



The Office of International Services

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Baltimore, Maryland 21205
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www.hopkinsmedicine.org/intlsvcs*

The JHMI H1B1 Visa Request Packet

Revised March 2008

Previous versions accepted until 6/30/2008

Greetings!

The Office of International Student, Faculty, & Staff Services [OIS] at the Johns Hopkins Medical Institutions [JHMI] has prepared this packet of information to assist foreign nationals and their hiring departments at the JHMI with the process of preparing a H1B1 petition for adjudication by the U. S. Department of Homeland Security [DHS].

The process is lengthy and complex, involving various state and federal government agencies. In order to ensure that everything goes smoothly, it is extremely important that you read the materials in this packet very carefully and that you follow the instructions. This will avoid delays in the processing of your case.

Please be advised, however, that **any estimated processing times** referenced in this packet **are subject to change without notice** due to changes in the regulations/law and/or due to backlogs within a particular government agency. The OIS cannot control delays of this nature.

A web-based version of this H1B1 Request Packet is available online.

- ❖ To access the packet go to www.hopkinsmedicine.org/intlsvcs
- ❖ Select the link for "H1B1 Packet" on the left-hand side of the home page

If you have any questions or need additional information, please call 410-955-3371 to speak to an OIS staff member.

COMMONLY USED ACRONYMS IN THE H1B1 REQUEST PACKET

DLLR	Department of Labor, Licensing and Regulations
DOL	Department of Labor
DHS	U.S. Department of Homeland Security
JHMI	Johns Hopkins Medical Institutions
LCA	Labor Condition Application
OIS	Office of International Student, Faculty, & Staff Services
PWR	Prevailing Wage Request
SESA	State Employment Security Administration

H1B1 REQUEST PACKET TABLE OF CONTENTS

Part I: Department Information and Responsibility

1. H1B1 Process Overview
2. Departmental Information
3. Violations and Penalties Under Federal Regulations
4. Department Checklist
5. Declaration of the Department
6. Department Information for Prevailing Wage Request Form
7. Departmental Worksheets I & II
8. Sample H1B1 Departmental Sponsorship Letter
9. Sample H1B1 Extension or Amendment Departmental Sponsorship Letter
10. The School of Medicine Notification of Academic Visa Sponsorship
11. The School of Medicine Notification of Employee Visa Sponsorship

Part II: H1B1 Applicant Information and Responsibility

1. H1B1 Process Overview
2. Mandatory Statement for Applicants Currently in the U.S.
3. Applicant Worksheet
4. Permanent Residency Statement [Required for all H1B1 applicants]
5. Applicant Checklist for H1B1 Visa Status
6. Instructions for completing for I-539

RETURN ALL REQUESTED MATERIALS TO:
The Office of International Student, Faculty and Staff Services
1620 McElderry Street
Reed Hall, 1st Floor
Baltimore, MD 21205

Telephone: 410-955-3371 / Fax: 410-955-0871

PART I
DEPARTMENT INFORMATION
AND RESPONSIBILITY

H1B1 PROCESS OVERVIEW

STEP ONE: PREVAILING WAGE/ACTUAL WAGE

The Prevailing Wage Request is submitted to the Maryland Department of Labor, Licensing and Regulation [DLLR]. The DLLR determines the Prevailing Wage based on the job description and years of experience required to perform in the position. This information is then compared to standard occupation titles and salary survey information. A prevailing wage determination is required documentation to ensure that the hiring of a foreign worker will not adversely affect the wages and working conditions of United States workers in the areas of intended employment. Departmental Worksheets are reviewed to determine an actual wage.

If there is a problem with the Prevailing Wage and /or Actual Wage:

- The OIS **may** resubmit a revised Prevailing Wage Request
- The department **may** have to decide between raising the salary to meet the Prevailing Wage/Actual Wage or hiring another candidate for the position.

FOR SCHOOL OF MEDICINE H1B1 APPLICATIONS ONLY

Visa Notification Forms [see pg. 17 or 18] must be sent to the Dean's Office by this stage. The OIS cannot proceed with next step until the Dean's Office has approved the request.

STEP TWO: LABOR CONDITION APPLICATION

After the Prevailing Wage and Actual Wage information have been determined, the Labor Condition Application [LCA] is completed by the OIS and submitted to the Department of Labor [DOL]. The DOL keeps these applications on file, and employers are required by the government to meet the wage criteria reported on the application *{Please see the Violations and Penalties sheet on page 8}*. Employers may at anytime be audited by the DOL. An announcement of the intention to hire a foreign national must be posted in two locations for public view for a minimum of 10 business days, generally within the School, Department and/or Human Resources. The OIS will send this form, titled Official Notice of an H1B1 Petition, to your office to post.

STEP THREE: SUBMISSION TO DHS FOR ADJUDICATION

With all documentation received from the department and the applicant, the OIS can submit the petition to the DHS. This adjudication process takes 90 – 150 days, possibly longer if DHS requests additional information.

Note: For an additional fee of \$1000, DHS will adjudicate the case in 15 calendar days or less under premium processing. Premium processing applies ONLY to the 3^d step of the H1B1 process. The prevailing wage and LCA stages CANNOT be expedited.

DEPARTMENTAL INFORMATION

WHO QUALIFIES FOR AN H1B1 VISA?

