



U.S. Citizenship  
and Immigration  
Services

A-Number:  
File Number:

NAME  
Line 2  
Line 3

Dear Sir or Madam:

Case Type: Form I-485, Application to Register Permanent Residence or Adjust Status  
Beneficiary: BENEFICIARY

Notification of Medical Service Requirements for  
National Interest Waiver Physicians  
Applying for Adjustment of Status - OMB Control Number 1615-0023  
Expiration Date XX/XX/XX

The record shows that you filed Form I-485 (Application to Register Permanent Residence or Adjust Status) based on a Form I-140 (Immigrant Petition for Alien Worker) that was approved under Section 203(b)(2)(B)(ii)(I) of the Immigration and Nationality Act (INA), as amended by the Nursing Relief for Disadvantaged Areas Act (Nursing Relief Act) of 1999. This notice indicates the dates upon which additional evidence is due to be submitted to this office.

*Please use the enclosed cover sheets to submit evidence or correspondence in support of your application.*

This is a summary of the information related to your application:

Form I-140 (Immigrant Petition for Alien Worker) was filed on:

Form I-140 (Immigrant Petition for Alien Worker) was approved on:

Form I-485 (Application to Register Permanent Residence or Adjust Status) was filed on:

Service records indicate that your qualifying medical service began on:

1. YOU MUST SUBMIT EVIDENCE TO ESTABLISH THAT YOU COMPLETED YOUR QUALIFYING MEDICAL SERVICE WITHIN 120 DAYS AFTER COMPLETING THE REQUIRED SERVICE. Your application for adjustment of status will be considered ready for processing after you submit evidence of the completion of your required medical service. (If you must complete medical service based on a waiver of the foreign residence requirement of section 212(e) of the INA, please submit evidence of this service at this time also.)

2. PROOF OF CONTINUED COMPLIANCE WITH THE MEDICAL SERVICE REQUIREMENT:

You must submit evidence that you are in the process of completing your medical service requirement within 120 days after the second and sixth anniversaries of the date your Form I-140 was approved.

You must submit evidence that you are continuing to perform qualifying medical service prior to \_\_\_\_\_ and prior to \_\_\_\_\_.

3. ACCEPTABLE EVIDENCE OF QUALIFYING MEDICAL SERVICE:

- a) Employment documentation such as individual federal income tax returns and W-2 forms for the qualifying period.
- b) Documentation from your employer(s) attesting to the full-time medical service rendered during the required aggregate period, to include the date on which you began the medical service (such documentation to address any breaks in employment other than routine breaks.)
- c) Documentation which demonstrates the establishment of a practice, to include the Articles of Incorporation, business licensure; corporate or other business income tax returns, to include tax withholding documents for the required period.
- d) Any other credible documentation which independently confirms your medical service of the required period.
- e) Evidence which confirms that you have had authorization from U.S. Citizenship and Immigration Services for all employment during the required period.
- f) Evidence which shows that your employment occurred in a geographic area that is (or was when the employment began) designated by the HHS as having a shortage of health care professionals.

4. FAILURE TO SUBMIT EVIDENCE OF YOUR CONTINUED MEDICAL SERVICE:

Your application for adjustment of status may be considered for denial if you fail to submit evidence that shows you are in the process of completing your qualifying medical service.

5. EMPLOYMENT AUTHORIZATION RENEWAL:

You may be required to submit evidence to show that you are in the process of completing your qualifying medical service when you submit Form I-765 for renewal of an Employment Authorization Document. If the evidence submitted shows that you are not in the process of completing your qualifying medical service, your Form I-765 may be denied. In addition, your Form I-485 may be considered for denial and your Form I-140 may be considered for revocation of approval. You may submit this evidence along with your Form I-765, or evidence may be requested by USCIS through a "Request for Evidence" on the I-765.

**Paperwork Reduction Act Burden Disclosure Notice**

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. The public reporting burden for this collection of information is estimated to be 1 hour per response, including the time for reviewing the instructions and completing and submitting the form. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC, 20529-2020; OMB Control Number 1615-0023. **Do not mail your information supporting your request under this OMB Control Number to this address.**