



INTERNATIONAL STUDENT & SCHOLAR SERVICES

The University of Alabama at Birmingham

H-1B EXTENSION PACKET – CLINICAL

H-1B Physician Name: _____

Please complete this packet to begin the process of extending a physician's H-1B employment, whether GME or clinical faculty. Email the complete packet and additional required documents to Ashley Rainey, arainey1@uab.edu, or Zoe Guy, zoeguy@uab.edu (whoever sent you this link).

Packet:

- LCA Form
- Check Request Memo (for ISSS to request extension check(s) in Oracle)

Once we receive the LCA form below, we will review and send you H-1B posting notices.

A ***general***, absolute best-case timeline for the entire H-1B extension process, **depending on how quickly and accurately the necessary information is provided by both the department and the physician**, is:

- 7 business days for the LCA portion of the process (*i.e.*, while the Department of Labor certifies the wage, which is an electronic process that cannot be expedited)
- 10 business days to finalize the H-1B forms and obtain necessary signatures
- 15 calendar days for USCIS to adjudicate (meaning approve, deny, or send a Request for Evidence) the H-1B petition when premium processing is available
- 7-10 business days to receive the hard copy Approval Notice from the USCIS California Service Center (unless USCIS actually uses the return UPS/FedEx envelope provided)

Again, the above timeline is valid only to the extent we receive all information in a timely and complete manner. Depending on volume, it can easily take a month to prepare the entire filing. We will collect any updated documents needed from the physician separately via email.

You and the physician will receive an update email from our system on the afternoon/evening the H-1B petition is filed and a second automated email with I-9 instructions when the approval notice arrives in the mail. We do not always have the capacity to repond to "update" requests in the interim.

NOTE: *ISSS generally only premium processes one of a dually-appointed physician's H-1B extensions, since they can continue working for UAB/HSF/Valley on the basis of a USCIS receipt notice for the other petition for up to 240 days after the expiration of their current H-1B status. Therefore, it is not strictly necessary to premium process both extension petitions unless the department and/or physician decide otherwise. The **physician** is responsible for following the instructions in the approval email and going to HSF HR in the Whitaker Building to update Form I-9s for both employers in Guardian. ISSS does not update I-9s for dually-appointed physicians.*



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INFORMATION REQUIRED TO FILE A LABOR CONDITION APPLICATION ("LCA") WITH THE DEPARTMENT OF LABOR PRIOR TO FILING AN H-1B PETITION (CLINICAL)

Do not forward to the physician for completion. The physician's supervisor and/or a department administrator with actual knowledge of the job duties must complete this form. Thank you!

BASICS

Job title in Oracle: _____ Total salary: \$ _____

UAB: Salary \$ _____ HSF: Salary \$ _____

Valley Foundation: Salary \$ _____

Supervisor _____ Sponsoring Department/Division _____

Desired dates of employment: _____ to _____ (3 years maximum per petition)
MM/DD/YYYY MM/DD/YYYY

Please note: If the sponsored physician has a restricted or special medical license, USCIS will approve the H-1B petition for only one year. If the sponsored physician has an unrestricted medical license, we can ask USCIS to approve for up to three full years.

PHYSICAL LOCATION(S) AND SCHEDULE

Please provide every address where the physician can be found working on a daily basis. Do NOT list the departmental administrative office address. Do include the physician's office address if they will have office space in addition to their clinical/research locations. We need all address(es) where, if a Department of Labor or US Citizenship and Immigration Services Fraud Detection and National Security Unit (USCIS FDNS) representative arrived unannounced on campus, he/she could possibly find the physician working. Please indicate ALL locations where the physician will work. We must know all such addresses to protect both the University and the physician in the event of a site visit from a federal agency. UAB/HSF and other employers nationwide routinely have such visits.

- Birmingham VA*
Callahan Eye Hospital
Children's of Alabama*
Children's South*
Cooper Green*
Fair Haven Retirement*
Each item includes fields for Room/Floor/Clinic and Schedule (at least days of the week working here and whether AM or PM)

- | | | | |
|---|-------------------|--|-------|
| <input type="checkbox"/> FOT | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> Hospice Family Care (HSV) | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> Huntsville Family Medicine | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> Huntsville Hospital* | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> Jefferson Tower | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> Kirklin Clinic | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> Russell Medical Center* | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> UAB Dialysis/DaVita | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> UAB Gardendale | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> UAB Health Center Montgomery | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> UAB Highlands | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> UAB Medical West | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> UAB Medicine Leeds | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> UAB Montgomery Regional MC | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> UAB Mountain Brook Plastic Surgery | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> UAB Multispecialty-Baptist | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> UAB Selma Family Medicine | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> University Hospital | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> Vaughan RMC (Selma)* | _____ | _____ | _____ |
| | Room/Floor/Clinic | Schedule (at least days of the week working here and whether AM or PM) | |
| <input type="checkbox"/> Other (list below) | _____ | _____ | _____ |

Street number	Street	Room/lab/hospital/clinic	Schedule
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Street number	Street	Room/lab/hospital/clinic	Schedule
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If more space is needed, please include the additional address(es) in the body of your email when you return this pdf.

