

**TABLE OF CHANGES –FORM**  
**OMB-22, Notification of Medical Service Requirements for**  
**National Interest Waiver Physicians**  
**Applying for Adjustment of Status**  
**OMB Number: 1615-0063**  
**05/14/2020**

**Reason for Revision:** Extension with update to Privacy Notice  
**Project Phase:**

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 01/31/2018

Edition Date XX/XX/XXXX

Current Page Number and Section	Current Text	Proposed Text
<b>Page 3, DHS Privacy Notice</b>	<p>[Page 3]</p> <p><b>DHS Privacy Notice</b></p> <p><b>I-140</b></p> <p><b>AUTHORITIES:</b> The information requested on this petition, and the associated evidence, is collected under the Immigration and Nationality Act (INA) sections 203(b)(1), 203(b)(2) or 203(b)(3), and 8 U.S.C. § 1153(b)(1), (b)(2), and (b)(3).</p> <p><b>PURPOSE:</b> The primary purpose for providing the requested information on this petition form is to petition for an immigrant visa based on employment. DHS uses the information you provide to grant or deny the benefit you are seeking.</p> <p><b>DISCLOSURE:</b> The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number, and any requested evidence, may delay a final decision or result in denial of your petition.</p> <p><b>ROUTINE USES:</b> DHS may share the information you provide on this form with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records forms [DHS-USCIS-001 - Alien File, Index, and National File Tracking System and DHS-</p>	<p>[Page 3]</p> <p><b>DHS Privacy Notice</b></p> <p><b>I-140</b></p> <p><b>AUTHORITIES:</b> The information requested on this petition, and the associated evidence, is collected under the Immigration and Nationality Act (INA) sections 203(b)(1), 203(b)(2) or 203(b)(3), and 8 U.S.C. <b>sections</b> 1153(b)(1), (b)(2), and (b)(3).</p> <p><b>PURPOSE:</b> The primary purpose for providing the requested information on this petition form is to petition for an immigrant visa based on employment. DHS uses the information you provide to grant or deny the benefit you are seeking.</p> <p><b>DISCLOSURE:</b> The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number, and any requested evidence, may delay a final decision or result in denial of your petition.</p> <p><b>ROUTINE USES:</b> DHS may share the information you provide on this form with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records forms [DHS/USCIS/ICE/CBP-001 Alien File, Index, National File Tracking System, DHS/USCIS-</p>

	<p>USCIS-007 - Benefits Information System] and published privacy impact assessment [DHS/USCIS/PIA-016a DHS/USCIS/PIA-016 Computer Linked Application Information Management System and Associated Systems], which can be found at <a href="http://www.dhs.gov/privacy">www.dhs.gov/privacy</a>. DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.</p>	<p>007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and published privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems], which can be found at <a href="http://www.dhs.gov/privacy">www.dhs.gov/privacy</a>. DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.</p>
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