal issues
- \_\_\_ Import/Export regulations
- \_\_\_ Financing
- \_\_\_ Accounting practices and financial management
- \_\_\_ Other (please describe) \_\_\_\_\_

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List any other topics or areas that you would like your training to cover:

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List American organizations you would like to visit:

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Are you looking for American partners? In what areas?

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**LETTER OF AGREEMENT:**

I testify that the information submitted in this application is complete and accurate. I understand that providing false information on this application or during the interview will automatically disqualify me from participation in the SABIT Program. If I am selected for participation in the program, and it is determined during the course of the training that any of the information provided in this application or during the interview was false, I understand that this would mean immediate dismissal from the program.

If selected, I agree to comply with all regulations of the program and all local and national laws of the United States.

I understand that the U.S. visa obtained in connection with my SABIT program training is valid only for temporary training and is not valid for employment in the United States or for travel not related to the SABIT training both during and after the program. I understand that this program prohibits spouse and/or children to accompany SABIT participants to the United States.

I understand that the program will be conducted in English.

I understand that I will be provided with medical insurance to be used only for emergency situations and not for routine medical care or treatment for any pre-existing medical or dental condition. I further understand that I will be required to pay all deductibles and other miscellaneous expenses not covered by the insurance. I understand that I may purchase my own travel and/or health insurance before departing for the United States. If I choose to do so, this will act as additional coverage for me while I am on the SABIT Program.

The program will make every attempt to provide me with a single hotel room, but there may be circumstances when single rooms are not available. Therefore, based on availability, I may be required to share my hotel room with one other individual from the training group (of the same gender). In such a case, I understand that separate beds will be provided. I declare that this type of housing arrangement is satisfactory to me and presents no difficulties.

I declare my intent to return to Pakistan with the SABIT delegation at the end of my training as a SABIT program participant. I understand that returning to my country at the end of my internship is a condition of my participation in the SABIT program. I further understand that traveling outside of the United States (for example, Canada or Mexico) is strictly prohibited and would be in violation of my U.S. visa and would mean immediate dismissal from the program. Travel to cities in the United States that are not part of the specific SABIT training program is strictly prohibited.

If for any reason I must return home early, I understand that I must return the remainder of the stipend to the SABIT Program.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)