In addition to the above locations, if the physician will **moonlight**, please provide all anticipated locations:

Street number	Street	Room/lab/hospital/clinic	Schedule
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Street number	Street	Room/lab/hospital/clinic	Schedule
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What is the anticipated annual income to be earned from moonlighting? \$ _____

PLEASE NOTE: If the physician will rotate, work, or take call at any facility not directly owned by or affiliated with UAB/HSF, you **must** provide a copy of the Education Agreement (for GME rotations) or Affiliation Agreement documenting the relationship between UAB/HSF and the third-party site. This list includes *but is not limited to* the VA, Children's, Cooper Green, Fair Haven, Huntsville Hospital, Baptist Hospital, and Vaughan. Failure to provide this document will cause severe processing delays, as USCIS requires it to be included.

JOB QUALIFICATIONS AND DUTIES

Minimum education required: DO MD International equivalent, such as MBBS

Minimum residency required (number of years and specific field): _____

Minimum fellowship training required (number of years and specific field): _____

Minimum years of post-training employment and/or teaching experience required: _____

Does the physician need to be BC/BE? Yes What field? _____ No

Will the physician work on or support any particular research projects which we could read about on the UAB website? If so, list the names of the project(s) here: _____

How many employees will the physician supervise (*i.e.*, over how many employees will they have authority to hire, discipline, and fire)? _____

REQUIRED SIGNATURES AND CONTACT INFORMATION

Division Director Signature _____ Date _____

Department Chair Signature _____ Date _____

Department administration contact for questions pertaining to this H-1B petition and to be copied on automatic email reminders (type or print legibly): _____

Departmental UPS or FedEx account number (*not* GL string or corporate card number) for shipping H-1B petition* to USCIS: _____

*If time is of the essence (e.g., if physician is currently outside the US waiting for a visa appointment or has urgent international travel plans to see family, attend conferences, etc.), we will also include a return UPS/FedEx envelope to minimize delay receiving the USCIS approval notice. Otherwise, it will take an additional 7-10 business days to account for US Mail delivery from USCIS in California.

If the physician will be dually-appointed with HSF, please provide the 6-digit HSF Accounting Unit for departmental billing (HSF pays a service fee to ISSS for H-1B petition preparation): _____



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INSTRUCTIONS AND JUSTIFICATION FOR H-1B IMMIGRATION CHECK REQUEST

Two different fees can be required to file an H-1B extension petition on behalf of a UAB/HSF employee.

A \$460 processing fee is required every time UAB/HSF files a petition for H-1B employment—whether for initial employment, change of employer, or extension of status. The department **must** pay this fee.

Dr. Anupam Agarwal, Executive Vice Dean, requires all H-1B petitions sponsored by units in the UAB School of Medicine to pay the additional premium processing fee. USCIS will make a determination (approval, denial, or Request for Evidence) on the petition within 15 calendar days. The Executive Administrators have been informed that this fee must be paid by the sponsoring department.

DEAR AP: ISSS HAS ENTERED A CALL EXTENSION IN ORACLE SO THAT THE CHECK(S) ARE NOT MAILED. ISSS WILL SEND A RUNNER TO PICK UP THESE CHECKS FROM AP AND BRING THEM TO THE ISSS OFFICE IN STERNE LIBRARY SO THAT ISSS CAN MAIL THE CHECK(S) TOGETHER WITH OTHER IMMIGRATION DOCUMENTS. DO NOT MAIL THE CHECK(S) DIRECTLY TO USCIS FROM AP. ISSS WILL PICK THEM UP. THANKS!

Department Administrators: Please provide the Oracle account string you wish ISSS to use to request a USCIS filing fee check drawn on a UAB account: _____

- This is an extension or amendment. We need a check for **\$460**.
- We need an additional premium processing check for **\$1,440**. **[MUST include if in SOM]**

If you have any questions, please contact International Student & Scholar Services at iss@uab.edu.

H-1B Beneficiary (employee) name: _____

If the physician has a salary split and is dually-funded by both UAB and HSF or the Valley Foundation, ISSS must file two separate H-1B extension petitions, and therefore will need two separate sets of H-1B filing fee checks. ISSS can request the UAB check based on the information provided above, but you (department administrator) are responsible for requesting any second \$460 check that needs to be drawn on an HSF or Valley account.