

LSUHSC H-1B NONIMMIGRANT WORKER INTRODUCTION GENERAL INFORMATION AND APPLICATION INSTRUCTIONS

INTERNATIONAL SERVICES
433 BOLIVAR STREET, SUITE 206B
NEW ORLEANS, LA 70112-2223
Telephone (504) 568-4802
Fax (504) 568-7632
E-Mail Address: rall11@lsuhsc.edu

INTRODUCTION AND GENERAL H-1B INFORMATION

LSU Health Sciences Center (LSUHSC), International Services, as the petitioner is required to submit information to various Federal and State agencies when petitioning for H-1B status on behalf of a prospective alien employee as the beneficiary. An employment relationship between the petitioner and the beneficiary is required for H-1B status.

H-1B nonimmigrant status is frequently requested by LSUHSC on behalf of individuals coming temporarily to the United States to perform services in a “specialty occupation” (H-1B). A “specialty occupation” is one which requires the theoretical and practical application of a body of highly specialized knowledge, requiring at least a bachelor’s degree. A nonimmigrant must hold a relevant U.S. baccalaureate degree or higher, or a foreign degree equivalent to a relevant U.S. baccalaureate degree and a state license to practice the profession, if applicable.

Laws and regulations have been enacted which effect an employer’s responsibilities and liabilities in the initial hire and continued employment of H-1B non-immigrants. Under the Immigration and Nationality Act (INA), an employer seeking to employ an alien who is coming temporarily to the U. S. in a specialty occupation on an H-1B visa is required to file a Labor Condition Application (LCA).

The LCA provides a process for protecting the wages and working conditions of similarly employed U.S. workers in the area of employment from being adversely affected by the employment of foreign temporary workers. In order to complete the LCA, International Services must verify and document that the following statements are true:

- The H-1B employee will be paid 100% of either the “actual wage” or the “prevailing wage” for the occupation, *whichever is higher*. Departments should consider that the requirements, particularly years of experience, for any position could effect whether a Skill Level 1, 2, 3 or 4 prevailing wage is provided by the Department of Labor. For more information, contact International Services.
- Employing the foreign national will not adversely affect the working conditions of similarly employed U.S. workers and H1B non-immigrants will be afforded working conditions on the same basis, and in accordance with the same criteria, as offered to U.S. workers.
- The employer has posted a notice (LSUHSC-15) in “**two conspicuous locations**” at the work site for a minimum of ten working days.
 - **This notice must indicate dates of employment for a full three year period beginning with the proposed start date, as ALL LCA filings should be submitted with a three year duration.**
 - This notice must be posted for a full ten working days and submitted to International Services with the rest of the H1B packet **before** the LCA will be filed. **Federal and State holidays, as well as days/partial days where HSC may be closed, for example, due to Hurricanes do NOT count toward the “10 working days” period.**

- After ten working days, please sign the posting notice, fill in the dates of posting and locations where posted (please indicate **specific location**-Room # or “conference room,” “break room,” etc.) and return the original documents to International Services.
- An LSUHSC-15 with blank posting dates/locations must also be included in the application submitted to International Services for posting in Human Resource Management for ten working days. **This LSUHSC-15 may be sent electronically (via email) to International Services for review and routing to HRM prior to submission of the full H-1B packet so the required posting periods can be completed as soon as possible.**
- International Services will review all LSU HSC-15 forms to ensure they were posted for the required period. Any notices not properly posted will be returned so posting can be completed properly.
- International Services will hold the original postings (with signatures) as documentation in support of the LCA in the Public/DOL Inspection File.

Once a “Prevailing Wage” from the Department of Labor and an “Actual Wage” from LSUHSC HRM has been received and any salary adjustments required have been addressed by International Services and the hiring department, an LCA can be obtained. Obtaining the prevailing and actual wages can take two to four weeks.

When the approved LCA has been obtained, the H-1B Petition can be submitted to Department of Homeland Security. **If a previously approved LCA is still valid through the duration of the proposed employment extension, a new LCA is not necessary for that extension petition, provided **NO** changes (including work locations, hours, title, salary and job duties) in the H-1B employment are planned for the duration of the extended approval period. If no new LCA is needed, the LSUHSC-11, 12, 15, 16, and 17 in this packet are not necessary for an extension request.** Check with International Services to see if a previously approved LCA is still valid.

