



TUFTS UNIVERSITY
HEALTH SCIENCES CAMPUS

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 617-636-0943. **The H-1B may not be approved for 4 to 6 months after the application is 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 is in process.**

PROCESSING FEES

*Please note each fee may not be required for all applications, please read description to know if the fee is applicable. Please provide an individual check for each fee as required. Unless otherwise noted, please make each check payable to **US Department of Homeland Security (PLEASE DO NOT ABBREVIATE)***

- A \$1,000 processing fee must accompany this application (**please make check payable to Tufts International Affairs. CHECK MUST BE FROM HIRING DEPARTMENT**)
- \$320 I-129H Petition
- \$500 "Fraud Detection and Prevention" fee: must be included with any NEW H-1B applications. Extension and Amendment applications do not require this fee. However, if the application is to transfer from another institution, then the \$500 fee must be included.
- \$300 for dependant (s) I-539 processing (*if applicable*)
- Optional Fee: \$1,000 Premium Processing Fee for a 15 day processing of your application by the Immigration Service. This service is optional and is not required.
- Education Evaluation Fee: \$150 (**please make check payable to Educated Choices**) If the applicant's degree is a foreign degree, and they do not have an equivalent U.S. degree, the Immigration Service requires an independent evaluation of the candidates credentials. The applicant or hiring department may choose to go through a different education evaluation company. If the applicant possesses an evaluation please submit a copy of the evaluation along with the evaluation company's brochure.

DOCUMENTATION CHECK-LIST

- _____ Completed H-1B Application form dated and signed by appropriate, authorized officials.
- _____ All applicable processing fees.
- _____ “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).
- _____ A 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).
- _____ Photocopies of current passport biography pages, including all U.S. entries, visa stamps and I-94 card (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, applications and notices (visas, I-94 cards, DS-2019, I-20 or H-1B approval notices).
- _____ 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 (I-612) is required.
- _____ I-539 Form for dependant(s) and all supporting documentation (if applicable).
This form can be found at www.uscis.gov under forms. Note: Form I-539 is completed by the dependant applicant(s) only (spouse and/or children). The H-1B applicant’s information **should not** be listed on this application.
- _____ ***Position description:** Brief summary of job duties along with the minimum qualifications including degree required and field of study, and the number of years of experience. (4-5 sentences max)

***Please note application processing cannot begin without this information.**

POSITION INFORMATION

HIRING INSTITUTION (PLEASE CHECK ONE):

- Tufts University School of Medicine
- Tufts University School of Dental Medicine
- Tufts-New England Medical Center
- Caritas-St. Elizabeth's Medical Center
- Other Affiliated Institution (please specify)

Hiring Department _____ Name of Supervisor _____

Specific Employment Location _____ Telephone Number _____

Position Title (Please Specify): _____

***Brief Position Description: (Below please describe the minimum qualifications required to perform the position, not the candidate's specific qualifications)**

***Degree Required For Position:** _____ ***Years of experience position requires:** _____

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

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

Expected Dates of Employment: 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

Family Name of Exchange Visitor _____ First Name _____ Middle Name _____

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

Social Security Number: _____ - _____ - _____ If you have dependants, will they apply for H-4 visas: No Yes

Please Note: If candidate requires the addition of dependants to his/her visa application, Form I-539, \$300 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 USDHS**) _____

US Address if candidate is currently residing in the United States _____

Country of Legal Permanent Residence _____ Country of Citizenship _____

Contact Telephone Number & Email Address _____ Degrees Held & In What Fields of Study _____

Date of Most Recent Entry into the U.S. _____ Employment Position Overseas _____

EMPLOYER LABOR CONDITION STATEMENTS

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 Numbers & E-Mail (REQUIRED) 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)