HEALTH SCIENCES CENTER NEW ORLEANS LOUISIANA STATE UNIVERSITY SYSTEM H-1B PETITION WORKSHEET

INSTRUCTIONS: In order to help the International Services Office process your H-1B petition, please complete this form and return it to with all required supporting documents. *Type or print clearly. All questions MUST be answered. If not applicable, write ''N/A''*. Please see checklist for additional documents required for this petition.

INFORMATION ABOUT THE BENEFICIARY

A. Personal			
Last Name:	First Name:		Middle Name:
All Other Names Used:			
Date of Birth:	e-mail:	(Gender: Male Female
3333	Marital Status:	Married Single	Children: Yes No
Country of Birth:	Country of Citizenship:	Province/Stat Birth:	te of
HSC School/Department Name & Sponsor Name:			
	Work		
Passport Country of Issuance:	Passport #:	Expiration Date:	Date Issued: mm / dd / yy
Highest Degree Obtained (Please o	heck only one box):	mm / dd / y	y mm / dd / yy
c. Professional degree (fo d. Doctorate degree (for e e. Other (must explain) Major/Primary Field of Study	ample: MA, MS, MEng, MEd, MSW, r example: MD*, DDS, DVM, LLB, xample: PhD, EdD)	JD)	
	only if currently inside the US; if	-	
Initial Arrival Date: mm / dd	Most Recent Arrival Date:	mm / dd / yy	-94 #:
Current Non-immigrant Status:	F-1 F-2 J-1 J-2] H-1B ☐ H-4 ☐ TN	Other (specify);
Expiration Date (ending date on I-	20, EAD, IAP-66, I-797, etc.)	mm / dd / yy	-
Do you have any plans to travel ou	tside of the US between now and th	ne proposed start date of	this petition? Yes No
In addition, do you have any plans	to travel outside of the US while th	is petition is pending wi	th USCIS*? Yes No
If yes, please list dates of travel: CONSULT WITH THE INTER	RNATIONAL SERVICES OFFI	CE BEFORE FINALI	ZING ANY TRAVEL PLANS!!
	S.Embassy/Consulate where you wi		isa if outside the U.S. or if your change or preflight inspection city):

D. H-	IB Petition Information
	you ever been in J status (J-1 or J-2)? Yes No Yes: are you subject to the 2-year home residence requirement (212[e])? Yes No If Yes: have you fulfilled this requirement by obtaining a waiver or by going home for 2 years?
	If you have not yet fulfilled the requirement, but have applied for a waiver, enter your waiver case Number or USCIS Approval Notice Number:
order appro	ase note that if you have received a waiver of 212[e], then you will need the actual USCIS I-612 waiver approval notice (Form I-797) is to apply for an H-1B entry visa from a US embassy or consulate abroad. Attach a copy of your waiver recommendation and/or I-61 oval notice. you are still subject to 212[e], you are not eligible for H-1B status.**
perio	you been granted H-1B status? Yes No If yes, please list in the space below, your and any dependent family members prior ds of stay in H classification (including H4) in the US for. Include name, relationship to you, USCIS case numbers if available, and dates of eval. Provide front and back copies of I-797 approval notices and I-94s.
Have	you been denied H-1B status?
Have status	you been absent from the US or present in the US in another immigration status during any time that you were approved for H-1B/H-4? Yes No If yes, list dates and circumstances below:
Are y	ou in exclusion or deportation proceedings?
Do yo	S LSU-HSC ever sponsored you for lawful permanent residence (green card)? Yes No but have a lawful permanent resident petition (green card) approved or pending with USCIS? Yes No Syes, please indicate which applications are approved or pending: Form I-140 I-485 I-765 I-131 I-130
	ou have any other applications or petitions currently pending with USCIS? Yes No (provide copy of Receipt Notice)
	our dependents have any applications or petitions currently pending with USCIS? Yes No please state what applications are pending and status requested: (provide copy of Receipt Notice)
1.	I do not have dependents in the US. My dependents do not require H-4 status.
3.	I do have number of dependents that require H-4 status. If dependents (spouse and/or children) are currently in the US, request Form I-539 from LSU-HSC or download directly from the USCIS website (http://www.uscis.gov/portal/site/uscis) and see checklist for additional information.
the terr sha Dep	ertify that I have read all information provided on this worksheet. The information above and documents submitted as they relate to instant petition are true and correct. I understand that any misrepresentation of information or document fraud may result in mination of my employment at LSU-HSC. I also understand that information and materials submitted with this worksheet may be used with other government agencies. In addition, I understand that my application could be delayed as a result of mandatory partment of Homeland Security (DHS) security checks. To the best of my knowledge, there is no adverse information that would gatively affect the H-1B petition. I understand that USCIS determines final approval of the H-1B petition.
-	Signature of H1-B Worker Print Name of Worker mm / dd / yy

H1-B WORKER CHECKLIST

Submit the following required documents – <u>even for extensions</u> (copies of previously submitted documents become part of the permanent record and cannot be reused).

