



Baser Law

Immigration is our business

H-1B PHYSICIAN QUESTIONNAIRE

1. PERSONAL INFORMATION

Full Name: _____ (Male) (Female)
U.S. Address: _____ Home Phone: _____
_____ Cell Phone: _____
Address Abroad: _____
Email Address: _____
Date of Birth: _____ Place of Birth: _____
City, State, Country
Country of Citizenship: _____ SSN# _____
Passport Number: _____ Issue Date: _____ Exp. Date: _____
I-94 Number: _____ Date and Place of Last Entry: _____
Current Immigration Status: _____ Expiration Date: _____

Are you married? Yes No – If yes:

Date of Marriage: _____

Spouse's Full Name: _____

Date of Birth: _____ Place of Birth: _____
City, State, Country

Country of Citizenship: _____ SSN# _____

Passport Number: _____ Issue Date: _____ Exp. Date: _____

I-94 Number: _____ Date and Place of Last Entry: _____

Current Immigration Status: _____ Expiration Date: _____

If in H-1B/H-4 status, indicate first date in the United States in this status: _____

Do you have children? Yes No – If yes, how many: _____

Child's Full Name: _____ (Male) (Female)
 Date of Birth: _____ Place of Birth: _____
 City, State, Country
 Country of Citizenship: _____ SSN# _____
 Passport Number: _____ Issue Date: _____ Exp. Date: _____
 I-94 Number: _____ Date and Place of Last Entry: _____
 Current Immigration Status: _____ Expiration Date: _____
 If in H-4 status, indicate first date in the United States in this status: _____

Child's Full Name: _____ (Male) (Female)
 Date of Birth: _____ Place of Birth: _____
 City, State, Country
 Country of Citizenship: _____ SSN# _____
 Passport Number: _____ Issue Date: _____ Exp. Date: _____
 I-94 Number: _____ Date and Place of Last Entry: _____
 Current Immigration Status: _____ Expiration Date: _____
 If in H-4 status, indicate first date in the United States in this status: _____

Child's Full Name: _____ (Male) (Female)
 Date of Birth: _____ Place of Birth: _____
 City, State, Country
 Country of Citizenship: _____ SSN# _____
 Passport Number: _____ Issue Date: _____ Exp. Date: _____
 I-94 Number: _____ Date and Place of Last Entry: _____
 Current Immigration Status: _____ Expiration Date: _____
 If in H-4 status, indicate first date in the United States in this status: _____

Child's Full Name: _____ (Male) (Female)
 Date of Birth: _____ Place of Birth: _____
 City, State, Country
 Country of Citizenship: _____ SSN# _____
 Passport Number: _____ Issue Date: _____ Exp. Date: _____
 I-94 Number: _____ Date and Place of Last Entry: _____
 Current Immigration Status: _____ Expiration Date: _____
 If in H-4 status, indicate first date in the United States in this status: _____

Have you ever been denied a visa to come to the United States? Yes No

If yes, please explain **in detail**: _____

Have you or your spouse ever had **any** immigration problems? If yes, please describe **in detail**:

Have you ever been **arrested, cited, indicted, fined or convicted of a crime** anywhere in the world (even if the conviction was expunged or removed from your record) or have you ever had any problems with the law?

Yes No -- If yes, please explain **in detail**: _____

2. EDUCATIONAL BACKGROUND

All college/university education, starting with the highest level achieved:

Degree: _____ Field of Study: _____

Name of Educational Institution: _____

Full Address of Education Institution: _____

Year Degree completed: _____

4. NEW EMPLOYER (IF DIFFERENT FROM CURRENT EMPLOYER)

Employer Full Name: _____

Employer Full Address: _____

Type of Business: _____

Job Title: _____ Salary/Hourly Rate: _____

Projected Start Date (mm/dd/yyyy): _____ Hours/Week: _____

Primary Worksite Address: _____

Other Worksite Address(es), if applicable: _____

Job Duties: _____

5. REQUIRED SUPPORTING DOCUMENTS

Please provide us with one (1) copy of each of the following documents:

1. All University Diplomas and Transcripts;
2. Educational Evaluation Report, if available/applicable;
3. Passport (except blank pages);
4. **Clear** copy of I-94 card;
5. License to practice your profession;
6. ECFMG Certificate;
7. USMLE Step 1, 2, and 3;

If applicable:

8. I-20/IAP-66 (F-1/J-1);
9. Employment Authorization Document (plastic card);
10. Three (3) most recent paycheck stubs;
11. Notice of Approval of any prior H-1 or L-1 petitions on your behalf;
12. Written employment contract with petitioner;
13. Passport (except blank pages) of all dependents;
14. **Clear** copy of I-94 card of all dependents;
15. Marriage license, and birth certificates of children;
16. Receipt / Approval Notice for Labor Certification filed on your behalf; and
17. Receipt / Approval Notices for I-140 petition / I-485 Applications filed on your behalf.

I certify that all of the information contained in this form is true and correct to the best of my knowledge.

Signature

Date