Timing of Petition Filing: An H-1B petition may be filed up to six months prior to the date of need (start date).

Change of Status petitions: To avoid gaps in work authorization and payment of the premium processing fee, petitions that request a change of status to H1B from another non-immigrant status should be filed as close to the six month mark as possible. **International Services recommends that the completed application packet be submitted no less than 7 months prior to expiration** if premium processing is not anticipated. A change of status petition must be received and approved by USCIS before the individual may begin/continue employment in H-1B status. At times, an approval can take up to six months.

Extension petitions: An extension petition must be received by USCIS no later than the date the current H-1B approval period ends. To facilitate I-9 re-verification, **International Services recommends the department submit the completed application packet at least one month prior to the H1B approval period expiration date.** This will help facilitate International Services mailing of the petition to USCIS **no later than 10 working days** before expiration of the current approval period to increase the likelihood that the receipt notice is received from USCIS prior to expiration. An H-1B employee requesting an extension of their H-1B status is provided a 240 day grace period to continue their previously approved employment while awaiting a decision on the extension petition. If a denial is received or the 240 grace period ends without receipt of a decision, employment must cease immediately.

Amendment petitions: An amendment petition is required if a material change in employment is planned for an H-1B employee. Material changes can include but are not limited to: promotions/title changes, changes in job duties, changes in work locations. **An amended petition must be received by USCIS prior to the date the proposed changes will be implemented internally.** While the petition is pending, once the receipt notice has been received, the proposed changes to H-1B employment are permitted to

commence. If a denial of the amended petition is received, all material changes to the previously approved employment must cease immediately.

Transfer petitions: A “change of employer” petition or transfer petition permits an H-1B employee to move from one H-1B sponsoring employer to another. A “change in employer” petition must be received by USCIS **prior** to the proposed start date at the new employer. The employee is permitted to begin working for the new employer on the start date requested in the “change of employer” petition, provided the receipt notice has been received.

H-1B Status Duration: A single petition may be filed for a maximum of three years, based upon available departmental funding. An extension may also be filed for up to an additional three years. The total maximum available time in H1B status is **six calendar years** unless an exception exists due to 1) a pending labor certification, 2) a pending petition for permanent residency, or 3) available recovery of days spent outside the U.S. while approved for H-1B status. Contact International Services for more information on extension beyond six years, or see our [website](#).

Dependents of H-1B Workers: The dependent spouse and children (under age 21) of individuals filing for or in H-1B status are eligible for H-4 status. Individuals in H-4 status are not allowed to work in the U.S.

Initial H-1B applicants who are out of the U.S. will not be required to complete or include a form I-539 or application fee for H-4 dependents. However, it is necessary to have a copy of the dependent’s passport in order that verification of name spelling and date of birth can take place allowing for a letter of invitation to be prepared.

When processing an H extension or change of status for an applicant currently in the U.S. with dependents, a Form I-539 must be completed with a separate check or money order attached. Copies of the marriage certificate and birth certificates with English translation for each dependent will be required by the USCIS to prove relationship.

Application Process: Departments wishing to utilize the H-1B nonimmigrant visa category must comply with the procedures contained herein. Included in this packet are copies of LSUHSC forms required for the processing of an applicant. If you have any questions, please contact International Services at 568-4802.

The department should have the proposed applicant complete the **H1B worksheet** and return with all required documentation. The department should complete the attached H-1B application in full and attach required supporting documentation. Return the entire completed H1B worksheet from the proposed beneficiary and application with required supporting documents and the appropriate, separate application fees to International Services for processing.

Following internal processing and once the petition has been submitted to USCIS the **normal adjudication time is three to six months**.

Petition Fee: For any petition received by the USCIS after December 23, 2016, employers who file a petition for a new H-1B, a change of status to H-1B, or a change of employer for a current H-1B visa holder, will be required to pay a \$460 petition fee. This fee also applies to extensions of current LSUHSC H-1B visa holders. This is a fee which must be paid by the department and **cannot** be passed on to the applicant. In consideration, before a department makes a decision to hire an individual who will require an H-1B visa classification, departmental funds should be available to cover this \$460 fee.

