

**University of Minnesota Medical School
Graduate Medical Education Administration
H-1B Visa Request Form**

Return completed form and documentation to:

Erica King, Visa Manager & ECFMG Training Program Liaison

University of Minnesota Medical School

MMC 293, 420 Delaware Street SE

Minneapolis, MN 55455

Office: B-650 Mayo

Phone: 612-624-9641

Fax: 612-624-0150

Date: _____

Program: _____

Program Director: _____

Phone Number: _____

Dr. _____ meets one or more of the following criteria for consideration of the H-1B visa: *(Please check all that apply and PROVIDE DOCUMENTATION):*

- Applicant currently holds a valid H-1B visa at this university or another institution** *(show copy of Form I-797, Notice of Action)*
- Applicant is the spouse/registered domestic partner of a U.S. citizen, permanent resident (“green card” holder), or individual holding an H-1 or O-1 visa** *(show marriage certificate or H-4 document)*
- Applicant/applicant’s spouse has a permanent resident petition pending with a likely chance of success** *(show proof of petition)*
- Applicant is not eligible for or would face a hardship on a J-1 visa due to unique immigration circumstances (e.g., applicant already obtained a J-1 waiver; applicant who has to return home periodically to care for ill parent faces higher risk of being denied re-entry on J-1 visa)** *(provide letter explaining reason for hardship)*
- Applicant’s spouse/registered domestic partner is employed by the University in a faculty or other continuing position** *(provide letter identifying spouse’s position)*
- The department has offered or is strongly considering the applicant for a faculty or research position after applicant completes the training program** *(provide letter identifying intentions of department after applicant finishes training program)*

Additional Applicant Information Required:

- 1. Gender of Applicant: Male / Female (circle one)**
- 2. Copy of ECFMG Certificate (if available)**
- 3. Anticipated Start Date in Program: ____/____/____ (if known)**
- 4. Date of Birth: ____/____/____ (if copy of ECFMG certificate not available)**
- 5. ECFMG Certificate #: _____ (if copy of ECFMG certificate not available)**
- 6. USMLE Step 3: must be passed prior to submitting an application for the H-1B Visa. (department must retain this documentation in file)**