

HEALTH SCIENCES CENTER NEW ORLEANS
LOUISIANA STATE UNIVERSITY SYSTEM
H-1B PETITION WORKSHEET

INSTRUCTIONS: In order to help the International Services Office process your H-1B petition, please complete this form and return it to with all required supporting documents. *Type or print clearly. All questions MUST be answered. If not applicable, write "N/A". Please see checklist for additional documents required for this petition.*

INFORMATION ABOUT THE BENEFICIARY

A. Personal

Last Name: _____ First Name: _____ Middle Name: _____

All Other Names Used: _____

Date of Birth: _____ e-mail: _____ Gender: Male Female
mm / dd / yyyy

Soc. Sec. No. (if available): _____ Marital Status: Married Single Children: Yes No

Country of Birth: _____ Country of Citizenship: _____ Province/State of Birth: _____

HSC School/Department Name & Sponsor Name: _____

Home Country Address: _____

US Home Address (if available): _____

Current Home Phone #: _____ Work Phone # in US: _____

Passport Country of Issuance: _____ Passport #: _____ Expiration Date: _____ Date Issued: _____
mm / dd / yy mm / dd / yy

Highest Degree Obtained (Please check only one box):

- a. Bachelor's degree (for example: BA, AB, BS)
- b. Master's degree (for example: MA, MS, MEng, MEd, MSW, MSB)
- c. Professional degree (for example: MD*, DDS, DVM, LLB, JD)
- d. Doctorate degree (for example: PhD, EdD)
- e. Other (must explain) _____

Major/Primary Field of Study _____

B. Immigration Status (complete only if currently inside the US; if not currently in the US, check here)

Initial Arrival Date: _____ Most Recent Arrival Date: _____ 1-94 #: _____
mm / dd / yy mm / dd / yy

Current Non-immigrant Status: F-1 F-2 J-1 J-2 H-1B H-4 TN Other (specify): _____

Expiration Date (ending date on I-20, EAD, IAP-66, I-797, etc.) _____
mm / dd / yy

Do you have any plans to travel outside of the US between now and the proposed **start** date of this petition? Yes No

In addition, do you have any plans to travel outside of the US while this petition is **pending** with USCIS*? Yes No

If yes, please list dates of travel: _____

CONSULT WITH THE INTERNATIONAL SERVICES OFFICE BEFORE FINALIZING ANY TRAVEL PLANS!!

C. Visa Application Information (required)

Specify the City and Country of U.S.Embassy/Consulate where you will apply for your entry visa if outside the U.S. or if your change of status, amendment or extension of stay is denied by USCIS (if Canadian Citizen, specify port of entry or preflight inspection city): _____

D. H-1B Petition Information

Have you ever been in J status (J-1 or J-2)? Yes No

If Yes: are you subject to the 2-year home residence requirement (212[e])? Yes No

If Yes: have you fulfilled this requirement by obtaining a waiver or by going home for 2 years? _____

If you have not yet fulfilled the requirement, but have applied for a waiver, enter your waiver case Number or USCIS Approval Notice Number:

***Please note that if you have received a waiver of 212[e], then you will need the actual USCIS I-612 waiver approval notice (Form I-797) in order to apply for an H-1B entry visa from a US embassy or consulate abroad. Attach a copy of your waiver recommendation and/or I-612 approval notice.**

****If you are still subject to 212[e], you are not eligible for H-1B status.****

Have you been granted H-1B status? Yes No If yes, please list in the space below, your and any dependent family members prior periods of stay in H classification (including H4) in the US for. Include name, relationship to you, USCIS case numbers if available, and dates of approval. **Provide front and back copies of I-797 approval notices and I-94s.**

Have you been denied H-1B status? Yes No If yes, please explain below: (required)

Have you been absent from the US or present in the US in another immigration status during any time that you were approved for H-1B/H-4 status? Yes No If yes, list dates and circumstances below:

Are you in exclusion or deportation proceedings? Yes No

Is/has LSU-HSC ever sponsored you for lawful permanent residence (green card)? Yes No

Do you have a lawful permanent resident petition (green card) approved or pending with USCIS? Yes No

If yes, please indicate which applications are approved or pending: Form I-140 I-485 I-765 I-131 I-130

Do **you** have any **other** applications or petitions currently pending with USCIS? Yes No

If yes, please state what applications are pending and status requested: _____ (provide copy of Receipt Notice)

Do **your dependents** have any applications or petitions currently pending with USCIS? Yes No

If yes, please state what applications are pending and status requested: _____ (provide copy of Receipt Notice)

E. Family Information (All Applicants must answer)

1. I do not have dependents in the US.

2. My dependents do not require H-4 status.

3. I do have _____ number of dependents that require H-4 status.

If dependents (spouse and/or children) are currently in the US, request Form I-539 from LSU-HSC or download directly from the USCIS website (<http://www.uscis.gov/portal/site/uscis>) and see checklist for additional information.

