

**INFORMATION REQUIRED FROM ALIEN TO FILE an H-1B PETITION  
TO BE EMPLOYED BY  
THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES**

**If UAMS is processing your H-1B, the following documents (as applicable) will need to be provided to your sponsoring Department. Please note, some of these documents will not be applicable to you depending on your particular status:**

- A. The attached Immigration Questionnaire
- B. Curriculum Vitae
- C. A copy of those pages in the passport to show personal identifying information, passport number, expiration date of passport; and last issued visa stamp
- D. A copy of both sides of the I-94 card (Arrival Departure Record), if in the U.S
- E. If in H-1B status **currently or if you have been** H-1B status in the last 6 years, a copy of all I-797 H-1B approval notices issued
- F. If you **currently or previously** have been in J-1 Exchange Visitor or J-2 dependent status, a copy of all previous IAP-66's or DS-2019's
- G. If you **currently or previously** have been in J-1 Exchange Visitor or J-2 dependent status that was subject to the two-year residency requirement, a copy of your I-612 waiver from the U.S. Citizenship and Immigration Services
- H. If you are **currently** in F-1 student or F-2 dependent status, a copy of all issued I-20's
- I. If you are **currently** in H-4 status, desiring a change to H-1B, copies of her H-1B spouse's H-1B approval notices and the last 3 most recent paystubs.
- J. If you are **currently** in H-1B status, transferring to UAMS from your current employer, copies of your last 3 most recent paystubs.
- K. If you have been approved for F-1 Optional Practical Training or J-2 employment authorization, a copy of work authorization card
- L. Degree certificates with translations, if necessary
- M. Credential Evaluation from one of the listed companies at the end of this form. **A credential evaluation is not required only if you are a clinical faculty candidate.**

**N. If you are a physician involved in direct patient care, please provide the following:**

1. *An unexpired Arkansas state Medical License (**residents are exempt from this requirement per Arkansas Medical Practices Act, as amended 17-95-203. Exemptions.(7);**)*
2. *Copy of Medical Degree certificate and certified translation if necessary*
3. *Components 1 and 2 of the Federation Licensing Examination (FLEX), or **steps 1,2, and 3 of the U.S. Medical Licensing Examination (USMLE)**, (*Note: the Licentiate of the Medical Council of Canada [LMCC] is not considered an equivalent exam*); or medical diploma from a U.S. school; and*
4. *ECFMG certificate*

**O. If you have immediate family members currently in the United States that will accompany you in H status, please provide the following:**

- 1) Form I-539 (downloadable from [www.uscis.gov](http://www.uscis.gov)) completed by the **primary** dependent, secondary dependents should be referenced on the supplement page
- 2) Filing fee as referenced on the form, check made payable to Department of Homeland Security
- 3) A **copy** of **both** sides of **each** accompanying family members' last issued form I-94 Arrival/Departure Record (white card stapled in passport) at the port-of-entry
- 4) A copy of each accompanying family member's last issued visa stamp
- 5) **All** issued I-797 approval notices (**if applicable**) for accompanying dependents indicating current status
- 6) **If in J-2 status**, a copy of all issued DS-2019's
- 7) **If in J-2 status**, a copy of your employment authorization card, if applicable
- 8) Copy of biographical page of passport for each family member referenced.

**ALIEN QUESTIONNAIRE**  
**PLEASE TYPE OR PRINT LEGIBLY**

1. Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other names used including maiden or different spelling \_\_\_\_\_

2. Date of Birth m/d/y \_\_\_/\_\_\_/\_\_\_ Country of Birth \_\_\_\_\_ Province of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country passport issued by \_\_\_\_\_

Passport number \_\_\_\_\_ Passport issuance date (m/d/y) \_\_\_\_\_ Passport expiration date (m/d/y) \_\_\_\_\_

3. Social Security # \_\_\_\_\_ Alien Registration# (If applicable) A \_\_\_\_\_

4. If in the U.S., date of last arrival in the United States (m/d/y) \_\_\_/\_\_\_/\_\_\_

5. I-94 # \_\_\_\_\_ Visa Status \_\_\_\_\_ Expires (m/d/y) \_\_\_/\_\_\_/\_\_\_

6. If in J-1, J-2, F-1 or F-2 status: SEVIS NO: \_\_\_\_\_

7. If in J-2 status and you have work authorization: EAD No: \_\_\_\_\_

8. If in F-1 Optional Practical Training status: EAD No: \_\_\_\_\_

9. Give the U.S. Consulate of Inspection Facility you want notified IF your petition IS APPROVED **(MUST BE FILLED IN)**:

U. S. Consulate/Embassy \_\_\_\_\_ or Pre-flight Inspection Facility \_\_\_\_\_ or Port of Entry \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

10. Foreign Address \_\_\_\_\_

11. Present Address \_\_\_\_\_

12. Tel. # \_\_\_\_\_ FAX \_\_\_\_\_ email \_\_\_\_\_

13. Complete the following regarding each period of stay in the United States :

Visa Type (B-2, F-1, J-1, H-1B)	Dates of stay	
	From m/d/y	To m/d/y (do not use D/S)
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___

14. Complete the following on your spouse and children **WHO WILL ACCOMPANY YOU** in H status

Name	Relation	Date of Birth m/d/y	Place of Birth	Status in U.S.
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____

15. Was spouse and children now or previously in U.S.? If so, give names, dates, and status \_\_\_\_\_

16. Are you considered a legal resident or landed immigrant of any other country? Yes/No \_\_\_\_\_ Country \_\_\_\_\_

17. Do you want your dependents to join you on this petition? Yes/No \_\_\_\_\_

18. Are you or any family member in exclusion or deportation proceedings? Yes/No \_\_\_\_\_

19. Have you, or any member of your family, ever been given H classification? Yes/No \_\_\_\_\_ **If yes include copies of all I-94 and I-797 approval notices noting these periods of stay in H classification for you and any dependent family member's listed below:**

name \_\_\_\_\_, dates m/d/y \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ employer \_\_\_\_\_

name \_\_\_\_\_, dates m/d/y \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ employer \_\_\_\_\_

Have you or family members ever been denied the H classification? Yes/No \_\_\_\_\_ If yes, explain:  
\_\_\_\_\_

20. Has any employer ever filed an **immigrant petition** on your behalf? Yes/No \_\_\_\_\_ If so, give details:  
\_\_\_\_\_  
\_\_\_\_\_

21. List present occupation and summary of prior experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. List your post-graduate EDUCATION:

University	City	From m/d/y	To m/d/y	Degree
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____

23. Have you earned a master's or higher degree from a U.S. institution of higher education? Yes/No \_\_\_\_\_ If yes, provide the following:

Name of U.S. institution \_\_\_\_\_ Date degree awarded (m/d/y) \_\_\_\_\_ Type of Degree \_\_\_\_\_

Address of U.S. institution \_\_\_\_\_

**EDUCATIONAL CREDENTIALS EVALUATION COMPANIES**

If your degree was received at an Institution outside the U.S., your college degrees must be evaluated by an Educational Credentials Evaluation Company.

Academic Credentials Evaluation Institute, Inc.  
PO BOX 6908  
280 S. Beverly Hills, CA 90212  
Tel. 310-275-3530, FAX 310-275-3528

The Knowledge Company  
[www.knowledgecompany.com](http://www.knowledgecompany.com)  
13022 Monroe Manor Dr. First Floor  
Herndon, VA 20171  
Phone (571) 203-8620, Fax (571) 203-8622

World Education Services, Inc.  
Tel: 305-358-6688  
Toll-Free: 1-800-937-3899

Fax: 305-358-4411