Fraud Prevention Fee: For any petition received by the USCIS after March 1, 2005 and in accordance with new legislation, employers who file a petition for a new H-1B, a change of status to H-1B, or a change of

employer for a current H-1B visa holder, will be required to pay an additional \$500 Fraud Prevention Fee in addition to the normal processing fee and premium processing fee. This fee does not apply to extensions of current LSUHSC H-1B visa holders. This is a fee which must be paid by the department and **cannot** be passed on to the applicant. In consideration, before a department makes a decision to hire an individual who will require an H-1B visa classification, departmental funds should be available to cover this \$500 fee.

Premium Processing: For an additional \$2,500, fee, an H-1B petition can be “Premium Processed”. Specifically, USCIS will provide 15-calendar day processing (in lieu of 3-6months) on petitions for those LSUHSC departments who choose to utilize this service. Processing may be a notice of approval, request for evidence, intent to deny or notice of investigation for fraud or misrepresentation. If the notice requires the submission of additional evidence or of a response to an intent to deny, a new 15-day period will begin upon the delivery to the USCIS a complete response to the request for evidence or notice of intent to deny. This fee is normally considered a business expense and should be paid by the sponsoring department. In consideration, before a department makes a decision to hire an individual who will require an H-1B visa classification, using the premium processing option, departmental funds should be available to cover this \$2,500 fee. Any requisition for Premium Processing should be signed as appropriate and attached to the H-1B application. International Services will process through Accounting Services. Ideally, the Premium Processing Service should be requested in conjunction with the initial petition submission. However, the Service may be utilized to *upgrade* a regular petition, following initial submission, but *only* after a form I-797 receipt has been obtained by International Services.

LSU System Policy (PM-26) has recently been revised which allows the use of University funds for the fees associated with H-1B applications. The use of federal grant funds is permissible if for initial hire (recruitment), but not for extensions for current employees per the NIH Grants Policy Statement, [Section 7.9.1](#). The use of non-federal grant funds must be in accordance with the regulations of the granting agency.

If Foundation funds are to be utilized, the required mechanism is via a requisition through a University linked account. Should your department not have established a linked account, you may do so via the appropriate written or email request through Accounting Services.

CHANGES OR AMENDMENTS TO EXISTING H-1B POSITION: An H-1B petition is employer, employee, job title, job duty, salary and location specific. Should there be any changes in an applicant’s title, duties, work location, or salary, **before** changes can be processed internally at the LSUHSC, an amended H-1B petition must be filed by the International Services. An amended petition will require the same documentation and application fees as an extension application.

TERMINATION OF EMPLOYMENT: Pursuant to 8 C.F.R. § 214.2(h) (4) (iii) (E), if the employer dismisses the H-1B worker prior to the end of the period of authorized employment, the employer must pay the reasonable cost of return transportation to the alien's last place of foreign residence. Dismissal for any reason, even for cause, triggers this provision.

LEAVE WITHOUT PAY: Due to Department of Labor wage obligations under the LCA, LWOP status is not permitted for H1B employees without prior approval from International Services. A case by case evaluation will be required.

Unless the prospective H-1B employee currently holds a valid immigration status which permits employment, he/she may not begin to work until the start date on the approval notice for the H-1B petition.

DATE: _____

LSUHSC-9 H-1B NONIMMIGRANT WORKER PRIOR APPROVAL FOR HIRE (OR EXTENSION)

- New Hire or Change of Status to H1B
- Extension for current LSU HSC H1B employee
- Change of Employer for current H1B beneficiary (transfer)

FACULTY SPONSOR _____ DEPARTMENT _____

DEPT ADDRESS: _____ DEPT CONTACT PERSON: _____

DEPARTMENTAL CONTACT TELEPHONE # _____ FAX # _____

POSITION OFFERED: _____ PROPOSED SALARY: _____

DEPARTMENTAL ACCOUNT NUMBER: _____ FEDEX ACCOUNT# _____ (required)

PROPOSED DATES OF EMPLOYMENT: FROM: _____ To: _____

*** Up to a 3 year period may be requested in one petition provided the beneficiary has at least 3 years still available of H1B time; proposed employment dates are NOT required to match the dates on the LSUHSC-15 posting notice if proposed employment period is shorter than the 3 year period required on the LSUHSC-15.**

PATIENT CARE/CONTACT REQUIRED: Yes No LICENSE REQUIRED: Yes No

***Attach Position Description** PCN# _____ ADVERTISED: Yes No

WILL ANY WORK BE PERFORMED OFF SITE? YES* NO

For purposes of an H1B petition, "off site" is considered to include locations where actual productive work will be performed, but which are not offices/facilities/locations of the petitioner (LSU HSC). Off site does not include locations where occasional lectures, educational conferences or meetings may take place.

