



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER..

Office of Institutional Compliance

EMPLOYEE QUESTIONNAIRE  
PERMANENT RESIDENCE  
NATIONAL INTEREST WAIVER  
(FY 2020)

Complete ONSCREEN & Submit ELECTRONICALLY  
NO HANDWRITTEN REQUESTS WILL BE PROCESSED.  
THANK YOU FOR YOUR COOPERATION!

TTUHSC Institutional Compliance  
Immigration Compliance & Services  
3601 4th Street, STOP 8165  
Lubbock, TX 79430  
Ph: (806) 743-3949  
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## EMPLOYEE INFORMATION – PERMANENT RESIDENCE (NATIONAL INTEREST WAIVER)

The National Interest Waiver category requires TTUHSC to establish that (1) the Employee's proposed endeavor in the USA has both substantial merit and national importance; (2) the Employee is well positioned to advance the proposed endeavor, and; (3) on balance, it would be beneficial to the USA to waive the permanent labor certification requirements: At least THREE and preferably FOUR or FIVE of the following must be provided to USCIS:

1. An official academic record showing a Ph.D., Master's or Bachelor's degree related to the area of exceptional ability. If a Bachelor's degree is the highest degree attained, the employee will also need to show five (5) years of progressive post baccalaureate experience in the field through employment letters.
2. Evidence of the receipt of major prizes or awards for achievement in the academic field
3. Evidence of authorship of scholarly books or articles in scholarly journals (first two pages of each publication/journal only)
4. Evidence of membership in associations in the academic field
5. Letters from distinguished members of the academic field who can attest to the significant contributions you have made to the industry or field. Please include a full CV of each writer. Some but not all letters should come from TTUHSC faculty and journal/researcher collaborators. A good option is to see or request a letter from person who cite your work often but have never collaborated with you.
6. A copy of the license or certification necessary to practice in the field (if applicable)
7. Evidence of a salary that demonstrates exceptional ability (i.e. a higher salary than the industry norm)
8. Letters from current or former employers showing at least ten (10) years of full-time experience in the occupation being sought.

**In addition to the above, if you have any of the following please also include them with the rest of your documents:**

9. Evidence of original scientific or scholarly research contributions to the academic field; copyrights or patents
10. Evidence of published material in professional publications written by others about the Foreign Employee's work in the academic field
11. Evidence of participation on a panel or individually as the judge of the work of others in the same or related academic field
12. Evidence of oral presentations or poster presentations
13. ICS must include a detailed discussion of how the foreign national employee qualifies for the O-1 visa status. In order to do so ICS needs information about the research or clinical work. Therefore, the foreign national must provide a Professional Statement of Research or Clinical Work. The Professional Statement must explain the research or clinical work and its importance. The statement needs to be clear but detailed and written so that an average honors-level high school student would understand it. Explain your area of research or clinical work and your specific role and/or contributions to the area. Also explain the importance of the work to the USA or on a global scale. A sample will be provided upon request.

## EMPLOYEE QUESTIONNAIRE & CHECKLIST – NATIONAL INTEREST WAIVER

- \_\_\_ Employee Questionnaire with all questions answered
- \_\_\_ Curriculum Vitae (CV)
- \_\_\_ Last diploma received (PhD/Masters/Baccalaureate) and transcripts (if your most recent diploma does not relate directly to your duties with prospective hiring department, please contact ICS).
- \_\_\_ Certified English translation of diploma and transcripts
- \_\_\_ Academic credential evaluation of the highest non-US degree(s)  
\_\_\_ ICS, please arrange for this service on my behalf
- \_\_\_ Current passport biographical data page
- \_\_\_ Current passport page showing passport expiration date
- \_\_\_ Current US non-immigrant visa (if physically present in USA)
- \_\_\_ Current [I-94](#) document
- \_\_\_ All I-797 forms showing USCIS approval notices of previous applications or petitions.
- \_\_\_ Evidence of any immigrant visa petition or labor certification application of which you are a direct beneficiary
- \_\_\_ Evidence of any application to adjust to permanent resident status (i.e. I-485 receipt)
- \_\_\_ If you ever held J-1 or J-2 status in the past, provide a copy of all DS-2019 or IAP-66 documents
- \_\_\_ If you ever held J-1 or J-2 status in the past, and were subject to 212(e) the two-year home residency requirement, J-1 waiver (I-616 approval) and J-1 waiver recommendation letter
- \_\_\_ New employees already in H-1B status with a different employer must provide last two months of pay statements.
- \_\_\_ Citations list with summary of article/journal/publication where your work has been cited
- \_\_\_ Evidence of prior work experience (if prior work experience needed for position) in the form of employment letters confirming the required experience
- \_\_\_ Statement of Research describing your work in the field. The statement needs to be clear but detailed and written in a way that an average honors-level high school student would understand it. Explain your area of research, your specific role and/or contributions to the research and the importance of the research to the USA or internationally.
  - **If you currently have or ever had a J-1 or J-2 visa/status, and this is your first TN filing, also include:**
- \_\_\_ Copy of I-612 approval notice showing §212(e) waiver
- \_\_\_ Copy of all IAP-66, DS-2019 documents
- **If you currently have an F-1 or F-2 visa/status, and this is your first TN filing, also include:**
- \_\_\_ Copy of all I-20 documents
- \_\_\_ Copy of EAD (OPT and STEM OPT)
- **If you are a Medical Doctor also enclose:**
- \_\_\_ Scores for USMLE Steps 1, 2, and 3
- \_\_\_ ECFMG Certificate
- \_\_\_ Copy of Texas Medical License
- \_\_\_ Evidence of board certification, if obtained

## EMPLOYEE QUESTIONNAIRE - NIW

Please answer all question completely. If the answer to the question is **NONE** or **NOT APPLICABLE**, please state 'None' or 'N/A'. Do not leave any blanks. Uncompleted forms, or forms without all required documents will be returned to you for completion. To avoid delays, please answer **EVERY** question.

LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
ADDRESS:	
ALL OTHER NAMES USED:	
PHONE NUMBER:	
EMAIL ADDRESS	
DATE OF BIRTH:	
COUNTRY OF BIRTH:	
COUNTRY OF CITIZENSHIP:	
CITY/PROVINCE OF BIRTH:	
SOCIAL SECURITY NUMBER (SSN):	
'A' NUMBER (IF ANY):	
PASSPORT NUMBER:	
PASSPORT ISSUE DATE:	
PASSPORT EXPIRATION DATE:	
DATE OF LAST ARRIVAL IN THE USA:	
CURRENT VISA STATUS:	
FOREIGN ADDRESS:	
ARE YOU CURRENTLY IN REMOVAL PROCEEDINGS (EXCLUSION OR DEPORTATION):	YES  NO

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

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

## EMPLOYEE FAMILY CHECKLIST & QUESTIONNAIRE

Immediate family members (spouse and children), even family members that are US citizens, should also be listed. Please add additional sheets if necessary. Please answer all questions completely to avoid delays. If the answer to a question is NONE or NOT APPLICABLE, please state 'NONE' or 'N/A'. Do not leave any blanks.

SPOUSE INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS:

CHILD #1 INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS:

CHILD #2 INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS:

CHILD #3 INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS:

CHILD #4 INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS:

CHILD #5 INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS: