

**TO BE COMPLETED  
BY VISITING  
SCIENTIST**      **FDA**

## I-129 Petition Worksheet

**Information:** This worksheet provides the Division of International Services (DIS) with details needed to prepare Form I-129, which is used for H-1B, O-1, TN, and E-3 petitions.

**Instructions:** Please complete this form, answering every question, and return it to your Administrative Officer with all required supporting documents. If you need additional space to provide answers, include your answers on a separate page. If the Immigration Specialist processing your case has further questions, they will contact you.

### I. SCIENTIST PERSONAL INFORMATION

Family Name:	Given Name:
All Other Names Used:	Date of Birth (Month/Day/Year):
U.S. Home Address:	
Telework Address (if any):	
Telework Schedule (e.g. ad hoc, weekly, etc.):	
Home Country Address:	

### II. IMMIGRATION INFORMATION (COMPLETE ONLY IF CURRENTLY INSIDE THE U.S.)

Most Recent Arrival Date to the United States (MM/DD/YYYY):
Do you or your dependents have any plans to travel outside of the U.S. in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES: list dates of travel (even if they are tentative): _____
<b>Note: Consult with your DIS Immigration Specialist before finalizing any travel plans.</b>

### III. U.S. ENTRY VISA APPLICATION INFORMATION (COMPLETE EVEN IF CURRENTLY IN THE U.S.)

Specify the <b>City</b> and <b>Country</b> of the U.S. Embassy/Consulate where you will/would apply for an entry visa. (Canadian citizens, list the port of entry or preflight inspection city): _____
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### IV. FAMILY INFORMATION (CHECK ONE, ALL APPLICANTS MUST ANSWER)

<input type="checkbox"/> I do not have dependents in the U.S.	<input type="checkbox"/> My family members do not require dependent status Dependent/s current immigration status: _____
<input type="checkbox"/> I have ____ (number) dependents that require dependent status. <i>Note: H-4 status is only available for your legally married spouse and unmarried children under age 21. If any dependents are currently in the U.S., download <a href="#">Form I-539</a> from the USCIS website and see DIS checklist for additional information.</i>	

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### V. I-129 PETITION INFORMATION

1. Have you ever been in J status (J-1 or J-2)?  Yes  No
2. IF YES TO 1: Have you ever been subject to the 212(e) two-year home residence requirement?  Yes  No
3. IF YES TO 2: Have you fulfilled the requirement by obtaining a waiver or by going home for two years?  Yes  No
4. IF YES TO 3: Which method did you use to fulfill the requirement?  obtained a waiver  returned home for two years
5. IF NO TO 3: If you have already applied for a waiver, enter your waiver case number \_\_\_\_\_ and date application mailed to Department of State \_\_\_\_\_.

*Note: If you have obtained a waiver of 212(e), you will need the USCIS waiver approval notice (Form-I-797) to apply for an H-1B visa at a U.S. Embassy or Consulate abroad. If you are still subject to 212(e), you are not eligible for H-1B status unless you are a Canadian citizen. If you are seeking O-1 status and are still subject to 212(e), both you and your dependent family members will need to depart the U.S., obtain O-1 and O-3 (dependent) visas and re-enter to obtain O-1/O-3 status. Consult with DIS.*

Are you in exclusion or deportation proceedings?  Yes  No

Have you been granted or denied the requested status during the last seven years?  Yes  No  
IF YES: List your and any dependents' prior periods of stay. Include name, relationship to you, USCIS case # if known, and dates of approval. Provide copies of approval notices & I-94s.

Do you have a lawful permanent resident petition (green card) approved or pending with USCIS?  Yes  No  
IF YES, indicate which applications have been filed:  Form I-140  I-485  I-765  I-131

Provide A# (if applicable): \_\_\_\_\_  
*Note: A# is "alien number." You may have an A# if you previously were issued an Employment Authorization Document or have applied for lawful permanent residency.*

### VI. COMPLETE IF SEEKING H-1B STATUS

- If you currently have or previously held H-1B status:
1. Have you been absent from the U.S. while in H-1B Status?  Yes  No
  2. Have you been present in the U.S. in another immigration status at any time while approved for H-1B status?  Yes  No
  3. IF YES to either, list dates and circumstances:

### VII. ATTESTATION

I certify that I have read all information on this worksheet. The information above and documents submitted as they relate to this petition are true and correct. I understand that any misrepresentation of information or document fraud may result in termination of my employment at NIH. I understand that information and materials submitted with this worksheet may be shared with other government agencies. I understand that my application could be delayed as a result of mandatory Department of Homeland Security (DHS) security checks. To the best of my knowledge, there is no adverse information that would negatively affect the petition. I understand that DHS determines final approval of the petition.

Scientist Name:

Date (Month/Day/Year):

Scientist Signature:

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## I-129 Petition Worksheet Required Documents

**Instructions:** Submit all documents to your Administrative Officer (AO), **even for extensions**. Previously submitted copies are permanent records and cannot be reused. **Documents not in English must include a certified translation.**

### I. DOCUMENTS

#### Credential and Immigration Information:

- Copy of doctoral degree (e.g. M.D., Ph.D.)
- Copy of transcript if your field of study is not clearly indicated on diploma (highly recommended)
- Credentials evaluation** of doctoral degree if earned abroad
- Current Curriculum Vitae
- Unaltered Original Document & Translation form (see pg. 4)
- Copy of passport biographical information page
- If currently in the US:
  - Copy of most recent Form I-94 record
  - Copy of most recent U.S. entry visa
  - Copy of immigration documents, listed in Section II by status

#### If Medical Doctor and Full Patient Care is involved:

- Copy of M.D. degree
- Copy of license to practice medicine in home country or in any state in the U.S. (if applicable)
- Copy of ECFMG Certificate
- Copy of USMLE (Steps, 1, 2, & 3) or NBME (Parts I, II, & III) or FLEX (Components I & II)

#### To be provided upon consult with DIS:

- Premium Processing Fee. Do not submit until notified by DIS. See [USCIS website](#) for current fee amount.

