## UCLA David Geffen School of Medicine

## Visa and Licensing Office

## Request for H-1B Sponsorship

## Instructions:

Please complete the request form and email directly to JCerera@mednet.ucla.edu. This form is used to request a UCLA H-1B Sponsorship. It is important that the information entered in this request is accurate to avoid delays.

After completing the request form, the Visa and Licensing Office will endorse the H-1B sponsorship request to the Dashew Center for International Students and Scholars, Employment Based Unit.

| This is a request for: | $\square$ Initial |
| :--- | :--- |
|  | $\square$ |
| Extension |  |
|  | $\square$ |
| Amendment |  |


| Foreign National Information |  |
| :--- | :--- |
| First Name: |  |
| Middle Name: |  |
| Last Name: |  |
| Country of Nationality: |  |
| Country of Citizenship: | $\square$ Male |
| Gender: | $\square$ Female |


| Proposed Employment Information |  |
| :--- | :--- |
| Proposed Title |  |
| Title Code |  |
| Annual Salary: |  |
| Step: |  |
| Desired Start Date: |  |
| Brief description of job duties: |  |


| Request for Clinical H-1B |  |
| :--- | :--- |
| Proposed Title |  |
| Title Code |  |
| Annual Salary |  |
| Desired Start Date |  |


| Description of Proposed Clinical and Research <br> Activities |  |
| :--- | :--- |
|  |  |
| GME/DIO Review Conducted (if applicable): | $\square$ |
|  | Yes |
| In possession of the following: | $\square$ |
| No |  |
| Please submit copies. | $\square$ |
|  | $\square$ USMLE Step 1 |
|  | $\square$ |


| Hiring Department |  |
| :--- | :--- |
| Department Name: |  |
| Coordinator Name: |  |
| Coordinator Title: |  |
| Coordinator Phone Number: |  |
| Coordinator Email Address: |  |

