



**DEPARTMENT REQUEST FOR O-1 VISA PETITION ON BEHALF OF
A FOREIGN NATIONAL OF "EXTRAORDINARY ABILITY"**

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.

PROCESSING FEES

(Please note that a separate check is required for each applicable fee.)

- A fee of \$1,500 US Dollars must accompany this application. *(Make checks payable to "Tufts International Affairs.")*
- An additional United States Department of Homeland Security (USDHS) fee for One Hundred Ninety (\$320) US Dollars must accompany this application for I-129 processing. *(Make check payable to "U.S. Department of Homeland Security." PLEASE DO NOT ABBREVIATE!!!).*
- An additional United States Department of Homeland Security fee for Two Hundred (\$300) US Dollars for dependant I-539 processing *(if applicable)* must accompany this application *(Make check payable to "U.S. Department of Homeland Security." PLEASE DO NOT ABBREVIATE!!!).*
- You may choose to expedite the application for an additional United States Department of Homeland Security fee of \$1000. This check should be included with the application and guarantees processing time of 15 business days, once the application has been received by the U.S. Department of Homeland Security.

DOCUMENTATION CHECK-LIST

- ___ Completed O-1 Application form dated and signed by the appropriate, authorized officials.
- ___ All applicable processing fees.
- ___ "Advisory Opinion" from the appropriate consulting entity (please see attached example).
- ___ Documentation demonstrating national or international acclaim and/or recognition for achievement in the field of expertise. (Please make an appointment with the International Affairs Office to review in detail the aforementioned documentation).
- ___ At least five letters of support from colleagues in the United States and abroad not connected with the sponsoring institution or its affiliates. (Three domestic and two foreign are recommended.) Their C.V.'s must be attached with each letter of support.
- ___ A copy of the diploma or certificate of the candidate's highest degree (must be accurately translated, evaluated, and certified).
- ___ 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).

Mailing Address:
136 Harrison Avenue
Boston, Massachusetts
Telephone 617 636-0354
Facsimile 617 636-0356

Physical Address:
200 Harrison Avenue, 3rd Floor
Boston, Massachusetts
02111-1901

DOCUMENTATION CHECK-LIST (CONTINUED)

- _____ Photocopies of current passport biography pages (must be valid at least six months beyond the start date of the requested appointment period).
- _____ Typed and signed history of immigration status.
- _____ Copies of all prior visa documents, approval notices and respective visa stamps. I-94 cards of foreign national and dependant(s).
- _____ I-539 Form for dependant(s) and all supporting documentation (if applicable).

POSITION INFORMATION

Hiring Institution (Please Check One):

- | | |
|---|---|
| <input type="checkbox"/> Tufts University School of Medicine | <input type="checkbox"/> Tufts Medical Center |
| <input type="checkbox"/> Tufts University School of Dental Medicine | <input type="checkbox"/> Caritas-St. Elizabeth's Medical Center |
| <input type="checkbox"/> Tufts University – Sackler School | <input type="checkbox"/> Other Affiliated Institution (please specify): |

Hiring Department

Specific Employment Location Telephone Number

Job Title (Please Specify): _____

Non-technical Description of Services to be Performed:

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

Paycheck To Be 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: _____ - _____ - _____ Additional Dependants (circle one): No Yes

Date of Birth (Place of Birth (City, Province, Country)

Home Country Address (required)

Country of Legal Permanent Residence Country of Citizenship

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 exchange 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 and Telephone Number of Person Completing Form (Please Print) Date

Department Head	Date	Dean, President (or appropriate authorized official)	Date
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EVIDENCE REQUIRED: ALIEN OF EXTRAORDINARY ABILITY

PLEASE SUBMIT THE FOLLOWING DOCUMENTARY EVIDENCE WITH THE INITIAL APPLICATION PAPERWORK:

An alien of extraordinary ability in the fields of science, education, business or athletics must demonstrate "national or international acclaim and recognition for achievements in the field of expertise by providing evidence of:

- (A) *Receipt of a major internationally recognized award, such as the Nobel Prize; or*
- (B) *At least three of the following forms of documentation:*

1. *Documentation of the Aliens receipt of nationally or internationally recognized prizes or awards or excellence in the field of endeavor;*
2. *Documentation of the alien's membership in associations in the field for which classification is sought, which require outstanding achievements of their memberships, as judged by recognized national or international experts in their disciplines of fields;*
3. *Published material in professional or major trade publications or major media about the alien, relating to the alien's work in the field for which classification is sought, which shall include title, date, and author of such published material, and any necessary translations;*
4. *Evidence of the alien's participation on a panel, or individually, as a judge of the work of others in the same or in an allied field of specialization to that for which classification is sought;*
5. *Evidence of the alien's original scientific, scholarly, or business-related contributions of major significance in the field;*
6. *Evidence of the alien's authorship of scholarly articles in the field, in professional journals or other major media;*
7. *Evidence that the alien has been employed in a critical or essential capacity for organizations and establishments that have a distinguished reputation;*
8. *Evidence that the alien has either commanded a high salary or will command a high salary or other remuneration for services evidenced by contracts or other reliable evidence.*

If the criteria outlined do not readily apply to your occupation, the employer/employee may submit comparable evidence in order to establish eligibility for an O-1 visa.