### II. INCLUDE THESE DOCUMENTS ACCORDING TO CURRENT IMMIGRATION STATUS

#### If in H-1B, H-4, or O-1 status:

- Copies of all previous Form I-797 Approval Notice(s)
- If in H-1B status with another U.S. employer, read and sign the "H-1B Portability" confirmation (see page 5)
- If in H-4 status, submit copies of H-1B's Form I-94 and evidence of H-1B's maintenance of status (when notified by Immigration Specialist: copies of two most recent pay slips)

#### If in F-1 or F-2 status:

- Copies of all previous Form(s) I-20 pages 1 & 2
- Copies of all Employment Authorization Documents (EAD), if applicable
- If currently in F-2 status, submit a copy of F-1's Form I-94

#### If in J-1 or J-2 status:

- Copies of all previous Form(s) DS-2019
- If applicable, copy of J-1's USCIS Form I-612 waiver approval notice (I-797) of two-year home residence requirement (212e) and/or U.S. Department of State No-Objection Letter & J-1 waiver application (Form DS-3035)
- If currently in J-2 status, submit copy of J-1's Form I-94
- If currently in J-2 status and employed, submit copy of Employment Authorization Document (EAD) (when notified by Immigration Specialist: copies of two most recent pay slips)

### III. DEPENDENT(S)

*SPOUSE AND/OR UNMARRIED CHILDREN UNDER 21 IN THE U.S. AND APPLYING FOR AN EXTENSION OR CHANGE TO H-4 OR O-3 STATUS. NOTE: AS THIS IS A PERSONAL APPLICATION, ALL REQUIREMENTS SHOULD BE CAREFULLY REVIEWED AND CONFIRMED THROUGH THE INSTRUCTIONS ON THE [USCIS WEBSITE](#). DO NOT SUBMIT THE FEE UNTIL REQUESTED BY DIS.*

- Completed Form I-539 with original signatures. Form I-539 is completed *only* by your dependents; do NOT include your name or your information
- Completed Form I-539A for each additional dependent, if you have more than one
- Copies of required evidence as indicated in the instructions on USCIS's website.
- Copies of evidence of qualifying relationship, for example, marriage certificate or birth certificate for each dependent
- Copies of dependents' immigration document(s), if applicable (Form I-797 Approval Notice, Form I-20, Form DS-2019)
- Copies of dependents' Form I-94(s), entry visa(s), passport information page(s), and any other evidence of entering legally and maintaining status

**UNALTERED ORIGINAL DOCUMENTS**

TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES/NIH:

Copies of documents submitted are exact copies of unaltered original documents. I understand that I may be required to submit original documents to an Immigration or Consular official at a later date.

Printed Name of Worker: \_\_\_\_\_

Signature of Worker: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**TRANSLATION OF FOREIGN LANGUAGE DOCUMENT(S)**

*Note: Translations must be done by someone other than yourself or immediate family members.*

I, \_\_\_\_\_, hereby certify that I am competent to translate from the  
\_\_\_\_\_ language into English and that the attached is the accurate  
translation of the original document(s).

Print Name & Title of Translator: \_\_\_\_\_

Signature of Translator: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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## I-129 Petition Worksheet H-1B Portability Employee Confirmation of Eligibility

**Instructions:** Complete only if you are currently an H-1B Temporary Worker with another U.S. employer and wish to invoke “H-1B Portability” for your employment – i.e., you will begin your employment upon the filing of an H-1B petition on your behalf. Attach this signed form to your completed H-1B Petition Worksheet. For questions on H-1B portability, contact the Immigration Specialist assigned to your case.

### EMPLOYEE CONFIRMATION OF ELIGIBILITY

I understand that the American Competitiveness in the Twenty-first Century Act (AC21) provides for portability from one employer to another for those persons who hold H-1B status and meet three criteria specified in the law. Those criteria are, “a nonimmigrant alien –

- A. who has been lawfully admitted into the United States;
- B. on whose behalf an employer has filed a non-frivolous petition for new employment before the date of expiration of the period of stay authorized by the Attorney General; and
- C. who, subsequent to such lawful admission, has not been employed without authorization in the United States before the filing of such petition.” [AC21, Section 105(a) (2)]

I meet these criteria and am eligible for portability of my H-1B status based on the portability provision of AC21. I wish to use this provision and confirm the following for that purpose:

- 1. I was lawfully admitted into the United States.
- 2. I have maintained my current H-1B status and such status had not expired at the time of the filing of the new H-1B petition.
- 3. I have not been employed without authorization in the United States since my admission or before the filing of the new H-1B petition.
- 4. **I understand that if the new H-1B petition is denied, I will no longer be authorized to work at the NIH and thus my employment must be ended.**

By my signature below I confirm that these statements are true to the best of my knowledge and belief.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_