*Note: For staff positions, the OIS does consult with Human Resources to ensure that employee positions meet these criteria.

The position offered must qualify as a “specialty occupation” which is an occupation that requires: “Theoretical and practical application of a body of highly specialized knowledge to fully perform the occupation; and either...”

- A baccalaureate or higher degree [or its equivalent] in a specific academic discipline as the standard minimum requirement for entry into that particular position and
- A full state license [if applicable] to perform the occupation, granted after passage of normal professional tests and requirements

FOREIGN MEDICAL SCHOOL GRADUATES SEEKING PATIENT CARE MUST:

- Possess the necessary state licensure to practice in the manner which the position calls for [except training positions]
- Have passed Steps 1, 2 & 3 of the U.S. Medical Licensing Exam [USMLE]
- Have valid ECFMG certificate demonstrating English competency
- Be a graduate of a medical school accredited by the Liaison Commission on Medical Education [Canada only]

FUNDING INFORMATION:

The H1B1 status may be sponsored for up to three years at a time; however, **the University may not sponsor a H1B1 status for a period of time longer than the salary can be guaranteed.**

According to Federal Regulations the Employer is also obligated to pay...***at least 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 occupation in the area of employment, whichever is higher.*** [20 CFR 730]

[NOTE: The maximum amount of time an individual can hold H1B1 status is six years. After the sixth year, if the individual does not qualify for an exception, they must either change status or leave the U.S.]

DEPARTMENTAL INFORMATION CONTINUED

OTHER DEPARTMENT OF LABOR REQUIREMENTS:

The University must also certify that the following conditions have been met:

- The employment of the H1B1 non-immigrant will not adversely affect the working conditions of employees similarly employed in the area.
- On the date that the application to the Department of Labor is signed and submitted, there is not a strike, lockout, or work stoppage at the place of employment. If such a strike or lockout occurs after this application is submitted, the OIS will notify ETA within 3 days of the occurrence of such a strike or lockout and the application will not be used in support of a petition filing with DHS for H1B1 non-immigrant to work in the same occupation at the place of employment until ETA determines the strike or lock out has ceased.
- A copy of the application has been, or will be, provided to each H1B1 non-immigrant employed pursuant to this application, and, as of this date, notice of this application has been provided to workers employed in the occupation in which the H1B1 non-immigrant will be employed.
- A notice of filing has been posted and was, or will remain, posted for 10 working days in at least two conspicuous locations where the H1B1 non-immigrant will be employed.

PROCESSING FEES

- The Employer must provide one check made payable to: U.S. Department of Homeland Security" in the amount of \$320.00
- A separate check in the amount of \$500.00, also made payable to "U.S. Department of Homeland Security", is required for individuals changing status to H1B1 from another status, or those already in H1B1 but coming to JHMI from another employer.

**** These fees are mandatory and must be absorbed by the employer. They cannot be recouped from the individual ****

- *NOTE: If premium processing is used and the beneficiary is being paid the prevailing wage or less than \$1000 above the prevailing wage, the Department must assume the cost of the Premium Processing fee [\$1000].*

VIOLATIONS AND PENALTIES UNDER FEDERAL REGULATIONS

For which the department will be responsible

FILING AN LCA [LABOR CONDITION APPLICATION] WHICH MISREPRESENTS A MATERIAL FACT.

- Civil Money Penalty up to \$1000/violation
- Notice to DHS & ETA regarding debarment from H1B1 program
- Any other actions the Department of Labor deems appropriate
- 18 USC 1000: up to \$10,000 fine and/or 5 years imprisonment

FAILURE TO PAY REQUIRED WAGES

- Back wages to H1B1 employee
- Civil Money Penalty up to \$1000/violation
- Notice to DHS & ETA regarding debarment from H1B1 program
- Any other actions the Department of Labor deems appropriate

FAILURE TO PROVIDE REQUIRED WORKING CONDITIONS

- Civil Money Penalty up to \$1000/violation
- Notice to DHS & ETA regarding debarment from H1B1 program
- Any other actions the Department of Labor deems appropriate

Willful misrepresentation of a material fact on the LCA will lead to civil monetary penalties ranging from \$5,000 - \$35,000 and possible debarment from the H1B1 program for a minimum of 2-3 years.

Other violations such as filing an LCA during a strike/lockout, failure to provide required notice, failure to be specific on the LCA, failure to make available for public examination the LCA and necessary documentation, failure to retain documentation as required, and failure to otherwise comply with LCA regulations may result in:

- Civil Money Penalty up to \$1000/violation
- Any other actions the Department of Labor deems appropriate

It is extremely important that the department does not misrepresent any fact or situational development. It is the responsibility of each department to notify the OIS in advance if any conditions of employment change at any time so that we may notify the proper government agency. In the event that The Johns Hopkins Medical Institutions is audited by the Department of Labor, the OIS is not responsible for any misinformation provided by Department sources.