***If Yes, an itinerary detailing specific off site locations and work to be performed with corresponding dates at each location is required. (See LSUHSC-17)**

LAST NAME OF PROPOSED BENEFICIARY: _____ FIRST: _____ M: _____

DOES THE ALIEN SPEAK FLUENT ENGLISH: Yes No
HOW HAS ENGLISH FLUENCY BEEN VERIFIED? Interview Phone Call Other: _____

Departmental Approvals: _____ **Date:** _____

Funds Approved/Business Manager: _____

Section Head (if applicable) _____

Department Head: _____

International Services: _____

Dean: _____

LSUHSC-10 H-1B APPLICATION DOCUMENTS CHECKLIST

PACKETS WHICH ARE NOT COMPLETED CORRECTLY OR IN THEIR ENTIRETY WILL BE RETURNED TO THE SPONSORING DEPARTMENT.

<u>Attached</u>	<u>Not Required</u>	
<input type="checkbox"/>	<input type="checkbox"/>	H1B Worksheet completed by beneficiary with all required documentation.
<input type="checkbox"/>	<input type="checkbox"/>	LSUHSC-9 PRIOR APPROVAL FOR HIRE (OR EXTENSION) OF H-1B NONIMMIGRANT WORKERS: Complete and submit with application to International Services Office with appropriate departmental signatures. International Services will obtain signature of the Dean. A position description, training plan or job advertisement which details, minimum requirements and job duties should be attached.
<input type="checkbox"/>	<input type="checkbox"/>	LSUHSC-10 Documents Checklist. Complete and submit with application.
<input type="checkbox"/>	<input type="checkbox"/>	LSUHSC-11 INFORMATION FOR PREVAILING WAGE DETERMINATION: Complete and submit with application. This form will be used to make a “prevailing wage” determination using the OFLC Online Wage Data.
<input type="checkbox"/>	<input type="checkbox"/>	LSUHSC-12 LSUHSC ACTUAL WAGE REQUEST: Complete for submission with application.
<input type="checkbox"/>	<input type="checkbox"/>	LSUHSC-13 LSUHSC ACTUAL WAGE DETERMINATION: Complete for submission with application.
<input type="checkbox"/>	<input type="checkbox"/>	LSUHSC-15 NOTICE TO EMPLOYEES: The sponsoring department is required to post one LSUHSC-15 in the department and one at every work location for 10 working days. An LSUHSC-15 with blank posting dates/locations must also be included in the application submitted to International Services for posting in Human Resource Management for ten working days. This LSUHSC-15 may be sent electronically (via email) to International Services for review and routing to HRM prior to submission of the full H-1B packet so the required posting periods can be completed as soon as possible. After removal of posting, the original must be submitted to International Services for the Public Inspection File. An LCA will not be filed until a <u>properly completed</u> LSU HSC-15 is obtained for each work location and from HRM.
<input type="checkbox"/>	<input type="checkbox"/>	LSUHSC-16 WORKING CONDITIONS REPORT: Complete and submit with application for the Public Inspection File.
<input type="checkbox"/>	<input type="checkbox"/>	LSUHSC-17 ITINERARY: Complete and submit for full duration requested.
<input type="checkbox"/>	<input type="checkbox"/>	LSUHSC-18 REQUEST FOR LSBME LETTER OF \ CONTINUED LICENSURABILITY/ CERTIFICATION OF PHYSICIAN IN GOOD STANDING AND ELIGIBILITY OF INITIAL OR CONTINUED TRAINING/EMPLOYMENT: This form should be completed only for physicians who require LSBME licensure to perform position duties or qualify for the exception, either for initial or extension of H status.
<input type="checkbox"/>	<input type="checkbox"/>	LSUHSC-19 DEEMED EXPORT ATTESTATION: Must be completed and have all required signatures through department head. International Services will obtain signature from the Research Office.