D. Information about Public Benefits (Only for applicants extending nonimmigrant status or requesting a change of nonimmigrant status-not required for persons currently abroad who are entering the United States to obtain nonimmigrant status.)

1. Since obtaining the nonimmigrant status that you seek to extend or from which you seek to change, have you received, or are you currently certified to receive, any of the following public benefits? (select all that apply)
- Yes, I have received or I am currently certified to receive the following public benefits:
 - Any Federal, State, local or tribal cash assistance for income maintenance
 - Supplemental Security Income (SSI)
 - Temporary Assistance for Needy Families (TANF)
 - General Assistance (GA)
 - Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
 - Section 8 Housing Assistance under the Housing Choice Voucher Program
 - Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
 - Public Housing under the Housing Act of 1937, 42 u.s.c. 1437 et seq.
 - Federally-Funded Medicaid
 - No, I have not received any of the above listed public benefits.
 - No, I am not certified to receive any of the above listed public benefits.

**If your response to Question 1 is NO for BOTH receipt AND certification of receipt, proceed to Page 4 for signature.
If your response to Question 1 is YES, please proceed to answer the questions below.**

2. If you have received or are currently certified to receive any of the above public benefits in the future, provide the following information about the public benefits below. Use additional page provided below if necessary.

Type of Benefit:

Agency That Granted The Benefit:

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts:

Date Benefit or Coverage Ended or Expires:

3. Do any of the following apply to you? (Select the applicable box).
- I am enlisted in the Armed Forces, or am serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
 - I am the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
 - At the time I received the public benefits, I (or my spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
 - At the time I received the public benefits, I was present in the United States in a status exempt from the public charge ground of inadmissibility.
 - At the time I received the public benefits, I was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
 - I am a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
 - None of the above statements apply to me.
4. Have you received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply)
- An emergency medical condition.
 - For a service under the Individuals with Disabilities Education Act (IDEA).
 - Other school-based benefits or services available up to the oldest age eligible for secondary education under state law.
 - While you were under the age 21.

While you were pregnant or during the 60-day period following the last day of pregnancy.

None of the above statements apply to me.

A. If so, provide the applicable dates:

From:

To:

The Catholic Immigration Network's CLINIC has a [good set of FAQs](#) that explain the details of the preceding questions related to Public Benefits.

I certify that I have read all information provided on this worksheet. The information above and documents submitted as they relate to the instant petition are true and correct. I understand that any misrepresentation of information or document fraud may result in termination of my employment at LSU-HSC. I also understand that information and materials submitted with this worksheet may be shared with other government agencies. In addition, I understand that my application could be delayed as a result of mandatory Department of Homeland Security (DHS) security checks. To the best of my knowledge, there is no adverse information that would negatively affect the H-1B petition. I understand that USCIS determines final approval of the H-1B petition.

Signature of H1-B Worker

Print Name of Worker

mm / dd / yy

H1-B WORKER CHECKLIST

Submit the following required documents – even for extensions (copies of previously submitted documents become part of the permanent record and cannot be reused).

Any document not in English must be translated.

NOTE: FOREIGN LANGUAGE DOCUMENTS, including diplomas, must be submitted with CERTIFIED translations. The translator must certify he/she is competent to translate and the translation is accurate. The certification format should include the certifier's name, signature, address and date of certification. (See Page 6, copy as needed.)