DEPARTMENTAL CHECK-LIST SCHOOL OF MEDICINE

Please read through the ENTIRE packet before completing the Check-List

SCHOOL OF MEDICINE

- Read/Complete/Sign the **Declaration of the Department** (page 11) and the **Department Information for Prevailing Wage Request** (page 12). Please fax the completed forms along with the **Applicant Worksheet** (page 22) and the **Permanent Residency Statement** (page 23) **to the OIS at 410-955-0871 so we can begin the H1B1 process. [Note: send originals of these forms via inter-department mail].** *[Note-If ANY facts indicated on the PWR form change, a new form, with required signatures, must be submitted]*
- Complete/Sign **Departmental Worksheets I & II** (pages 13 and 14) and return originals to the OIS.
- Prepare the **Departmental Sponsorship Letter** (see example, page 15, or page 16 for H1B1 extensions/amendments) addressed to DHS and send signed original to the OIS. The letter should be written by the department chairperson or faculty preceptor. *[Note-the dates in the sponsorship letter must match the dates requested on the prevailing wage request form]*
- Send the following to the Dean's Office:
 - Notification of Visa Sponsorship** (page 17 or 18)
 - A photocopy of the **departmental sponsorship letter** to DHS
 - A copy of the H1B1 Applicant's **Curriculum Vitae**
- Post the Form **Official Notice of an H1B1 Petition** in a public area of the department when requested by the OIS. **The OIS will provide this form to you at the appropriate time.**
- Changes in Employment: If ANY changes in the H1B1 visa holder's employment occur (including but not limited to: location, duties, title, salary, termination, etc.), **it is the responsibility of the Department to inform our office immediately.** Federal regulations require the employer notify DHS of such changes **in advance. This includes changes in appointment of academic positions and changes in job classification for staff positions.**

DEPARTMENTAL CHECK-LIST BLOOMBERG SCHOOL OF PUBLIC HEALTH, SCHOOL OF NURSING & JOHNS HOPKINS HOSPITAL

Please read through the ENTIRE packet before completing the Check-List

BLOOMBERG SCHOOL OF PUBLIC HEALTH/JOHNS HOPKINS HOSPITAL/SCHOOL OF NURSING

- Read/Complete/Sign the **Declaration of the Department** (page 11) and the **Department Information for Prevailing Wage Request** (page 12). Please fax the completed forms along with the **Applicant Worksheet** (page 22) and the **Permanent Residency Statement** (page 23) **to the OIS at 410-955-0871 so we can begin the H1B1 process. [Note: send originals of these forms via inter-department mail].** *[Note-If ANY facts indicated on the PWR form change, a new form, with required signatures, must be submitted]*
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- Post the Form **Official Notice of an H1B1 Petition** in a public area of the department when requested by the OIS. **The OIS will provide this form to you at the appropriate time.**
- Changes in Employment: If ANY changes in the H1B1 visa holder's employment occur (including but not limited to: location, duties, title, salary, termination, etc.), **it is the responsibility of the Department to inform our office immediately.** Federal regulations require the employer notify DHS of such changes **in advance. This includes changes in appointment of academic positions and changes in job classification for staff positions.**

KENNEDY KRIEGER INSTITUTE/BAYVIEW CAMPUS

For any position at KKI or the Bayview campus **THAT IS NOT APPOINTED THROUGH THE SCHOOL OF MEDICINE**, follow the checklist above. Fees applied to these cases are as follows:

- \$320 filing fee made payable to U.S. Department of Homeland Security
- \$500 Anti-Fraud fee made payable to U.S. Department of Homeland Security [where applicable]
- \$1000 Premium Processing fee made payable to U.S. Department of Homeland Security [where applicable when expedited processing requested]
- \$1500 OIS processing fee [Your department will be invoiced for this fee following submission of the petition to DHS. **Do not submit a check in this amount with the H1B1 application**]

DECLARATION OF THE DEPARTMENT

NAME OF H1B1 APPLICANT: _____

The department will comply with the following regulations during the H1B1 application process and during the employment of the above-named foreign national under the terms of the H1B1 status.

1. The department acknowledges that hiring this foreign national will not adversely affect the working conditions of other workers employed by the department. Additionally there is no strike, lockout, or other labor disputes in the occupation. The department has complied with the internal job posting requirements.
2. The department has allocated funds to cover the salary of the employee for the duration of his/her employment under the terms of this petition. The employee is eligible for all benefits available to other similarly situated employees. For the duration of this status, the department will not place the employee in an unpaid status, unless it is determined that the situation is consistent with U.S. immigration law.
3. The department will notify the OIS in advance if the terms of the employment will change during the validity period of this H1B1 petition so an amended petition can be filed with DHS. **Changes requiring DOL and/or DHS notification include, but are not limited to changes in the hours worked, significant changes in job duties, changes in wages (other than regularly scheduled merit increases), and changes in location of position.**
4. The department agrees to pay the reasonable costs of the foreign national's return trip to his/her home country should the department terminate his/her employment before the expiration of the employment approved by DHS. **The department must notify the employee and the OIS of any termination of appointment. Failure to do so could result in financial liability to the department.**
5. The department authorizes the OIS to sign the official DOL and DHS paperwork required for this petition.
6. The H1B1 petition is to be filed on behalf of _____, whose job title will be _____. We (the Department) understand that any changes in the employment as outlined in this H1B1 petition may require an amendment to the H1B1 petition and the re-filing of this petition with the DHS.
7. The department acknowledges and accepts the time restrictions under which OIS operates. Delays are expected during seasonal peaks or, at any time, due to unforeseen delays at the state or federal DOL or with DHS. By signing below, the department acknowledges the possibility of delays, accepting the impact delays may have on the application or applicant.

