DEPARTMENT REQUEST FOR H-1B VISA APPLICATION

PROCESSING INFORMATION

- This application form will be accepted for processing only if it is fully completed with all attachments and authorized signatures.
- Questions may be addressed by appointment with the International Affairs Office at 617-636-0355.

PLEASE NOTE:

- Preparation of this application, by the International Affairs Office, prior to submission to USCIS typically takes 4 weeks and occurs on a priority need timeline.
- H-1Bs typically take 4 to 6 months to receive approval once submitted to USCIS (Department of Homeland Security).
  - Please keep this in mind when considering the start date of the candidate.
- If the candidate is already in the U.S., they may not leave the U.S. while their H-1B is in process.

PROCESSING FEES

Please provide an individual check for each fee as required.
The address for The US Department of Homeland Security is:
24000 Avila Road, Laguna Niguel, California 92677

<table>
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<tr>
<th>Purpose</th>
<th>Amount</th>
<th>Make Check Payable to: (Do not abbreviate)</th>
<th>Must be Paid by:</th>
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<tr>
<td>Processing Fee</td>
<td>$1,500</td>
<td>Tufts International Affairs</td>
<td>Hiring Department</td>
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<tr>
<td>I-129 Petition Fee</td>
<td>$460</td>
<td>US Department of Homeland Security</td>
<td>Hiring Department</td>
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<tr>
<td>Fraud Detection and Prevention Fee</td>
<td>$500</td>
<td>US Department of Homeland Security</td>
<td>Hiring Department</td>
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<tr>
<td>Late Fee**</td>
<td>$250</td>
<td>Tufts International Affairs</td>
<td>Hiring Department</td>
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<td>Premium Processing Fee</td>
<td>$1,225</td>
<td>US Department of Homeland Security</td>
<td>Hiring Department or Candidate*</td>
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<td>Education Evaluation Fee</td>
<td>$150</td>
<td>Educated Choices</td>
<td>Hiring Department</td>
</tr>
<tr>
<td>I-539 Fee for Dependents already in US</td>
<td>$370</td>
<td>US Department of Homeland Security</td>
<td>Candidate</td>
</tr>
</tbody>
</table>

*only if premium processing is NOT required for employee to begin on indicated start date

**Late fees are applicable if an initial application is not submitted 2 months or more from the requested start date, or if a transfer/concurrent/extension is not submitted 1 month or more from requested start date or expiration date
**DOCUMENTATION CHECK-LIST**

**ALL DOCUMENTS MUST BE SUBMITTED TOGETHER**

To be collected from Applicant

- Copy of the diploma or certificate of the candidate’s *highest degree* with transcripts (with English translation, if applicable)
- Up-to-Date Curriculum Vitae including the candidate’s current occupation status.
- License to perform duties of the occupation (if applicable).
- ECFMG certificate and USMLE steps I, II and III (if applicable).
- Photocopy of current passport biography page, most current visa stamp and most current I-94 card (*Passport must be valid at least six months beyond the start date of the requested appointment period*).
- Typed and signed history of immigration status (the applicant must type the date he or she first entered the US and on what type of visa, then include any extensions or changes of status, then sign and date).
- Copies of all other immigration documents, if applicable (old H-1B approval notices, DS-2019s, I-20s, J-1 waivers, I-140 approvals or receipts, etc.)
- Copy of candidate’s last three months’ pay stubs, if already working in the US on an H-1B visa.
- I-539 Form for dependent(s) and all supporting documentation--biographical pages of dependent passports, most current I-94 cards, most current visa stamps, copies of H-4, J-2, or F-2 visa documents, marriage certificates and birth certificates, if applicable.
  *Note: Form I-539 is completed by the dependent applicant(s) only (spouse/children). The applicant’s information **SHOULD NOT** be listed on this application. This form can be found at [www.uscis.gov](http://www.uscis.gov) under forms.*
- If the foreign national is subject to the J-1, 2-year home residency requirement, a copy of the USDOS “no objection statement” and U.S. Department of Homeland Security Waiver Approval Notice is required.
- Completed H-1B Application form dated and signed by appropriate, authorized officials.

To be prepared by the Department:

- “Letter of Appointment” from the department head stating the candidate’s title, annual salary and specific appointment dates (please see letter outline download).
- Strong “Letter of Support” from the direct supervisor indicating the candidate’s “distinguished merit and ability,” specialized knowledge, and skills. This letter should also include a description of what the candidate’s position will entail in relation to the needs of the laboratory or department (please see letter outline download).
- “Letter of Airfare Compensation” (please see letter outline download).
- All applicable processing fees.
**INTERNATIONAL AFFAIRS OFFICE**

**POSITION INFORMATION**

*(TO BE COMPLETED BY DEPARTMENT)*

**HIRING INSTITUTION (PLEASE CHECK ONE):**

☐ Tufts University School of Medicine  ☐ Tufts Medical Center
☐ Tufts University School of Dental Medicine  ☐ St. Elizabeth’s Medical Center
☐ New England Baptist Hospital  ☐ Carney Hospital
☐ Baystate Medical Center  ☐ Pratt

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**Hiring Department**

**Name of Supervisor**

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**Specific Employment Location(s)**

**Telephone Number**

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**Position Title (Please Specify):**

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**Brief Job Description:** *(Please describe what is needed for the position - not the candidate’s qualifications)*

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**Degree Required For Position:**

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**Years of experience position requires:**

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Will the person in this position work independently or under supervision? 