Any document not in English must be translated.

NOTE: FOREIGN LANGUAGE DOCUMENTS, including diplomas, must be submitted with CERTIFED translations. The translator must certify he/she is competent to translate and the translation is accurate. The certification format should include the certifier's name, signature, address and date of certification. (See Page 6, copy as needed.)

<i>A</i> .	Al	ll a _l	oplicants:			
		 2. 3. 4. 6. 	Copy of ALI Copy of tran Credentials e to: https://ww https://aes-edu https://educei. non-U.S. Ins Current Curr Unaltered On	diploma(s)/certificate(s) cript if your field of study is not indicated on diplomal valuation if degree earned abroad (highly recommend w.naces.org/members or you may consider the followorg/aeshome/; https://www.knowledgecompany.com/om/ (Applicable U.S. Degree Equivalency Certification in tuttion) culum Vitae (Résumé) ginal Documents and Translation form (page 5) the US: copy of I-94 (front and back), Entry visa, a	ed, but not required; for wing sites, which have on is HIGHLY RECO	or a list of evaluators, go e sent previous certificates. OMMENDED if degree obtained from
B. *M.I	— Э.s и			Clinical Care:	•	. 0
		2. (3. (4. <i>A</i>	Copy of ECFN Copy of licens	mpletion of USMLE 1, 2, and 3 and; G certificate and; to practice in Louisiana or letter indicating eligible to SMLE exception for "patient care which is <i>incidenta</i> an's office.)		
IN AD	DITI	ON	l, anyone cur	ently in the U.S. must submit the following:		
C. If in	F-1	or	F-2 status:			
		2. 3.	Copies of En	previous I-20(s) pages 3 & 4 (front and back) ployment Authorization Document (EAD), and I-797 ent employment if applicable (paystubs, verification l F-2 status, submit copies of F-1's I-94 and I-20(s) (f	etter, etc.)	oplicable.
D. If in	<i>J-1</i>	1. 2.	Copies of all If applicable OR US Depa	if have ever held J -1/J-2 status) previous IAP-66(s) and/or Form DS-2019 (SEVIS are and available, copy of USCIS I-612 waiver approval retruent of State (DOS) Waiver Recommendation Letter J-2 status, submit copy of J-1's I-94 and DS-2019(s)	notice, evidence of tin er or Advisory Opinion	ne spent in home country,
D. If in	H-1	B , .	H-4, or O-1 st	utus:		
		2.	Copy of your If in H-4 stat	previous I-797 Approval Notice(s) including those free two most recent pay stub or letter from current employs, submit copies of H-1's I-94 (front and back) and e of most recent pay stub or letter from current employers.	oyer to show maintenantividence of H-1's maint	
				Submit this form and required evidence to the I for your department, not directly to		

H1-B WORKER DEPENDENT CHECKLIST

Submit the following required documents – <u>even for extensions</u> (copies of previously submitted documents become part of the permanent record and cannot be reused).

Any document not in English must be translated

E. If Dependent(s) who are app	lying for H-4 status are in the US:			
 Completed Form I-539 (dependents' application to request an extension of stay and/or change of status). Form I-539 is available from the USCIS website. NOTE: This form is to be completed <i>only</i> by your <u>dependents</u>. Do NOT include your name or information on this form. Copies of evidence of relationship, for example, marriage certificate or birth certificate Copies of dependents' previous I-797 Approval Notice(s), if applicable (front and back) Copies of dependent's I-94(s), entry visa(s), passport information page(s) and any other evidence of entering legally and maintaining status USCIS Petition fee for I-539 of \$470* (check or money order in U.S. dollars, drawn on a U.S. bank, made payable to the "Department of Homeland Security" payable by the beneficiary) *Please check G-1055 Fee Schedule for any updates If Dependent(s) who are applying for H-4 status are outside the U.S.: 				
1. Copies of depende	ents' passport information page (To allow support letter to be prepared.)			
	nit this form and required evidence to the ISO contact person for your department, not directly to ISO.			

UNALTERED ORIGINAL DOCUMENTS

1	ted are exact copies of unaltered original documents. I
understand that I may be requ	uired to submit original documents to an Immigration or
Consular official at a later da	ite.
	Print Name of H-1B Worker
	Signature of H-1B Worker

TRANSLATION OF FOREIGN LANGUAGE DOCUMENT(S)

(Translations must be done by someone other than yourself or immediate family members.)

I,		_, hereby certify that I am	
competent to translate from the		_language into English and	
that the attached is the accurate translation of the original document(s).			
	Division of the company		
	Print Name & Title of Translator		
	Signature of Translator		
	Date Signed		