DEPARTMENT APPROVALS:

Requestor/Supervisor: _____ Date: _____

Dept./Personnel Administrator: _____ Date: _____

Department Chair: _____ Date: _____

PREVAILING WAGE REQUEST FORM

Name of Applicant:

Department:

Street Address of Department:

Supervisor's Name:

Supervisor's Title:

Supervisor's Phone:

Supervisor's E-mail:

Administrative Contact Person:

Admin Contact Phone:

Fax:

E-mail:

Street Address for Employment:

Applicant's Current Visa Status

- New employment (current JHMI employees in non-immigrant status other than H1B1)
- Extension of current employment (already in H1B1 status at JHMI)
- New employment (new employee in non-immigrant status other than H1B1 and NOT at JHMI)
- New employment (new employee already in H1B1 status with another employer)
- Add JHMI as Additional Employer (employee will simultaneously maintain H1B1 status with another employer)
- Amendment (Upcoming change in job status requiring an amendment to H1B1 petition)

Job Details

Dates covered by this petition Start: End:

Type of Employment: Full Time Part Time Hours per week:

Job Title:

Salary Offered:

Job Duties:

PLEASE EXPLAIN IN DETAIL ON AN ADDITIONAL SHEET. FOR STAFF POSITIONS, A COPY OF THE JOB DESCRIPTION POSTED BY H.R. MUST BE PROVIDED

Number of people person OFFICIALLY supervises [*i.e. responsible for performance review*]:

Their title(s): Number of hours per week:

Minimal Education Required to Function in the Job

Degree: Field of Study:

Minimal Experience Required to Function in the Job: Years: Months:

List any other skills, licenses, specialized knowledge, etc... REQUIRED to function in the job:

Name of Individual Completing Form:

Phone/Fax:

Signature

DEPARTMENTAL WORKSHEET I

NAME OF H1B1 APPLICANT: _____

FED EX ACCOUNT NUMBER [Required] : _____

The following information must be kept in a public inspection file in the OIS. Please describe the system used by your department to determine the salary specifically for the H1B1 applicant and the system used to determine the salaries of other so-titled individuals.

All fields are required and must be complete before submitting to OIS.

	H1B1 Applicant		Other So-Titled Employees
Were University Guidelines followed in determining wage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state appropriate pay grade and the minimum and maximum salary for that grade.	Job Level/Classification: _____		Job Level/Classification: _____
	Min Salary: _____		Min Salary: _____
	Max Salary: _____		Max Salary: _____
Were NIH Guidelines followed in determining wage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were Hospital Guidelines followed in determining wage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list previous experience that was taken into consideration when determining salary			
Please list qualifications such as level, subject area, skills, ability, specialized knowledge, etc... that were taken into consideration when determining salary			
Please list any supervisory and/or independent work factors for the position that were taken into consideration.			

SIGNATURE REQUIRED:

Name, Title, and telephone number of individual providing information:

Name and Signature of Department Director:

DEPARTMENTAL WORKSHEET II

IDENTIFICATION OF SIMILARLY EMPLOYED WORKERS

CONFIDENTIAL – FOR DEPARTMENT OF LABOR PUBLIC INSPECTION FILE: If you will have the H1B1 applicant deliver this packet to the OIS, please seal this information in an envelope.

NAME OF H1B1 APPLICANT: _____

POSITION TITLE : _____

Total number of so-titled individuals having similar experience and qualifications (such as education, job responsibility and function, specialized knowledge, etc.) for the specific employment in question. If there are no other so-titled individuals with similar experience and qualifications, please indicate what makes the H1B1 applicant's position unique:

In the spaces below, list all employees in the Department who hold the above listed title: *[Use additional pages, if needed.]*

1. Have the same type of duties and responsibilities as the beneficiary of this petition
2. Have qualifications, education, and experience similar to the beneficiary of this petition.

NAME	START DATE	SALARY
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Further, I Attest to the Following:

1. The H1B1 non-immigrant will be paid the higher of either the actual wage or the prevailing wage and is eligible for the same benefits as other similarly employed individuals.
2. The employment of this individual will not adversely affect working conditions of the individuals listed above.
3. There is no strike, lockout or work stoppage in this department for the position indicated above. Should such an event occur, the department will notify the OIS immediately.

SIGNATURE REQUIRED:

