

الجمهورية الجزائرية الديمقراطية الشعبية  
République Algérienne Démocratique et Populaire

Ministère de l'Enseignement Supérieur  
et de la Recherche Scientifique

Direction de la Coopération et des  
Échanges Interuniversitaires

N° : 195 /D.C.E.I.U/ 2018

Alger, le 11 février 2018

Monsieur le Directeur  
de l'Ecole Nationale Supérieure Vétérinaire d'Alger

**Objet:** programme Américain « Cochran Fellowship Program »

**P.J :** Formulaire de candidature .



J'ai l'honneur de vous informer que l'Ambassade des Etats-Unis d'Amérique à Alger vient de nous faire part du lancement du programme de formation « Cochran Fellowship Program », attribué par le département de l'agriculture Américain (USDA) à l'Algérie au titre de l'année 2018

Le programme de cette année portera sur la production laitière et génétique, la gestion des bovins laitiers et des fermes, la génétique laitière ainsi que la nutrition et la santé animale.

Les candidats devront remplir le formulaire, ci-joint en annexe avant le 20 février 2018, afin de préparer les interviews de sélection qui seront réalisées par un représentant en charge du programme

Il convient de signaler que les frais de transport international sont à la charge de la partie algérienne, l'USDA couvrant uniquement les frais d'hébergement, repas, transport local et assurance

A cet effet, je vous prie de bien vouloir nous transmettre (02) dossiers de candidature pour prendre part à cette formation, remplissant les critères d'éligibilité à une formation résidentielle à l'étranger.

Je vous saurais gré, des dispositions que vous voudrez bien prendre à l'effet de nous faire parvenir les dossiers de candidature avant le 20 février 2018, en vue de les faire parvenir dans les temps requis aux instances concernées.

مديرة مدرسة البيطرة  
في جامعة الجزائر  
بالحوشات كريمة زوجة بوحسنا

Considération distinguée





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

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**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).

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- 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	_____
_____	Title	_____	Title	_____
_____	Company	_____	Company	_____
_____	Address	_____	Address	_____
_____	Telephone	_____	Telephone	_____

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

From	To
From	To
From	To



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**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	Degree Awarded	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).

	Little to none	Understands but requires interpretation	Only requires interpretation for complex discussions	Does not require interpretation	Fluent
<b>English</b>					
Speaking					
Reading					
Writing					
<b>Other Languages</b>					



**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.



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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 Administrates 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 fails 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/temo/types/types\\_1267.html#twoyear](http://travel.state.gov/visa/temo/types/types_1267.html#twoyear)

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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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 \_\_\_\_\_



## COCHRAN FELLOWSHIP PROGRAM FOR ALGERIA

The United States Department of Agriculture's Foreign Agricultural Service is pleased to announce the 2018 Cochran Fellowship Program for Algeria.

The Cochran Fellowship Program provides training opportunities for senior and mid-level specialists and administrators working in agricultural trade and policy, agribusiness development, management, animal, plant, and food sciences, extension services, agricultural marketing, and many other areas. The Cochran Fellowship Program has provided U.S.-based training for 181 participants from Algeria in different areas since 2001. For more information on the program, please visit: <https://www.fas.usda.gov/programs/cochran-fellowship-program>

### PROGRAM OBJECTIVES

Program objectives are to provide high-quality training resulting in knowledge and skills that assist countries in developing agricultural systems necessary to meet food needs and strengthen trade linkages and agricultural interests between Algeria and the United States.

### RESEARCH TOPIC

The FY2018 program for Algeria will focus on Dairy Production and Genetics. The program will cover dairy cattle and farm management, dairy genetics, nutrition and animal health. The program will also include visits to selected farms, research laboratories, and the world dairy expo.

### ELIGIBILITY

The Cochran Fellowship Program is open to agribusinesses, government departments, universities, and other agricultural organizations. Applicants may be managers, technicians, scientists, specialists, professors, administrators, and/or policy makers.

All participants must be in good physical and mental health, and the Cochran Fellowship Program requires a thorough physical exam by a licensed doctor prior to traveling to the United States. Participants must be proficient in the oral and written English.

USDA selects candidates based on their academic and professional interests and achievements, level of scientific competence, leadership potential, and likelihood of bringing back new ideas to their home institution, and flexibility and aptitude for success in a cross-cultural environment. Consideration is also given to the relevance of the applicant's involvement in topics highlighted in this application announcement and to global food security and trade.

### INTERNATIONAL TRAVEL

The Cochran Fellowship Program does not fund international travel to or from the United States. Please be aware that Participants are required to pay for their own airfare. The Cochran Fellowship Program covers lodging, taxis, meals and insurance for those selected.

### HOW TO APPLY

Interested candidates should complete the attached Cochran Application form and then scan and send to the following e-mail address: [AgAlgeria@fas.usda.gov](mailto:AgAlgeria@fas.usda.gov) by February 22, 2018.



