



Application for Authorization to Issue Certification for Health Care Workers

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-905

For USCIS Use Only	Returned _____ _____	Reloc Sent _____ _____	Receipt	<input type="checkbox"/> Approved for all requested occupations.	Action Block
	Resubmitted _____ _____	Reloc Rec'd _____ _____		<input type="checkbox"/> Partial approval (USCIS must list approved occupations.)	
	To Be Completed by <i>Attorney or Representative, if any</i> <input type="checkbox"/> Select the box if Form G-28 is attached to represent the applicant			VOLAG#	

► **START HERE** - Please type or print in black ink.

Part 1. Information About the Applicant Filing This Form

1. Name of Company or Organization

Address

2.a. Street Number and Name

2.b. Apt. Ste. Flr.

2.c. City or Town

2.d. State 2.e. ZIP Code

3. IRS Tax Number

Point of Contact

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

5. Title

6. Date the organization was created.

(mm/dd/yyyy) ►

Description of your organization.

Occupations for which you are seeking authorization.

Describe the process you will use to issue certificates.

Part 1. Information About the Applicant Filing This Form *(continued)*

Explain your organization's expertise, knowledge, and experience in the health care occupations for which you are seeking authorization.

Explain how your organization meets the standards described in the instructions sheet.

Describe the procedure you will establish for U.S. Citizenship and Immigration Services to use to verify the validity of your certificates.

Part 2. Statement, Certification, Signature, and Contact Information of the Applicant Filing This Form

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to each question.

1.b. The interpreter named in **Part 3.** has read to me each and every question and instruction on this form, as well as my answer to each question, in

a language in which I am fluent. I understand each and every question and instruction on this form as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.

2. I have requested the services of and consented to

who is is not an attorney or accredited representative, preparing this form for me.

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the benefit that I seek.

I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

3.a. Applicant's Signature

➡

3.b. Date of Signature *(mm/dd/yyyy)* ▶

Applicant's Contact Information

4. Applicant's Daytime Telephone Number

5. Applicant's E-mail Address

Part 3. Contact Information, Certification, and Signature of the Interpreter

Interpreter's Full Name

Provide the following information concerning the interpreter:

1.a. Interpreter's Family Name *(Last Name)*

1.b. Interpreter's Given Name *(First Name)*

2. Interpreter's Business or Organization Name *(if any)*

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

▼

3.e. ZIP Code

Part 3. Contact Information, Certification, and Signature of the Interpreter *(continued)*

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's E-mail Address

Interpreter Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 2., Item Number 1.b.**;

I have read to this applicant each and every question and instruction on this form, as well as the answer to each question, in the language provided in **Part 2., Item Number 1.b.**; and

The applicant has informed me that he or she understands each and every instruction and question on the form, as well as the answer to each question.

- 6.a. Interpreter's Signature
- 6.b. Date of Signature *(mm/dd/yyyy)* ►

Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other than the Applicant

Preparer's Full Name

Provide the following information concerning the preparer:

- 1.a. Preparer's Family Name *(Last Name)*
- 1.b. Preparer's Given Name *(First Name)*
- 2. Preparer's Business or Organization Name

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Fax Number
- 6. Preparer's E-mail Address
- 7.a. I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case *(choose one)* extends does not extend beyond the preparation of this form.

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the applicant. I completed the form based only on responses the applicant provided to me. After completing the form, I reviewed it and all of the applicant's responses with the applicant, who agreed with each and every answer provided for each question on the form and, when required, supplied additional information to respond to a question on the form.

- 8.a. Preparer's Signature
- 8.b. Date of Signature *(mm/dd/yyyy)* ►

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, this application may be denied.