Department/Personnel Administrator: _____

Date: _____

SAMPLE H1B1 DEPARTMENTAL SPONSORSHIP LETTER

<u>Required Components of Letter</u>	<u>Sample Letter</u>
#1 Establish Purpose	Date Mr. Paul E. Novak, Jr. Center Director DHS Vermont Service Center 75 Lower Welden Street St. Albans, VT 05479 Dear Mr. Novak:
#2 Background on school/department; outline job requirements.	This letter is being written in support of the H1B1 non-immigrant petition filed by The Johns Hopkins University on behalf of Dr. Jane Doe. The Johns Hopkins University, Bloomberg School of Public Health, established the Department of Health Policy & Management to conduct research into the areas of health services and development. The Department is currently seeking to fill the position of Program Coordinator II. The individual selected for this position will be responsible for the design and supervision of physiologic and behavioral data collection that are part of a research study of Anger and Cardiovascular Risk in Urban Youth supported by the National Health, Lung and Blood Institute. The position will also include supervision of technicians conducting impedance cardiography and related physiologic studies of cardiac and vascular function under mental stress. The qualified applicant must possess a masters degree or higher in a related field of study.
#3 Outline H1B1 applicant's education and experience.	Dr. Doe is particularly and uniquely suited for this position. She is a clinical psychologist with expertise in psychophysiological assessment. As part of her academic training she has written a masters thesis on "Cognition Associated with the Experience of Anger" and a doctoral thesis on "Modes of Anger Expression and their Relation to Cardiovascular Reactivity." The Department of Health Policy & Management has not come across any other candidates with such a similarly suited background. Her expertise is critical to achieving the goals of the referenced project and there are other projects pending support that will also require her skills. Dr. Doe is also experienced in data analysis and has developed the essential administrative skills.
#4 Connect the H1B1 applicant's background with the job requirements. Be as specific as possible.	
#5 Set forth the specific terms of employment. Exact language indicated in Sample MUST appear in sponsorship letter. BE SURE TO CHANGE THE NAME OF THE DEPT IN THE FINAL VERSION.	It is our intention to employ Dr. Doe beginning September 1, 2008 through August 31, 2011 at an annual salary of \$40,000.00 . Dr. Doe will be eligible for all benefits available to other similarly situated employees. <i>Should Dr. Doe be dismissed before the end of her authorized period of stay, the Department of <Insert Department Name Here> will be responsible for the costs of her return transportation abroad.</i> Thank you for your consideration in this matter. Sincerely, Name Title

SAMPLE H1B1 EXTENSION/AMEND DEPARTMENTAL SPONSORSHIP LETTER

<u>Required Components of Letter</u>	<u>Sample Letter</u>
<p>#1 Establish Purpose</p> <p>#2 Background on school/department; outline job requirements.</p> <p>#3 Set forth the specific terms of employment.</p> <p><i>Exact language indicated in Sample MUST appear in sponsorship letter.</i></p> <p>BE SURE TO CHANGE THE NAME OF THE DEPT IN THE FINAL VERSION</p>	<p>Date</p> <p>Mr. Paul E. Novak, Jr. Center Director DHS Vermont Service Center 75 Lower Welden Street St. Albans, VT 05479</p> <p>Dear Mr. Novak:</p> <p>This letter is being written in support of the H1B1 non-immigrant petition filed by The Johns Hopkins University on behalf of Dr. Jane Doe.</p> <p>Dr. Jane Doe, a clinical psychologist, has been responsible for the design and supervision of physiologic and behavioral data collection that are part of a research study of Anger and Cardiovascular Risk in Urban Youth supported by the National Health, Lung and Blood Institute. Dr. Doe's expertise is critical to achieving the goals of the reference project and other projects pending support that will also require her skills.</p> <p>We wish to extend [or amend] Dr. Doe's employment for a period beginning September 1, 2008 through August 31, 2011 at an annual salary of \$40,000.00. Dr. Doe will be eligible for all benefits available to other similarly situated employees. Should Dr. Doe be dismissed before the end of her authorized period of stay, the Department of < Insert Department Name Here > will be responsible for the costs of her return transportation abroad.</p> <p>Thank you for your consideration in this matter.</p> <p>Sincerely,</p> <p>Name Title</p>

The Johns Hopkins University School of Medicine

Notification of Academic Visa Sponsorship for H1B1 Applicant

Name of H1B1 Applicant

Doctoral Degree Awarded by [Name of Institution] _____
 Date Awarded _____
 JHMI Preceptor/Sponsor _____
 JHMI Department/Division _____

School of Medicine Category of Appointment: [ONE]

Clinical Fellow House-staff Faculty Research Fellow Observer
 Trainee Clinical & Research Fellow

Do anticipated activities include patient responsibility or patient contact? Yes No

If yes, what percent of total effort? _____

Please indicate reasons for requesting an H1B1 visa as opposed to a J-1: [Attach additional sheet if necessary]

Describe anticipated role of H1B1 Applicant:

Preceptor/Sponsor's Signature _____ **Date:** _____

Administrative Contact

E-mail _____ **Phone** _____

PLEASE NOTE:

- H1B1 Applicants with clinical appointments must be from schools "approved for reciprocity".
- H1B1 applicants with patient care/contact must have ECFMG certification based on the Foreign Medical Graduate Examination in the Medical Sciences [FMGEMS] or the U.S. Medical Licensing Examination [USMLE] or an acceptable combination of both.
- ECFMG # _____

Return original copy of this form **with PHOTOCOPIES** of the documents listed below **to:**
Office of Postdoctoral Programs, BRB Suite 147
 Copy of Departmental Sponsorship Letter
 Applicant's Curriculum Vitae

For Postdoctoral Office Use Only:

Visa sponsorship approved by Postdoctoral Office ECFMG JHU

COMMENTS: _____

Date _____

Associate Dean Signature _____

CC: Preceptor
 Office of International Services

The Johns Hopkins University School of Medicine
Notification of **Employee** Visa Sponsorship for H1B1 Applicant

