





**ATTESTATIONS: See instructions and regulations ( 20 CFR Part 655, Subparts L & M)**

Sections III through X on this form are the required attestations.  
*Place an X in the appropriate boxes below:*

**III. Eligibility**

(1)  The hospital meets all of the following facility requirements: 1) it is a "subpart (d) hospital," 2) which was located in a health professional shortage area on March 31, 1997, and 3) had at least 190 acute care beds with at least 35% of its acute care inpatient days reimbursed by Medicare and at least 28% of its acute care inpatient days reimbursed by Medicaid as reported on the hospital's Form HCFA-2552-92, Worksheet S-3 for the fiscal year 1994 cost reporting period.

**AND** Mark the one appropriate circle below:

(2)  (a) This facility was determined to meet the eligibility requirements on a previous attestation certified as DOL Case Number :  -  -   
**OR**  
 (b) The facility's Form HCFA-2552, Worksheet S-3, Part I, and Worksheet S, Parts I and II, are attached.

**IV. No Adverse Effect**

The employment of the H-1C nurse(s) will not adversely affect the wages and working conditions of registered nurses similarly employed.

**V. Facility Wage**

The H-1C nurses employed at the facility will be paid the wage rate for registered nurses similarly employed by the facility.

**VI. Recruitment and Retention of Registered Nurses**

**Timely and Significant Steps** (Mark (X) all of the appropriate boxes.)

The facility has taken and is taking timely and significant steps designed to recruit and retain sufficient registered nurses who are United States citizens or immigrants who are authorized to perform nursing services, in order to remove as quickly as reasonably possible the dependence of the facility on nonimmigrant registered nurses.

*The following timely and significant steps are being taken by this facility (mark two of items 1 through 9, unless item 10 is marked, in which case mark one of items (1) through (9); or unless item (11)(B) is marked, in which case, items (1) through (10) need not be marked):*

- (1)  Operating a training program for registered nurses at the facility or financing (or providing participation in) a training program for registered nurses elsewhere.
- (2)  Providing career development programs and other methods of facilitating health care workers to become registered nurses.
- (3)  Paying registered nurses wages at a rate higher than currently being paid to registered nurses similarly employed in the geographic area.
- (4)  Providing reasonable opportunities for meaningful salary advancement by registered nurses.
- (5)  Providing monetary incentives to nurses for additional education, and for efforts by the nurses leading to increased recruitment and retention of U.S. nurses.
- (6)  Providing nurses with special perquisites for dependent care or housing assistance of a nature and/or extent that constitute a significant factor in inducing employment and retention of U.S. nurses.
- (7)  Providing nurses with non-mandatory work schedule options of a nature and/or extent that constitute a significant factor in inducing employment and retention of U.S. nurses.
- (8)  Providing training opportunities to U.S. workers not currently in health care occupations to become registered nurses by means of financial assistance (e.g., scholarship, loan or pay-back programs).
- (9)  Other step of comparable timeliness and significance in promoting the development, recruitment and retention of U.S. nurses (attach explanation).
- (10)  Only one timely and significant step has been and is being taken by this facility because a second step is unreasonable (attach explanation) -- Mark one of the above boxes 1 to 9.
- (11)  This facility will reduce or has reduced the number of nonimmigrant nurses it utilizes by at least 10%.
  - (A)  This facility will, within the next year, reduce the number of nonimmigrant nurses it utilizes by at least 10% without reducing the quality and quantity of services provided. (Mark in first year and all succeeding years).
  - (B)  Pursuant to its prior Attestation, this facility has reduced the number of nonimmigrant nurses it uses by 10% within one year of the date of such prior Attestation, without reducing the quality and quantity of services provided. (Mark in second and subsequent years) (If this item is marked, items (1) through (10) need not be marked).

DOL Case Number for the prior Attestation:  -  -

Employer's Control Number





**VII. No Strike/Lockout or Layoff**

There is not a strike/lockout in the course of a labor dispute and the employment of H-1C nurses is not intended or designed to influence an election for a bargaining representative for registered nurses of the facility. The facility did not lay off and will not layoff a RN employed by the facility within the period beginning 90 days before and ending 90 days after the filing of any H-1C petition. The facility will not interfere with the right of H-1C nurses to participate in or organize a union.

**VIII. Notice**

(1) General Notice *(Mark the one appropriate circle below):*

- (a) The facility has provided notice to the bargaining representative for nurses at the facility that this Attestation has been filed with ETA. The facility will, before filing a petition for H-1C nurses, also provide notice of the filing of a petition by the facility to the bargaining representative of registered nurses at the facility.
- (b) There is no bargaining representative. The facility has provided notice that this Attestation has been filed with ETA. The facility will, before filing a petition for H-1C nurses, also provide notice of the filing of a petition by the facility to registered nurses at the facility.

(2) Individual Notice *(Mark an X in the box below):*

A copy of this Attestation has been or will be provided to each registered nurse employed at the facility within 30 days of its filing.

**IX. Limitation on Number of H-1C Nurses Employed**

The facility will not, at any time, employ a number of H-1C nurses that exceeds 33% of the total number of registered nurses employed by the facility.

**X. Limitation on Where H-1C Nurses May be Employed**

The facility will not authorize any H-1C nurse to perform services at any worksite not controlled by the facility or transfer any H-1C nurse from one worksite to another, even if all of the worksites are controlled by the facility.

**XI. Declaration Of Facility**

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the information provided on this form is true and accompanying statements and documentation are true and correct. In addition, I declare that I will comply with the Department of Labor regulations (20 CFR Part 655, Subparts L and M) governing this program, and in particular, that I will make this Attestation, supporting documentation, and other records, files and documents available to officials of the Department of Labor, upon such official's request, during any investigation under this Attestation or the Immigration and Nationality Act.

*NOTE: Falsification of any statements on this form may subject the employer to civil or criminal prosecution (see 18 U.S.C. 1001), as well as to civil money penalties and debarment.*

Hiring Official's Name - Last name on the first line, first name & middle initial on the second line.


Title of Hiring or Other Designated Official

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Signature 
   
   
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D D
Y Y Y Y

Date Signed

AN APPLICATION CERTIFIED BY DOL MUST BE FILED IN SUPPORT OF AN H-1C VISA PETITION WITH INS.

**FOR U.S. GOVERNMENT AGENCY USE ONLY:**

I acknowledge that this Attestation is hereby accepted for filing and will be valid through \_\_\_\_\_ (date),  
(12 months from the date it is accepted for filing).

Signature and Title of Authorized DOL Official \_\_\_\_\_ ETA Case No. \_\_\_\_\_ Date \_\_\_\_\_

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents obligation to reply to these reporting requirements are mandatory (INA Act, Section 205). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workforce Security, Department of Labor, Room C-4318, 200 Constitution Avenue, NW., Washington, DC 20210. (Paperwork Reduction Project 1205- ).

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Employer's Control Number

Employer's Control Number must be the same on all three (3) pages, including this page

