

## 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:	Initial
	Extension
	Amendment

Foreign National Information		
First Name:		
Middle Name:		
Last Name:		
Country of Nationality:		
Country of Citizenship:		
Gender:	Male	
	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	
Activities	
GME/DIO Review Conducted (if applicable):	V
GME/DIO Review Conducted (II applicable).	Yes
	No
In possession of the following:	ECFMG Certificate
Please submit copies.	USMLE Step 1
	USMLE Step 2
	1 I
	USMLE Step 3
In possession or eligible for the following	2111 2113
California Medical License:	2111 2113
	Postaraduata Training License
	Postgraduate Training License
	Dhysisian's and Syngson's Lisons-
	Physician's and Surgeon's License

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