Name of H1B1 Applicant

Faculty Sponsor _____
JHMI Department/Division _____
School of Medicine Employee Job Classification _____
REQUIRED: List the Requisition Number for this position in Human Resources: _____

Please provide a statement justifying the uniqueness of the individual which qualifies the foreign national over an American citizen for the position. [Attach additional sheet if necessary]

Does this applicant hold a M.D. or a foreign M.D. equivalent degree? Yes No

If yes, will the applicant's activities include patient or human subject volunteer contact? Yes No

If yes, explain how the applicant will interact with patients/human subjects:

Faculty Sponsor's Signature _____ Date: _____
Administrative Contact _____
E-mail _____ Phone _____

Return original copy of this form **with PHOTOCOPIES** of the documents listed below **to:**
Office of Postdoctoral Programs, BRB Suite 147
Copy of Departmental Sponsorship Letter
Applicant's Curriculum Vitae

For Postdoctoral Office Use Only:

Visa sponsorship approved by Postdoctoral Office ECFMG JHU
COMMENTS:

Associate Dean Signature _____ Date _____
CC: Preceptor _____
Office of International Services

PART II
H1B1 APPLICANT INFORMATION
AND RESPONSIBILITY

H1B1 PROCESS OVERVIEW

BASIC H1B1 VISA INFORMATION:

- This status is used to employ professionals temporarily for periods of up to six years.
- Each H1B1 petition may be for a period of time **up to three years**; however, **an employer may not sponsor you for a period of time which exceeds guaranteed funding**. If funding can only be guaranteed for one year at a time, then you may extend your status each year (up to a total of six years).
- The position must require a minimum of a bachelor's degree and you must possess at least a bachelor's degree or its equivalent in the field in which you wish to be employed.
- You must possess all of the standard qualifications for the position.
- The H1B1 status is employer specific; therefore, you may only work for the employer who sponsors your status. You may have more than one H1B1 visa at a time.
- The H1B1 visa status recognizes dual intent. This means that you may apply for permanent residency while in H1B1 status; however, **you are required to make the OIS aware of your plans so that we may advise you properly**. If your application for permanent residency is based upon the position you currently hold at the Johns Hopkins Medical Institutions, **you MUST have such documents filed by the University's OIS**, NOT by outside legal counsel.
- Dependent family members in H-4 status are NOT eligible to work.
- You will be given a copy of your approved Labor Condition Application when you receive all of your H1B1 paperwork. This form shows your actual wage (what you are actually being paid) and the prevailing wage (what the State of Maryland has determined to be the average wage for your position). If you are not receiving the actual wage listed on the Labor Condition Application, please contact the OIS immediately.

FORMS AND FEES:

The DHS charges the following processing fees for H1B1 visa petitions. Fees must be paid by check or money order to: U. S. Department of Homeland Security. *DHS does NOT accept cash or credit cards.*

PREMIUM PROCESSING FEE:	\$1,000.00
DEPENDENT(S) FEE:	\$300

DEPENDENTS MUST COMPLETE FORM I-539 TO REQUEST H-4 DEPENDENT VISA STATUS. THE \$300 FEE [MADE PAYABLE TO US DEPARTMENT OF HOMELAND SECURITY] INCLUDES ALL DEPENDENTS. THE FEE IS NOT ASSESSED FOR EACH DEPENDENT.

MANDATORY STATEMENT

[COMPLETED BY APPLICANTS CURRENTLY IN THE U.S. ONLY]

NAME [AS IT APPEARS IN YOUR PASSPORT]: _____

Please ✓ the option below which best describes your situation and provide the requested information. When you have done so, please indicate your understanding of your employment situation by signing below. **Your application will not be processed without your signature on this page.** If you have difficulty in deciding which classification applies to you, please contact the OIS for clarification.

- I have a DHS-issued work authorization card which allows me to work for any employer. My work permission expires on _____. I understand that I can work only under the terms and conditions of my current work authorization until the day it expires. I also understand that **if this H1B1 petition is NOT approved by the day my current work authorization expires, I must STOP WORKING OR CONDUCTING RESEARCH and be removed from payroll UNTIL the OIS receives the original H1B1 approval notice from DHS.**
- I am not currently employed or conducting research at JHMI and I hold a visa status other than H1B1. I do not have work authorization which allows me to work at JHMI. **I understand that I cannot perform ANY services or volunteer at JHMI UNTIL the OIS receives the original H1B1 approval notice from DHS.**
- I am currently in H1B1 status in the United States at an employer **other than JHMI.** I understand that I **cannot perform ANY services or volunteer at JHMI until an official receipt notice is issued by DHS and received by the OIS.**
- I am currently employed or conducting research at JHMI and am applying for a change of status since I do not hold H1B1 status. I currently hold _____ status which expires on _____. I also understand that **if this H1B1 petition is NOT approved by the day my current work authorization expires, I must STOP WORKING OR CONDUCTING RESEARCH and be removed from payroll UNTIL the OIS receives the original H1B1 approval notice from DHS.**
- I am currently employed or conducting research at JHMI and I am applying for an extension of my JHMI-sponsored H1B1 status. I understand that I may continue to work at JHMI under the terms and conditions of my current H1B1 status. I also understand that, if my current H1B1 expires before the extension is approved, **I may continue working for an additional 240 days, provided the DHS receives the petition for extension prior to the expiration of my current H1B1 status, and the official receipt notice from DHS has been received by the OIS.**
- I am currently employed or conducting research at JHMI and I am applying for an amendment of my JHMI-sponsored H1B1 status. I understand that I may continue to work or conduct research at JHMI under the terms and conditions of my current H1B1 status. **I also understand that I may not be promoted or make any substantive changes in my employment until the OIS receives an official receipt notice [Form I-797].**

I certify that the above indicated statement best describes my situation. I fully understand the limitations of the status I currently hold as described above.