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Will the person in this position supervise anyone? If yes how many people? 

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Will the person in this position be required to work “off-site”? 

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If yes, please specify the address and how often 

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**Expected Dates of Employment: From:**

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**To:**

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**Is Job Full-Time?**

☐ Yes  ☐ No (If no, please specify number of hours per week): 

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**Salary:** $ 

**Per (Please Check One):**

☐ Week  ☐ Month  ☐ Year

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**Payroll Issued By:**

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CANDIDATE INFORMATION
(TO BE COMPLETED BY CANDIDATE)

Family Name of Candidate                          First Name                          Middle Name

___________________________________________________________________________________________________

Other used names, including maiden names

Gender (circle one):  Male          Female
Marital Status (Circle One):  Single      Married

Social Security Number: __________-________-________

If you have dependents, will they apply for H-4 visas?:  Yes  No

Please Note: If candidate requires the addition of dependents to his/her visa application, Form I-539, $290 fee, and all supporting documentation must be attached.

Date of Birth (Month Day, Year - e.g., January 1, 1980)              Place of Birth (City, Province, Country)

Home Country Address  (An address in the applicant’s home country is required by DHS)

US Address (if candidate is currently residing in the United States)

Country of Legal Permanent Residence      Country of Citizenship

Contact Telephone Number                  Degrees Held & In What Fields of Study

Date of Most Recent Entry into the U.S.       Employment Position Overseas
EMPLOYER LABOR CONDITION STATEMENTS (TO BE COMPLETED BY DEPARTMENT)

Employers are required to develop and maintain documentation supporting each labor condition statement listed below except 8(c). Employers are further required to make available for public examination a copy of the Labor Condition Application and supporting documentation within one (1) working day after the date on which the application is filed with the Department of Labor.

Please initial each of the following statements to indicate that you understand and will comply with each condition:

________ (A) H-1B non-immigrants will be paid at least the actual wage level paid to all other employees with similar experience and qualifications for the specific employment in question, or the prevailing wage level for the occupation in the area of employment; whichever is higher.

________ (B) The employment of H-1B non-immigrant workers will not adversely affect the working conditions of workers similarly employed in the area of intended employment.

________ (C) On the date that this application is signed and submitted, there is not a strike, lock-out or work stoppage in the course of a labor dispute in the occupation in which H-1B non-immigrants will be employed at the place of employment.

________ (D) Notice of this filing will be posted for ten (10) days in a conspicuous place at the place of employment.

DECLARATION OF EMPLOYER

Pursuant to 28 USC 1746, I declare under penalty of perjury that this information provided on this form is true and correct. In addition, I declare that I will comply with the Department of Labor regulations governing this program and, in particular, that I will make this application, supporting documentation, and other records, files and documents available to officials of the Department of Labor upon such officials’ request during any investigation under this section of the Immigration and Nationality Act.

ACTUAL WAGE ATTESTATION

We, the employer, attest that H-1B, H-1B1, or E-3 non-immigrants will be paid wages which are at least the higher of the actual wage level paid by the employer to all other individuals with similar experience and qualifications for the specific employment in question or the prevailing wage level for the occupational classification in the area of intended employment.

We confirm that the salary offered to the H-1B employee is ______________. The salaries for individuals holding this position were determined on the basis of a number of relevant factors, including: level of education; years of experience in the field; specific job responsibility; specialized knowledge; degree of independent responsibility; nature of duties involved; other applicable criteria (including criteria that are specifically relevant to the position in question, such as knowledge of and/or experience in specific software programs for computer systems analysts, or knowledge of and/or experience in specific financial modeling tools for financial analysts, etc.); plus, any additional factors which affect the computation of salary, such as size of the group, the specialized nature, and the financial significance of the area worked in or managed.

Salaries of employees are adjusted ______________ (annually, periodically, etc.), based upon ______________ (performance reviews, cost of living adjustments, etc.)

Please note that the employer applies the same methodology to all U.S. and H-1B employees in this classification when determining the actual wage, based upon the above referenced criterion.

Please note that the financial terms and conditions of employment are summarized on Form I-129. In addition to salary, H-1B employees will receive the same standard company benefits package that is provided to U.S. workers.
Authorization Information

Signing this form confirms that: (1) I have read and agreed to comply with all statements made on this entire form; (2) an official copy of the foreign visitor’s transcripts and/or diploma of their highest degree is on file in the hiring department and, (3) an official Mantoux negative test result dated within 90 days prior to appointment is on file in the hiring department.

Name, Telephone/FAX Number & Email (REQUIRED) of Person Completing Form (Please Print)  Date

Signature of Department Head  Date

Signature of Tufts Dean, or Hospital Vice President of Human Resources  Date

Office of Medical Education (Required for all clinical appointments)