Policy 2.14.1 September 2014

	Request for H-1B Visa	ı Sponsorship			
Department/Program:		Date of Request:			
Name of Applicant: Current U.S. Immigration Status: Date for Proposed Appointment to Program:		Degree: Proposed Stipend: PGY Level:			
			Medical School:		Date of graduation:
			Other GME training/dates (Do not	list observerships, research, and/or v	volunteer assignments.):
Dates	Residency/Fellowship Training (program, institution)	Comments			
Yes No ACGME accredited Yes No Applicant is/will b	d programs only: Applicant meets ACo e Texas board-eligible to practice me sed USMLE, Steps 1, 2, and 3.	• .			
status. Request must be subm proposed date of appointment. U	nitted to the Office of International Se	ments including approval notices for prior H-1B rvices (OIS) 3 to 6 months prior to applicant's quest to the GME Office Please allow 10 business uest by the GME Office.			
	Attestations and Signatu	ures			
1	request a waiver	of the GME Visa Policy requiring J-1 visa			
•	physician because s/he is currently o	n an H-1B visa engaged in graduate medical B status transferred and extended for the			
Program Director		Date			
I,determined by the U.S. Department transportation, and visa filing fees	nt of Labor (including for participation	nsibility for payment of the required wage as n in required orientation), benefits, return			
Department Chair		 Date			
Resident/Fellow Applicant		 Date			
Director, Office of International Services		Date			
Designated Institutional Official		 Date			