INTERNATIONAL AFFAIRS OFFICE

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
The address for Educated Choices, LLC is:
127 Inwood Ave, Montclair, NJ 07043

### H-1B Required Fees for Initial Submission

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Amount</th>
<th>Make Check Payable to: (Do not abbreviate)</th>
<th>Must be Paid by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processing Fee</td>
<td>$1,500</td>
<td>Trustees of Tufts College</td>
<td>Hiring Department</td>
</tr>
<tr>
<td>I-129 Petition Fee</td>
<td>$460</td>
<td>US Department of Homeland Security</td>
<td>Hiring Department</td>
</tr>
<tr>
<td>Fraud Detection and Prevention Fee</td>
<td>$500</td>
<td>US Department of Homeland Security</td>
<td>Hiring Department</td>
</tr>
</tbody>
</table>

### H-1B Possible Additional Fees

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Amount</th>
<th>Make Check Payable to: (Do not abbreviate)</th>
<th>Paid by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Fee**</td>
<td>$250</td>
<td>Trustees of Tufts College</td>
<td>Hiring Department</td>
</tr>
<tr>
<td>Premium Processing Fee</td>
<td>$1,225</td>
<td>US Department of Homeland Security</td>
<td>Hiring Department or Candidate*</td>
</tr>
<tr>
<td>Education Evaluation Fee</td>
<td>$150</td>
<td>Educated Choices, LLC</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>

*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

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

- Statement of future travel plans outside of the U.S. with anticipated travel dates
- 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 for requested visa period. (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)

- Detailed job description including specific job duties, percentage of time to be spent on each duty, level of responsibility, hours per week of work, and the minimum education, training, and experience necessary to do the job. Also, explain why the work to be performed requires the services of a person who has a college degree or its equivalent. (If the beneficiary will supervise or direct others include an organizational chart showing the hierarchy and staffing levels including job titles and names of those whose will work will come under the direction of the proposed position and indicate who will direct the beneficiary by name and job title).
- 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

TYPE OF H-1B VISA REQUEST:

☐ Initial (New to Tufts/change of visa status) ☐ Extend current Tufts H-1B ☐ Transfer H-1B/Concurrent

____________________________________________________________________________________

Hiring Department ________________________________ Name of Supervisor ________________________________

Specific Employment Location(s) ________________________________ Telephone Number ________________________________

Position Title (Please Specify): __________________________________________________________________________

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

____________________________________________________________________________________

____________________________________________________________________________________

Degree Required For Position (minimum of Bachelor’s required): _________

Years of experience position requires: _________

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

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

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

If yes, please specify the address and how often (include full address and zipcode and approximate dates if known)

____________________________________________________________________________________

____________________________________________________________________________________

Expected Dates of Employment for requested visa period: From: _________ To: _________

(MM/DD/YY) (MM/DD/YY)

Is Job Full-Time? ☐ Yes ☐ No (If no, please specify number of hours per week): _________

Salary: $__________ Per (Please Check One): ☐ Week ☐ Month ☐ Year

Payroll Issued By: ____________________________________________________________
**CANDIDATE INFORMATION**
*(TO BE COMPLETED BY CANDIDATE)*

<table>
<thead>
<tr>
<th>Family Name of Candidate</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other used names, including maiden names

<table>
<thead>
<tr>
<th>Gender (circle one):</th>
<th>Male</th>
<th>Female</th>
<th>Marital Status (Circle One):</th>
<th>Single</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, $370 fee, and all supporting documentation must be attached.*

<table>
<thead>
<tr>
<th>Date of Birth (Month Day, Year - e.g., January 1, 1980)</th>
<th>Place of Birth (City, Province, Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Home Country Address** *(An address in the applicant’s home country is required by DHS, include street name, country code)*

<table>
<thead>
<tr>
<th>US Address (if candidate is currently residing in the United States)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Country of Legal Permanent Residence**  **Country of Citizenship**

<table>
<thead>
<tr>
<th>Contact Telephone Number</th>
<th>Degrees Held &amp; In What Fields of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 agree 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 Department Contact 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)