- For ALL Non-Faculty positions, confirmation from HRM that all required credential related documents have been received. After HRM receives the documents electronically, and then confirms with the department that they have been received documents directly from the school/evaluation company, the department can just print that email and put it in the packet.

SUPPORTING DOCUMENTS REQUIRED

Provide ISO with a printed copy (screen shot) of the electronically submitted Direct Pay check requests with the packet. To request pick-up by ISO when checks are ready, note it in the special request section/screen for DP to e-mail aidiaq@lsuhsc.edu (Ashley Idiaquez) or rall11@lsuhsc.edu (Remy Allen) for pick-up.

As of this H-1B application revision, fees associated with the H-1B petition are:

Direct Pay Account Code to use for check requests is: 539185 (Empl - International Fees)

- \$460 I-129 Petition Fee** (Must be paid by the employer and required for all new and extension H)
- \$500 Fraud Prevention Fee** (Must be paid by the employer and required for new H-1B petitions, change of status to H and change of employer -- not required for extension petitions for current LSUHSC H-1B employees)
- \$2,500 Premium Processing Fee, if applicable** (may be paid by employee or employer provided wage requirements are still met).

Direct Pay Requests should utilize the following addresses:

Regular Processing:

U.S. Depart. of Homeland Security
 California Service Center
 ATTN: CAP EXEMPT H-1B Processing
 24000 Avila Road, Room 2312
 Laguna Niguel, CA 92677

Premium Processing:

U.S. Depart. of Homeland Security
 California Service Center
 ATTN: CAP EXEMPT H-1B Processing
 Premium Processing Unit
 24000 Avila Road, Room 2312
 Laguna Niguel, CA 92677

- Copy of written contract OR signed letter of offer between petitioner and alien.
- Copy of PER 1

PETITIONS FOR H-1B PHYSICIAN OR CLINICAL TRAINEE/FELLOW TO PERFORM DIRECT PATIENT CARE IN THE U.S MUST ALSO INCLUDE THE FOLLOWING DOCUMENTATION:

NO PATIENT CARE/LICENSE REQUIRED OR

FOR H1B PHYSICIANS ENGAGING IN PATIENT/CLINICAL CARE:

- Copies of United States Medical Licensing Examination (USMLE) Steps 1, 2, and 3 and;
- Copy of valid ECFMG Certificate and;
- Copy of actual license to practice in Louisiana from Louisiana State Board of Medical Examiners **OR** a letter indicating that foreign physician is eligible to obtain Louisiana license to practice in Louisiana.
- USMLE EXCEPTION: (Clinical trainees not eligible for this exception)** In some cases, senior faculty may not have completed USMLE 1,2, and 3 and may be eligible for an exception allowing for “patient care which is incidental to teaching and research” to be determined by the School of Medicine Dean’s Office.

LSUHSC-11 H-1B PREVAILING WAGE REQUEST

EMPLOYER'S NAME & ADDRESS:

LSU Health Sciences Center
433 Bolivar Street, Suite 206B
New Orleans, LA 70112-2223

ADDRESS(ES) WHERE WORK WILL BE PERFORMED (include full address and parish):

NATURE OF EMPLOYER'S BUSINESS ACTIVITY: Higher Education, Research and Patient Care

TITLE OF POSITION BEING FILLED: _____

BASE HOURS/WEEK: _____

JOB DUTIES: (include all possible duties for the position, even if not performed at present,)

PROPOSED SALARY*: \$ _____ Base: _____ / Supplement: _____

***Proposed salary should only include guaranteed wages. Do not include supplement if not guaranteed as part of wages.**

MINIMUM EDUCATION REQUIRED (Degree and Major/Field of Study):

PROFESSIONAL LICENSE REQUIRED: _____

MINIMUM EXPERIENCE REQUIRED: _____

(N/A or 0 if none or definite number; 6 months, 1 year)

TITLE OF POSITION'S IMMEDIATE SUPERVISOR (not name): _____

NUMBER OF EMPLOYEES POSITION TO SUPERVISE: _____

(N/A or 0 if none, definite number if known, or a range, 0-3 are acceptable. TBD is not an acceptable response.)

