



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

Office of Institutional Compliance

EMPLOYEE QUESTIONNAIRE  
PERMANENT RESIDENCE  
OUTSTANDING RESEARCHER OR PROFESSOR  
(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  
Email: [ICS@ttuhsc.edu](mailto:ICS@ttuhsc.edu)

## **EMPLOYEE INFORMATION – OUTSTANDING RESEARCHER or PROFESSOR**

The Outstanding Professor or Researcher category requires TTUHSC to provide evidence that the professor or researcher is nationally or internationally recognized as outstanding in the academic field specified in the petition.

**At least THREE, and preferably FOUR or more, of the following must be provided to USCIS:**

1. Evidence of the receipt of major prizes or awards for outstanding achievement in the academic field
2. Evidence of authorship of scholarly books or articles in scholarly journals with international circulation in the academic field **(only the first three (3) pages of each publication are needed)**
3. Evidence of membership in associations in the academic field which require outstanding achievements of their members
4. Evidence of original scientific or scholarly research contributions to the academic field; copyrights or patents
5. Evidence of published material in professional publications written by others about the Foreign Employee's work in the academic field
6. Evidence in participation on a panel or individually as the judge of the work of others in the same or related academic field
7. Evidence of oral presentations and/or poster presentation
8. Letters from distinguished members of the academic field who can attest to the outstanding quality of the Foreign Employee's work and his/her international recognition. Please include CV of each writer. At least two letters should come from professional peers who do not live in the USA or your home country.
9. Employment letters proving at least three (3) years of full-time post-graduate work experience, or evidence that you were considered outstanding during your graduate studies program.
10. 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 CHECKLIST – OUTSTANDING RESEARCHER OR PROFESSOR**

- \_\_\_ Employee Questionnaire with all questions answered
- \_\_\_ Curriculum Vitae (CV)
- \_\_\_ Last diploma received (PhD/Masters/Baccalaureate) and transcripts
  
- \_\_\_ Certified English translation of diploma and transcripts
- \_\_\_ Academic credential evaluation of the highest non-US degree(s)
- \_\_\_ Citations list with summary of articles that cited your work.
- \_\_\_ **For researchers only:** A Statement of Research describing your work in the field. The statement needs to be clear but detailed and written so that an average honors-level high school student would understand it. Also explain the importance of the research to the USA or on a global scale.
  
- \_\_\_ Current passport biographical data page
- \_\_\_ 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.
  
- **If you currently have or ever had a J-1 or J-2 visa/status, 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, also include:**
  
- \_\_\_ Copy of all I-20 documents
- \_\_\_ Copy of EAD (Optional Practical Training – OPT) card
  
- **If you are a Medical Resident, Clinical Fellow, or Physician, also include:**
  
- \_\_\_ Scores for USMLE Steps 1, 2, and 3
- \_\_\_ ECFMG Certificate
- \_\_\_ Copy of State Medical License
- \_\_\_ Copy of Residency Completion Certificate
- \_\_\_ Evidence of board certification, if obtained

EMPLOYEE QUESTIONNAIRE - OUTSTANDING

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. To avoid delays, please answer **EVERY** question.

LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
ADDRESS:	
PHONE NUMBER:	
ALL OTHER NAMES USED:	
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
PREFERRED US CONSULATE:	

**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:	

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