A. All applicants:

- 1. Copy of Social Security Card
- 2. Copy of ALL diploma(s)/certificate(s)
- 3. Copy of transcript if your field of study is not indicated on diploma (highly recommended)
- 4. Credentials evaluation if degree earned abroad (highly recommended, but not required; for a list of evaluators, go to: <http://www.naces.org/members.htm>) or you may consider the following sites, which have sent previous certificates. www.aes-edu.org <<http://www.aes-edu.org> ; http://www.knowledgecompany.com/intro_english.html <http://www.educei.com> <<http://www.educei.com>/ (Applicable U.S. Degree Equivalency Certification is **HIGHLY RECOMMENDED** if degree obtained from non-U.S. Institution)
- 5. Current Curriculum Vitae (Résumé)
- 6. Unaltered Original Documents and Translation form (page 5)
- 7. If currently in the US: copy of I-94 (**front and back**), Entry visa, and Passport ID information pages
- 8. Documentation confirming receipt of or future receipt of public benefits, **if applicable**

B. *M.D.s who will engage in Clinical Care:

- 1. Evidence of completion of USMLE 1, 2, and 3 and;
- 2. Copy of ECFMG certificate and;
- 3. Copy of license to practice in Louisiana or letter indicating eligible for licensing in Louisiana **OR**
- 4. Approval for USMLE exception for “patient care which is *incidental* to teaching and research.” (Determination made by the School of Medicine Dean’s office.)

IN ADDITION, anyone currently in the U.S. must submit the following:

C. If in F-1 or F-2 status:

- 1. Copies of all previous I-20(s) pages 3 & 4 (**front and back**)
- 2. Copies of Employment Authorization Document (EAD), and I-797 Approval Notice if applicable.
- 3. Proof of current employment if applicable (paystubs, verification letter, etc.)
- 4. If currently in F-2 status, submit copies of F-1’s I-94 and I-20(s) (**front and back**).

D. If in J-1 or J-2 status (Or if have ever held J -1/J-2 status)

- 1. Copies of all previous IAP-66(s) and/or Form DS-2019 (SEVIS and non-SEVIS), **front and back**
- 2. If applicable and available, copy of USCIS I-612 waiver approval notice of two-year home residence requirement (212 [e]) **OR** US Department of State (DOS) Waiver Recommendation Letter or Advisory Opinion showing **Not Subject**.
- 3. If currently in J-2 status, submit copy of J-1’s I-94 and DS-2019(s)(front and back)

D. If in H-1B, H-4, or O-1 status:

- 1. Copies of all previous I-797 Approval Notice(s) including those from other institutions
- 2. Copy of your two most recent pay stub or letter from current employer to show maintenance of H-1 status
- 3. If in H-4 status, submit copies of H-1’s I-94 (front and back) and evidence of H-1’s maintenance of status (copies of most recent pay stub or letter from current employer).

**Submit this form and required evidence to the ISO contact person
for your department, not directly to ISO.**

H1-B WORKER DEPENDENT CHECKLIST

Submit the following required documents – even for extensions (copies of previously submitted documents become part of the permanent record and cannot be reused).

Any document not in English must be translated

E. If Dependent(s) who are applying for H-4 status are in the US:

- 1. Completed Form I-539 (dependents' application to request an extension of stay and/or change of status).
Form I-539 is available from the USCIS website. **NOTE:** This form is to be completed *only* by your dependents.
Do NOT include your name or information on this form.
- 2. Copies of evidence of relationship, for example, marriage certificate or birth certificate
- 3. Copies of dependents' previous I-797 Approval Notice(s), if applicable (**front and back**)
- 4. Copies of dependent's I-94(s), entry visa(s), passport information page(s) and any other evidence of entering legally and maintaining status
- 5. USCIS Petition fee for I-539 of \$290 (check or money order in U.S. dollars, drawn on a U.S. bank, made payable to the "Department of Homeland Security" payable by the beneficiary)

F. If Dependent(s) who are applying for H-4 status are outside the U.S.:

- 1. Copies of dependents' passport information page (To allow support letter to be prepared.)

**Submit this form and required evidence to the ISO contact person
for your department, not directly to ISO.**

UNALTERED ORIGINAL DOCUMENTS

TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES

Copies of documents submitted are exact copies of unaltered original documents. I understand that I may be required to submit original documents to an Immigration or Consular official at a later date.

Print Name of H-1B Worker

Signature of H-1B Worker

Date Signed

TRANSLATION OF FOREIGN LANGUAGE DOCUMENT(S)

(Translations must be done by someone other than yourself *or immediate family members.*)

I, _____, hereby certify that I am
competent to translate from the _____ language into English and
that the attached is the accurate translation of the original document(s).

Print Name & Title of Translator

Signature of Translator

Date Signed

PUBLIC BENEFIT ADDENDUM

Type of Benefit:

Agency That Granted The Benefit:

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts:

Date Benefit or Coverage Ended or Expires:

Type of Benefit:

Agency That Granted The Benefit:

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts:

Date Benefit or Coverage Ended or Expires:

Type of Benefit:

Agency That Granted The Benefit:

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