***ALL INFORMATION PROVIDED ON THIS FORM SHOULD BE ABOUT THE POSITION'S REQUIREMENTS, NOT THE PROPOSED HIRE/EMPLOYEE'S CREDENTIALS/QUALIFICATIONS!!**

SIGNATURE: _____ **DATE:** _____

(Faculty Sponsor)

Revised 03/2013

ISO Assigned # _____

To HRM: _____

LSUHSC-12 LSUHSC ACTUAL WAGE REQUEST

DATE: _____

TO: Ms. Sara Schexnayder
Human Resource Management, LSUHSC
FOR: H-1B Public Inspection File
RE: Actual wage information related to the employment of an H1B Nonimmigrant Worker

With regard to the H-1B nonimmigrant worker position, we provide the following information:

POSITION TITLE: _____
PROPOSED ANNUAL SALARY: _____ Base: _____ / Supplement: _____

MINIMUM EDUCATIONAL REQUIREMENT FOR POSITION:

FIELD OF STUDY REQUIRED: _____
ALIEN'S QUALIFICATIONS (academic degrees, experience, special attributes):

Based upon alien's academic background, experience and level of expertise, I have determined that the actual wage for his/her proposed position is stated above. Factors considered include the following:

The purpose of this memo is to request that your office provide, based upon the best information available to it, an actual wage or a range of actual wages paid to comparable workers at LSUHSC at this time.

Thank you for your assistance.

Faculty Sponsor Typed Name

Faculty Sponsor Signature

LSUHSC-13 LSUHSC ACTUAL WAGE DETERMINATION

Return to: Remy Allen
Director of International Services
433 Bolivar Street, Suite 206B
New Orleans, LA 70112-2223

DATE: _____

Department/School: _____

Position: _____

↑ COMPLETED BY DEPARTMENT

↓ COMPLETED BY HUMAN RESOURCE MANAGEMENT

Regarding the above-captioned prospective H-1B nonimmigrant worker, we have determined that the actual wage or range of actual wage at LSUHSC for comparable positions as of _____ (date of determination) is \$ _____ to _____ per year.

The method used for calculating this wage:

Sara Schexnayder
Human Resource Management

LSUHSC-15 NOTICE TO EMPLOYEES

PLEASE TAKE NOTICE that Louisiana State University Sciences Center has filed a Labor Condition Application (LCA) with the United States Department of Labor and that the LCA is available for public inspection at:

433 Bolivar Street, New Orleans, LA 70112.

The posting of this notice is required by Federal Regulations as part of the process of legally classifying a particular temporary worker under U. S. Immigration Law. It is not an announcement of a job vacancy. This notice refers to a worker who has already been selected for a particular position as described.

NUMBER OF H-1B WORKERS SOUGHT: _____

JOB TITLE: _____

ANNUAL WAGES OFFERED*: _____ (Base: _____/Supplement: _____)

*Proposed salary should only include guaranteed wages. Do not include supplement if not guaranteed as part of wages.

PERIOD OF EMPLOYMENT**: FROM: _____ TO: _____

**This notice must indicate dates of employment for a full three year period.

LIST ALL LOCATIONS AT WHICH THE H-1B WORKER WILL BE EMPLOYED:

Complaints alleging misrepresentation of material facts in the Labor Condition Application and/or failure to comply with the terms of the Labor Condition Application may be filed with any office of the Wage and Hour Division of the United States Department of Labor.

DATE POSTED: _____

Location Posted #1: _____

BY: _____

(Check location where notice posted (1 or 2) and highlight corresponding work address above for locations.)

DATE REMOVED: _____

Location Posted #2: _____

BY: _____

(Check location where notice posted (1 or 2) and highlight corresponding work address above for locations.)

A completed LSUHSC-15 MUST be posted in “**two conspicuous locations**” at each work location for a minimum of **ten working days**. (Break Room, HR, Job Board, Near other required notices). **Federal and State holidays, as well as days/partial days when the work location/HSC may be closed do NOT count toward the 10 day period (Hurricanes, etc.)**

COPY/PRINT AS NEEDED FOR POSTING IN TWO CONSPICUOUS LOCATIONS PER SITE.

LSUHSC-16 WORKING CONDITIONS REPORT

DATE: _____

NAME OF H-1B WORKER: _____

JOB TITLE: _____

DEPARTMENT: _____

This will confirm that a review of the working conditions of the above named alien and all other workers in the same occupational classification meet the prevailing working conditions for the referenced occupational classification.