Signature of H1B1 Applicant: _____

Date: _____

APPLICANT WORKSHEET

BIOGRAPHICAL INFORMATION

Name *[AS IT APPEARS IN PASSPORT]*:

Address Abroad:

Telephone/Fax Number Abroad:

Male

Female

Date of Birth (mo/day/year):

City/Country of Birth:

Country of Citizenship:

Social Security #:

A# (if any):

Address in U.S. [Residential]:

Telephone/Fax Number (office):

(home):

Address of Employment

E-mail Address:

If you are outside the U.S., you must indicate at which U.S. Consulate you will apply for your H1B1 visa stamp.

U.S. Consulate:

NON-IMMIGRANT/IMMIGRANT STATUS INFORMATION

Please ✓ "Yes" or "No" to the following questions:

Are you in possession of a valid passport?

YES

NO

Passport Number

Issue Date

Expiration Date

Are you filing for any dependents with this application?

YES

NO

If yes, how many dependents?

NOTE: DEPENDENTS MUST ALSO COMPLETE FORM I-539

Are you or dependents in exclusion or deportation hearings?

YES

NO

Have you ever been in H1B1 status in the last 7 years?

YES

NO

If you answered yes to the last 2 questions, please give place and exact dates where previous H1B1 was held on reverse.

If in the U.S., please indicate date of last arrival in U.S.:

Current visa status.

I-94# (white card in passport):

Current status expires on

Academic/Employment History

This must be completed in addition to the Curriculum Vitae you will be submitting.

Highest Academic Degree:

Date Awarded:

Major Field of Study:

Was degree earned in the US?

YES

If yes, please list address for university below

NO

Address:

Present Occupation:

Position held since

State the name and location of each employer, your position, and employment dates for prior work experience on the reverse side of this form:

PERMANENT RESIDENCY STATEMENT REQUIRED FOR ALL H1B1 APPLICANTS

IF YOU HAVE NOT FILED FORM I-140 OR FORM I-130 SKIP TO SECTION II

Section I

Have you or your spouse filed form I-140 or form I-130: [Yes or No]

Yes No

If yes, **Receipt Number** [begins with 3 letters followed by 10 digits]:

Have you filed form I-485: [Yes or No]

Yes No

If yes, **Receipt Number** [begins with 3 letters followed by 10 digits]:

Have you filed form I-765 [i.e. Work Card Application]

Yes No

If yes, what is **Receipt Number** [begins with 3 letters followed by 10 digits]:

If it has been approved, **what is the expiration date:**

Section II

Do you plan to file for permanent residency in the coming year?

Yes No

If yes, do you plan to file an employment-based petition?

Yes No

If yes, do you plan to file a family-based petition?

Yes No

Section III

I have read and understand the policy statement on page 22. I certify that the above information is true and understand that providing incomplete or false information may result in the withdrawal of an H1B1 petition submitted on my behalf.

Signature of H1B1 Applicant: _____

Date: _____

INSTRUCTIONS FOR COMPLETING FORM I-539

- Form I-539 is ONLY to be completed by Dependents of the H1B1 visa applicant who are adjusting from another visa status in the United States to H-4 dependent status **or** by Dependents already in H-4 status who must extend their H-4 status based on the H1B1's extension application.
- Form I-539 should be completed and signed by the H-4 applicant, NOT the H1B1 applicant.
- If more than one Dependent of the H1B1 applicant is applying for or extending H-4 status, the eldest H-4 dependent applicant (normally, the spouse of the H1B1 applicant) should complete and sign the application and the additional dependents should be listed on Supplement-1.
- If all Dependents applying for H-4 status are minors (under the age of 18 years), the H1B1 applicant should sign the I-539 in Part 5 AND Part 6, Signature of person preparing form, if other than above, indicating "Parent of Minor" in the section entitled Firm Name and Address.
- Dependent children 21 years of age and older are NOT eligible to apply for H-4 dependent status.
- The fee for Form I-539 is \$300, regardless of the number of applicants. The fee must be paid by check made payable to U.S. Department of Homeland Security
- Form I-539 MUST BE COMPLETED ONLINE. After the form has been completed, it should be printed, signed as directed above and delivered to the OIS with the H1B1 Applicant's documents. **DO NOT PRINT THE FORM AND COMPLETE BY HAND.** The form can be accessed at: <http://www.uscis.gov/files/form/i-539.pdf>

