



**H-1B BENEFICIARY INFORMATION SHEET – CLINICAL NEW HIRE**

**BIOGRAPHICAL INFORMATION**

Name \_\_\_\_\_  
Last/Family Names First/Given Names

Married Single If married, please complete the additional Dependents section on page 2, and we will send you additional information for your dependent(s) to obtain or extend H-4 status.

City of birth \_\_\_\_\_ State/province of birth \_\_\_\_\_

Country of birth Country of citizenship \_\_\_\_\_

**Current residential address in the US:**

Street name and number Apartment Number (if any)

City State ZIP Code

Phone \_\_\_\_\_ Non-work email address \_\_\_\_\_

**Residential address abroad:**

Street name and number Apartment Number (if any)

City State/Province Country Postal Code

**IMMIGRATION HISTORY**

Are you currently in H-1B status?	Yes	No
Have you ever held H-4 status?	Yes	No
Have you ever held F-1 or F-2 status?	Yes	No
Have you ever held J-1 or J-2 status?	Yes	No
If yes, were/are you subject to the J-1 two-year home residency requirement?	Yes	No
If yes, have you applied for a waiver of the J-1 two-year home residency requirement?	Yes	No
Have you ever been issued an Employment Authorization Document?	Yes	No
Do you have an approved Form I-140? If so, what category? _____	Yes	No
Does your spouse have an approved Form I-140? If so, what category? _____	Yes	No
Do you have a pending adjustment of status (“green card”) application?	Yes	No
Are you working with an outside attorney on a “green card” application?	Yes	No
Do you have a pending asylum application?	Yes	No
Have you ever held TPS status?	Yes	No
When you apply for a visa abroad, which US embassy/consulate do you use? (Please list the city. Example: Hyderabad, India) _____		

## DEPENDENTS

Will your spouse need H-4 status? Yes No

If no, what immigration status does your spouse currently hold? \_\_\_\_\_

Does your spouse need an H-4 EAD? Yes No

Will your children born outside the US need H-4 status? Yes No

If you answer yes to any of the above questions, we will send additional information and links for your dependent(s) to apply to obtain or extend H-4 status with USCIS.

## REQUIRED DOCUMENTS

Please complete and email this form to [arainey1@uab.edu](mailto:arainey1@uab.edu) and [zoeguy@uab.edu](mailto:zoeguy@uab.edu) along with pdf copies of **ALL** of the following documents. *Please do not send pictures or screen shots.* We cannot file the H-1B petition without **ALL** necessary documents. Please send all attachments in **one** email or via Dropbox/Box.

Biographical/identification page of your valid passport and all expired passports

All US visas in valid passport and all expired passports

Most recent Form I-94, printed from <https://i94.cbp.dhs.gov/i94/#/home>

Current CV

Diploma and transcript for medical degree

[Education equivalency evaluation](#) for medical degree earned outside the US

The federal immigration regulations governing the H-1B process [8 CFR § 212.4(h)(4)(iii)(C)(2)] require an education equivalency evaluation for all degrees earned outside the US. Education *equivalency* (confirmation that your international degree is *equivalent* to obtaining a certain degree as awarded by a US institution) is not the same as education *verification* (which merely confirms that you *received* a certain degree). It is ISSS policy and best practice to include an education equivalency evaluation with every H-1B petition in order to avoid a delay in adjudication in the event that USCIS issues a Request for Evidence (RFE) asking for the evaluation. USCIS routinely accepts evaluations provided by members of [NACES](#) and [Lisano International](#). Please begin the process of obtaining an education equivalency evaluation as soon as possible to avoid delays in filing your petition. If you do not want to incur the financial and/or time cost of obtaining an educational equivalency evaluation, **please sign here indicating that you have been advised of this requirement and are willing to accept the risk of delaying your UAB/HSF start date by filing without the evaluation.**\_\_\_\_\_

Step 1, 2 CS, 2 CK, and 3 USMLE Score Reports (OR USMLE Transcript of Scores)

ECFMG Certificate (unless you attended a Canadian medical school)

Certificates of completion of residency and any fellowship(s)

Alabama medical license (if received) or letter from ABME stating that your application has been filed, if you do not yet have an Alabama medical license

**All prior immigration documents covering entire period of stay and work authorization in the US in any immigration status** (e.g., Forms I-20, DS-2019, I-797, I-612 waiver approval, I-140 approval notice, I-485 receipt notice, and all EAD cards for OPT, H-4, J-2, DACA, TPS, etc.)

Three most recent pay statements from current employer (if currently employed in the US)



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**RECEIPT OF US PUBLIC BENEFITS**

(applicable *only* for a change of status to H-1B *or* extension of H-1B status)

On February 24, 2020, USCIS implemented the Inadmissibility on Public Charge Grounds final rule. In order to comply with this requirement, you must answer the questions below, sign and date where indicated, and return to ISSS. If you answer “yes” to any of the questions, we recommend that you contact a local immigration attorney with any questions and to discuss your options. **ISSS cannot advise on your participation in any of the public benefits programs listed below and is collecting this information only because employers are required to per the newest version of Form I-129, which is the basis for every H-1B and O-1 petition.** The questions and options below are presented identically to how the information is requested on USCIS Form I-129.

Have you *ever* received, or are *currently certified* to receive, any of the following US public benefits? Please check *only* the benefits that apply to you.

- Any Federal, State, local or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Supplemental Nutrition Assistance program (SNAP, formerly called “Food Stamps”)
- Section 8 Housing Assistance under the Housing Choice Voucher Program
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- Federally-Funded Medicaid
- No, I have not received any of the above public benefits
- No, I am not certified to receive any of the above listed public benefits

Have you received, applied for, or been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply)?

- An emergency medical condition
- For a service under the Individuals with Disabilities Education Act (IDEA)
- Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- While under the age of 21
- While pregnant or during the 60-day period following the last day of pregnancy
- None of the above statements apply.



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I certify, under penalty of perjury, that I have answered the above questions regarding my use of US public benefits fully and accurately.

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Type or Print Name

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Date

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Signature