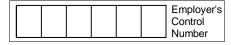
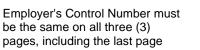
Attestation for H-1C Nonimmigrant Nurses

## **U.S. Department of Labor** Employment and Training Administration



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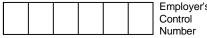
## **U.S. Department of Labor** Employment and Training Administration

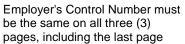


ATTESTATIONS: See instructions and regulations (20 CFR Part 655, Subparts L & M) Sections III through X on this form are the required attestations. Place an X in the appropriate boxes below:

	an X III the appropri	20,000 81	,,,,,,,												
(1) The hospital meets all of the following area on March 31, 1997, and 3) has least 28% of its acute care inpatiently year 1994 cost reporting period.	d at least 190 acute care be	eds with at least	35% of its a	acute care	inpatie	nt days rei	imbursed	by Medica	re and at						
AND Mark the one appropriate circ	le below:														
(2) This facility was determined to med on a previous attestation certified a OR  (b) The facility's Form HCFA-2552,	I, are attac	<b>-</b> [													
IV. No Adverse Effect	The employment o wages and working														
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 Ret	ention of Register	ed Nurses													
Timely and Significant Step	_		e boxes.	)											
The facility has taken and is ta who are United States citizens quickly as reasonably possible  The following timely and significant s case mark one of items (1) through (9)  (1) Operating a training program for registered n program for registered n providing career develop nurses.  (3) Paying registered nurses in the geographic area.  (4) Providing reasonable op Providing monetary incerecruitment and retention	or immigrants who are the dependence of the teps are being taken by the country or unless item (11)(B) is ram for registered nursurses elsewhere.  Imment programs and other wages at a rate higher portunities for meaning thives to nurses for add	authorized to a facility on no is facility (mark marked, in whice at the facility mer methods or than currently ful salary advantage of the salary adv	perform nonimmigran two of item checker, ite ity or finar of facilitating being parancement	tursing seat registerns 1 through the thro	ervices red nu red nu red ny red ny rough (* providi care v  istered	s, in orde rses.  Inless item  Inless item  Ing partic  Vorkers to a nurses:  Urses.	r to remonant to remonant to remonant to remonant to the manage of the companies of the com	ove as  orked, in worked):  n) a train  e registe  employe	<i>hich</i> ing red d						
(6) Providing nurses with sp that constitute a signification	ecial perquisites for dep						and/or e	xtent							
(7) Providing nurses with no factor in inducing employ	n-mandatory work sche ment and retention of U	edule options of J.S. nurses.	of a nature	and/or e	extent	that cons			t						
(8) Providing training opport nurses by means of final							me regis	stered							
(9) Other step of comparable retention of U.S. nurses		cance in prom	oting the o	developm	nent, re	ecruitmer	nt and								
(10) Only one timely and sign unreasonable (attach ex (11) This facility will reduce o	olanation) Mark one	of the above I	poxes 1 to	9.				is							
(A) This facility will, within	the next year, reduce nd quantity of services	the number of provided. (M	f nonimmi lark in firs	grant nur t year an	ses it ı d all sı	utilizes by	y at leas g years).	t 10% wit	hout						
(B) ☐ one year of the date of	ttestation, this facility has facility has such prior Attestation quent years) (If this item	, without redu	cing the q	uality and	d quan	tity of se	rvices pr	ovided. (							
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Page - 2 of 3







Attestation for H-1C Nonimmigrant Nurses

## **U.S. Department of Labor** Employment and Training Administration



TIT. No Strike/Lockout or Layoff  There is no has artice/tockout the course of a labor dispute and the employment of H-1C nurses is not intended or designed to influence an election for a borganing representative for registered nurses of the facility. The facility don not lay off and will not injed a RN employed by the facility within the pend obteon and ending \$0 days after the flight 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) Tacility will be fore fling a petition for H-1C nurses, also provide notice of the filling 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 flied with ETA. The facility stempton of the facility of the bargaining representative of registered nurses at the facility.  (c) Individual Notice (Mark an X in the Dox 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 authorize any 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 in perform services at any worksite not controlled by the facility or transfer any H-1C nurse from one worksite to avoiding, even at all of the worksites are controlled by the facility.  X. Limitation on Where H-1C Nurses May be Employed  The facility will not authorize any H-1C nurse in perform services at any worksite not controlled by the facility or transfer any H-1C nurse from one worksite to avoid the expension of a first the worksites are controlled by the facility.  X. Limitation on Where H-1C Nurses are considered by the facility.  X. Limita																						-					
(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 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 filling a petition for H-1 Charces, also provide notice of the filling of a petition by the facility to the bargaining representative of registered nurses at the facility.  (c) There is no bargaining representative. The facility has provided notice that this Attestation has been filed with ETA. The facility will, before filling a petition for H-1 Charces, also provide notice of the filling of a petition for H-1 Charces, also provide notice of a petition by the facility will not not any time, employ and the box below):  (2) Individual Notice (Mark an X in the box below):  (3) A copy of this Attestation has been or will be provided to each registered nurse employed at the facility within 30 days of its filling.  (4) The facility will not, at any time, employ a number of H-1C nurses Employed  (5) 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.  (8) 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.  (8) 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.  (8) The facility will not a substitute any H-1C nurse and performance and companying statements and documentation are true and correct. In addition, I declare that I will comply with the Department of Labor regulations (2			There is election facility v	not a for a b vithin tl	strike/ pargain he per	locko ning re iod be	ut in the prese	ne cou entativ ig 90 d	irse o e for days l	f a labor registere before ar	d nur nd en	ses of	the fa	acility	. The	facili	ty did	not la	ay off	and v	vill no	t layo	ff a RI	N emp	loyed I	by the	
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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  Title of Authorized DOL Official  To Running or Other Designated Official  Title of Authorized DOL Official  Takenowledge that this Attestation is hereby accepted for filing and will be valid through  (date),  Signature and Title of Authorized DOL Official  Takenowledge that this Attestation of information unless it displays a currently valid OMB control number. Respondents obligation to reply to reserve protring purden for this collection of information is estimated to average 1 hour per seponse, including the time for reviewing instructions, searching evisiting data course, gathering and manitaming the data needed, and completing and reviewing necessories, Department of Labor, Room C-438, 200 Constitution Arenue, NW., Washington, DC 20210. (Paperwork																not	contro	olled I	y the	facil	ity or	transf	er any	/ H-1C	nurse	from	one
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