CHECKLIST #1	CHECKLIST #2	CHECKLIST #3
<p>Applicants in U.S. in a visa status other than H-1B1 or in the U.S. in H1B1 status and changing employers</p>	<p>H-1B1 extensions/amendments for applicants currently in the U.S. *** AND employed at JHMI ***</p>	<p>New H-1B1 for applicants outside the U.S.</p>
<p>Required Documents</p> <ul style="list-style-type: none"> ✓ Applicant Worksheet ✓ Mandatory Statement ✓ Permanent Residency Statement ✓ Two original, recent letters of recommendation and two photocopies of each. <i>[Letters should be from people you know professionally, but not the same individual who is sponsoring you for the H-1B1 visa.]</i> <p>Three photocopies of the following: <u>PLEASE DO NOT STAPLE ANY COPIES!</u></p> <ul style="list-style-type: none"> ✓ Diploma & English translations * ✓ Transcripts & English translations ✓ I-94 card [front and back] ✓ Passport ID page ** ✓ CV ✓ Evidence of current non-immigrant status [including, but not limited to ALL previously issued I-20 or DS-2019 forms, EAD cards] ✓ Waiver approval [applies to some J-1/J-2 visas holders. Contact the OIS if you are unsure if this applies to you.] <p><i>* If your degree was awarded by an educational institution outside the US, it is recommended that you submit a professional credential evaluation. [For example, www.silvergateevaluations.com, http://www.aacrao.org/international/]</i></p> <p><i>If you will have clinical responsibilities, please contact the OIS for additional application requirements.</i></p> <p>** Passport must be valid for at least six months into the future **</p> <p>If filing for dependents to change status to H4</p> <ul style="list-style-type: none"> ✓ Form I-539 [instructions on preceding page] ✓ Proof of dependent relationship to H-1B1 applicant [marriage/birth certificate and English translation] ✓ <i>A Check or money order made payable to U.S. Department of Homeland Security in the amount of \$300.00</i> <p>Photocopies the following documents for EACH dependent:</p> <ul style="list-style-type: none"> ✓ I-94 card [front and back] ✓ Passport ID page ✓ Evidence of current non-immigrant status [including, but not limited to ALL previously issued I-20 or DS-2019 forms, EAD cards] <p>If requesting premium processing: <i>Check or money order made payable to U.S. Department of Homeland Security in the amount of \$1,000.00</i></p>	<p>Required Documents</p> <ul style="list-style-type: none"> ✓ Applicant Worksheet ✓ Mandatory Statement ✓ Permanent Residency Statement <p><u>PLEASE DO NOT STAPLE ANY COPIES!</u></p> <ul style="list-style-type: none"> ✓ Two copies of up-to-date CV ✓ Two copies of most recent I-94 card [front and back] ✓ Two copies of passport ID page ** ✓ Two copies of last 2 pay stubs ✓ Two copies of all previous H1 1797 forms <p>** Passport must be valid for at least six months into the future.</p> <p>If filing for dependents to extend H4 status</p> <ul style="list-style-type: none"> ✓ Form I-539 [instructions on preceding page] ✓ Proof of dependent relationship to H-1B1 applicant [marriage/birth certificate and English translation] ✓ <i>A Check or money order made payable to U.S. Department of Homeland Security in the amount of \$300.00</i> <p>Photocopies the following documents for EACH dependent:</p> <ul style="list-style-type: none"> ✓ I-94 card [front and back] ✓ Passport ID page ✓ Evidence of current non-immigrant status [including, but not limited to ALL previously issued I-20 or DS-2019 forms, EAD cards] <p>If requesting premium processing: <i>A Check or money order made payable to U.S. Department of Homeland Security in the amount of \$1,000.00</i></p> <p>** Passport must be valid for at least six months into the future **</p> <p style="text-align: center;">*** NOTE ***</p> <p>If in H-1B1 status with another U.S. employer, you MUST follow Checklist #1. A change in employer REQUIRES the filing of a new H1B1 petition for new employment. You must submit letters of recommendation, copies of diploma, etc... as outlined in checklist #1</p> <p style="text-align: center;">*****</p>	<p>Required Documents</p> <ul style="list-style-type: none"> ✓ Applicant Worksheet ✓ Permanent Residency Statement ✓ Two original, recent letters of recommendation and two photocopies of each. <i>[Letters should be from people you know professionally, but not the same individual who is sponsoring you for the H-1B1 visa.]</i> <p>Three photocopies of the following: <u>PLEASE DO NOT STAPLE ANY COPIES!</u></p> <ul style="list-style-type: none"> ✓ Diploma & English translations * ✓ Transcripts & English translations ✓ Passport ID page ** ✓ CV <p><i>* If your degree was awarded by an educational institution outside the U.S., is recommended that you submit a professional credential evaluation. [For example, www.silvergateevaluations.com]</i></p> <p><i>If you will have clinical responsibilities, please contact the OIS for additional application requirements.</i></p> <p>** Passport must be valid for at least six months into the future **</p> <p>If requesting premium processing: <i>A Check or money order made payable to U.S. Department of Homeland Security in the amount of \$1,000.00</i></p> <p style="text-align: center;">** NOTE **</p> <p>Please contact the U.S. Embassy/Consulate where you will apply for your H1B1 visa stamp [H-4 entry visa stamp(s) for dependent(s) of the H1B1 applicant] and find out what documentation is required at the time of application and how far in advance you must make an appointment.</p>