



INTERNATIONAL STUDENT & SCHOLAR SERVICES

The University of Alabama at Birmingham

H-1B NEW HIRE PACKET – CLINICAL

H-1B Physician Name: _____

Please complete this packet to begin the process of hiring a physician (whether GME or clinical faculty) who requires H-1B employment authorization. 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
- Export Control Screening Form
- Check Request Memo (for ISSS to request UAB checks in Oracle)

Additional required documents:

- Signed offer letter/LOI/Physician Employment Agreement (for **both** HSF and UAB, if dually-appointed)
- Separate, specific contract reflecting J-1 waiver three-year commitment locations (if the department worked with outside counsel to secure a J-1 waiver)
- Letter/email from the ABME confirming application for a medical license, if physician has not yet obtained an Alabama medical license

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 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
- NOTE: If the physician is currently in H-1B status in the US with another employer and is "porting" that H-1B status to UAB/HSF, the physician can begin working with us as soon as USCIS *receives* our petition (we do not need to wait for an actual hard copy approval notice)
- 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 six weeks to two months to prepare the entire filing. We will collect any documents needed from the physician separately via email. Expect additional delays if the physician is still waiting on Department of State J-1 waiver recommendation or has not yet received an Alabama medical license.

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



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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

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

Street number Street Room/lab/hospital/clinic Schedule

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 documents 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 covered on a UAB website? If so, list the names or provide the websites 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)? _____ Do **not** include general oversight of undergraduate/graduate students.

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 is inside the US but changing status from F or J to H-1B), we will also include a return UPS/FedEx envelope to minimize delay receiving the USCIS approval notice. Otherwise, the physician's start date will be delayed 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, 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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INFORMATION NEEDED FOR H-1B EXPORT CONTROL SCREENING

Under federal Export Administration Regulations (EAR) and International Traffic in Arms Regulations (ITAR), US employers must seek and receive a license before releasing controlled technology or technical data to non-immigrant workers employed in H-1B status. Even if such information is released to the H-1B employee within the US, the regulations consider the release a “deemed export” as if the information had actually been sent to the H-1B employee’s home country.

In essence, the [EAR](#) pertains to the production, development, or use of “dual use” items found on the [Commerce Control List](#), while the [ITAR](#) pertains to technical data directly related to defense articles found on the [US Munitions List](#).

As part of the USCIS forms to file an H-1B petition, UAB is required to attest and certify that it has reviewed the EAR and ITAR and determined whether or not controlled technology or technical data will be a deemed export in this situation and has applied for a license, if necessary.

For additional background and help determining whether export control regulations will apply to your international hire, please refer to the University Compliance Office’s [Export Control Decision Tree](#).

Job Title/Position Offered _____

Employee family name _____ **Employee given name(s)** _____

1. To what research technology and academic facilities, including computer servers and laboratories, will the employee have access? [Include information about access to potentially controlled and sensitive equipment, software, personnel, etc.]

2. Will the employee be involved with any projects that (select all that apply):

Are proprietary or involve proprietary information? Yes No

Require the employee to obtain a certain security clearance? Yes No

Involve research overseen by the Office of Sponsored Programs? Yes No

If yes, have any of the projects been issued a Technology Control Plan (TCP)? Yes No

If yes, please attach a copy of the TCP to this form.

Have publication or access and dissemination restrictions imposed by the sponsor, including but not limited to confidential disclosure, proprietary information agreements, and/or material transfer agreements? Yes No

Are departmentally-funded? Yes No

Require foreign national approval by the sponsor? Yes No

If you answered "yes" to any of the above, please explain. List and describe all projects. [Use additional space as needed.] _____

With respect to technology or technical data UAB will release or otherwise provide to the international employee, I certify that I have reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and, to the best of my knowledge, have determined that at the time of filing the H-1B petition, a license is not required from either the US Department of Commerce or the US Department of State to release such technology or technical data to the international employee.

Supervisor/PI Name: _____ Supervisor/PI Signature: _____

Supervisor/PI Title: _____ Date: _____



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INSTRUCTIONS AND JUSTIFICATION FOR H-1B IMMIGRATION CHECK REQUEST

Three different fees can be required to file an H-1B petition on behalf of UAB/HSF employees.

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.

An additional \$500 fraud prevention and detection fee is required when UAB/HSF files either: a) an *initial* petition to hire an H-1B non-immigrant worker, or b) a petition allowing an H-1B non-immigrant worker to *change* employers and join UAB/HSF. 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 CHECKS ARE NOT MAILED. ISSS WILL SEND A RUNNER TO PICK UP THESE CHECKS FROM THE AB AND BRING THEM TO THE INTERNATIONAL CENTER ON THE SECOND FLOOR OF 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 a new hire. We need a check for \$960.
- This physician has been working for UAB/HSF in another immigration status and needs to change that status to H-1B, so in effect is a “new hire” for USCIS purposes. We need a check for **\$960**.
- We need an additional premium processing check for **\$1,440**.

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

If the physician will be dually-funded by both UAB and HSF or the Valley Foundation, ISSS must file two separate H-1B 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 \$960 check that needs to be drawn on an HSF or Valley account.