Faculty Sponsor Name

Faculty Sponsor/Supervisor Signature

LSUHSC-17 ITINERARY

BENEFICIARY NAME: _____

POSITION TITLE: _____

DEPARTMENT: _____

Name of Work Location	Physical Address of Work Location	Description of work to be performed at site	Dates/Duration (must cover entire H1B duration.)

LSUHSC-18 *{Place on Departmental Letterhead}*

DATE: _____

To: LSUHSC School of Medicine
Office of the Dean
LSBME Liaison
Thru: International Services

Re: REQUEST FOR LSBME LETTER OF CONTINUED LICENSURABILITY/
CERTIFICATION OF PHYSICIAN IN GOOD STANDING & ELIGIBILITY OF
INITIAL OR CONTINUED TRAINING/EMPLOYMENT

The Department of _____, _____ Program requests the LSBME
issue a letter of continued licensurability for the below named physician. We certify this physician is in good
standing and remains eligible for (continuation of clinical training or employment extension).

NAME OF H-1B WORKER (as it appears on LSBME Licensure)

LSBME LICENSE NUMBER: _____

Should additional information be needed, please do not hesitate to contact us.
Sincerely,

Department Head Name

Signature

Program Director Name
(if applicable)

Signature

LSUHSC-19 DEEMED EXPORT ATTESTATION

Beneficiary Last Name: _____

First Name: _____

Date of Birth: _____

Email Address: _____

Citizenship Country: _____

Country of Permanent Residence: _____

Proposed Job Title: _____

Proposed Hire Date: _____

Brief Description of Beneficiary's Job Duties (attach sheet if necessary):

All I-129 petitions now require a mandatory certification regarding the release of controlled technology or technical data to foreign persons in the U.S. All investigators and departments have been made aware of International Traffic in Arms Regulations (ITAR) and Export Administration Regulations (EAR), including "dual use items", deemed exports and the Commerce Control List (CCL)) which can be found here on the Office of Research Services IBC page under "Governmental Programs Related to Biosafety." For purposes of accurately preparing this form please answer the following questions after review of the above website:

Yes **No** 1. Will the beneficiary be provided access to any LSU System-owned technical data or Technology that is considered proprietary or confidential to the LSU System?

If yes, please attach separate page with explanation.

Yes **No** 2. Will the beneficiary be provided access to any third party-owned technical data or technology that is considered proprietary or confidential to the third party owner? This includes US government furnished technical data with dissemination controls or other restrictive markings, as well as ITAR-controlled items.

If yes, please attach separate page with explanation.

Yes **No** 3. Will the beneficiary be provided access to equipment specifically designed or developed for military or space applications?

If yes, please attach separate page with explanation.

Yes **No** 4. Will the beneficiary be involved in any research projects?

If yes, will any of the research be sponsored, in whole or part, by either the institution or an external sponsor, including the federal government? **Yes** **No**

If yes, please provide the project name and IBC identification #:

If yes, please attach a description of the research that will be performed, including whether the research results will be taught, published or otherwise shared with the interested public.

Based on the information provided above, with respect to the technology or technical data the LSUHSC will release or otherwise provide access to the beneficiary, the faculty sponsor/department certifies it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) determining:

A license **is not** required from either US Department of Commerce or the US Department of State to release such technology or technical data to the foreign person; or

A license **is** required from the U.S. Department of Commerce and/or the US Department of State to release such technology or technical data to the beneficiary and the petition will prevent access to the controlled technology or technical data by the beneficiary until and unless the LSUHSC has received the required license or other authorization to release it to the beneficiary.

By signing below I certify that all information contained herein is true and correct to the best of my knowledge. (Please note that inaccurate statements may cause LSUHSC-NO and/or its employees to be subject to criminal sanctions for false or inaccurate statements to the government with additional penalties possible for failure to comply with EAR and ITAR regulations for export controls.

Sponsoring Department: _____

Business Manager Name: _____ Signature: _____ Date: _____

Faculty Sponsor Name: _____ Signature: _____ Date: _____

Department Head Name: _____ Signature: _____ Date: _____

Reviewed by the LSUHSC Office of Research Services/Institutional Designee:

Name: _____ Signature: _____ Date: _____