H-1B REQUEST: INFORMATION ABOUT THE POSITION
COLLEGE OF MEDICINE

NOTE: UC/UCP is required to report the information requested below to the U.S. government agencies (USCIS & DOL) which have an interest in the H-1B process. Please make sure that the detail provided is complete and accurate.

1. **Job duties:** Include general nature of courses taught and/or research performed, in addition to any other duties (i.e., committee service, etc). Please provide at least two to three sentences of information, which give both technical terms and a statement in layman’s terms about the overall focus/purpose of the activities.

2. **ALL work locations/addresses**

<table>
<thead>
<tr>
<th>Street # &amp; Name</th>
<th>Dept./Building/#</th>
<th>City</th>
<th>Zip Code</th>
</tr>
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*(Include additional sheet, if more work locations exist. ALL work locations must be disclosed. When more than one work location exists, USCIS requires that a rotation schedule/itinerary be provided, setting forth the scheduled times the employee will work at each location.)*

3. **Minimum degree level** requirement: ________________________________

4. **Degree field/major** (note if any alternative): ________________________________

5. **Minimum work experience** requirement (exclusive of the degree or training listed below), expressed in years and/or months. Include what the experience must have specifically entailed. Put “NONE,” if not applicable.

6. **Minimum training** requirement (exclusive of the degree or work experience listed above), expressed in years and/or months. Include what the training must have specifically entailed. Put “NONE,” if not applicable. **NOTE:** Include all training—for example, if a fellowship is required, also specify the preceding residency.
7. **All other minimum requirements** for position (i.e., required license(s), knowledge of certain techniques/software/equipment, Board Eligibility/Certification, etc.), if applicable, as well as the timeframe within which the requirement must have been met (i.e., BE, or BC, or medical license by time of appointment). NOTE: If BC is required, also specify the certification specialty; if BE is required, specify the certification specialty and define the basis of the BE (i.e., completion of 3-year Internal Medicine Residency).

8. Provide the following applicable detail as to **how the H-1B employee meets all above-established minimum requirements**:

   **Status of licensure**:  
   - Pending: Date application submitted _________ -OR-  
   - Granted/Effective date _________

   **Training**:  
   - Exact name of training program (i.e., Diagnostic Radiology Residency)  
   - Exact date started training _________ Exact date completed training _________  
   - Facility at which training was acquired (i.e., UCMC) _______________________

   **Experience**:  
   - Employer name ___________________________  
   - Specific dates of employment __________________ to __________________  
   - Employer name ___________________________  
   - Specific dates of employment __________________ to __________________  
   - Employer name ___________________________  
   - Specific dates of employment __________________ to __________________  
   - Employer name ___________________________  
   - Specific dates of employment __________________ to __________________