





Original format of Electronic I-94

Get I-94 Number

I-94 FAQ

## Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 6900088 [REDACTED]

Admit Until Date (MM/DD/YYYY): 10/10/2012

Details provided on Admission(I-94) form:

Family Name:	LI
First (Given) Name:	LYDIA
Birth Date (MM/DD/YYYY):	01/01/1990
Passport Number:	P12312 [REDACTED]
Passport Country of Issuance:	Mexico
Date of Entry (MM/DD/YYYY):	04/11/2012
Class of Admission:	B1

Individuals can visit [www.cbp.gov/I94](http://www.cbp.gov/I94) to retrieve a copy of their electronic Form I-94.



Get I-94 Information

I-94 FAQ

### Most Recent I-94

Admission (I-94) Record Number: ██████████ 511

Most Recent Date of Entry: 2005 May 05

Class of Admission: WT

Admit Until Date: 2005 August 03

Print

#### Details provided on the I-94 Information form:

Last/Surname: ████████ H

First (Given) Name: ADELLE

Birth Date: ██████████ ber 04

Passport Number: ████████ 177

Country of Issuance: United Kingdom

If the information submitted matches a valid entry in the I-94 database, the I-94 Number, Most Recent Date of Entry, Class of Admission, and Admit Until Date are returned.

Get Travel History

▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

[For inquiries or questions regarding your I-94, please click here.](#)



U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO.1405-0119
09/30/2017
ESTIMATED BURDEN TIME: 45 min
\*See Page 2

1. Surname/Primary Name: [redacted] Given Name: [redacted] Gender: MALE NO01354 [redacted]
Date of Birth: 08-1988 City of Birth: Cairo Country of Birth: EGYPT Citizenship Country Code: CA Citizenship Country: CANADA
Legal Permanent Residence Country Code: CA CANADA Position Code: 218 Position: UNIVERSITY POST GRAD MEDICAL TRAINEE
Primary Site of Activity: Louisiana State University School of Medicine 2020 Gravier St New Orleans, LA 70112
2. Program Sponsor: Educational Commission for Foreign Medical Graduates Program Number: P-3-04510
Participating Program Official Description: ALIEN PHYSICIAN; RESEARCH SCHOLAR
Purpose of this form: Amend previous form: Update financial information
3. Form Covers Period: From: 07-01-2015 To: 06-30-2017
4. Exchange Visitor Category: ALIEN PHYSICIAN Subject/Field Code: 60.0413 Subject/Field Code Remarks: FAMILY MEDICINE
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:
Louisiana State University School of Medicine : \$49,947.00
Total : \$49,947.00

6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).
7. Fred Valente Alternate Responsible Officer
Name of Official Preparing Form: 3624 Market Street Philadelphia, PA 19104
Address of Responsible Officer or Alternate Responsible Officer: [Signature]
Signature of Responsible Officer or Alternate Responsible Officer: [Signature]
Title: 215-823-2121 Telephone Number: 05-06-2016 Date (mm-dd-yyyy)

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
Effective date (mm-dd-yyyy): Transfer of this exchange visitor from program number sponsored by
to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended
Signature of Responsible Officer or Alternate Responsible Officer Date (mm-dd-yyyy) of Signature

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).
The Exchange Visitor in the above program:
1. [ ] Not subject to the two-year residence requirement
2. [x] Subject to two-year residence requirement based on:
A. [ ] Government financing and/or
B. [ ] The Exchange Visitor Skills List and/or
C. [x] PL 94-484 as amended
Name Title
Signature of Consular or Immigration Officer Date (mm-dd-yyyy)

TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year\*)
\*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel
(1) Exchange Visitor is in good standing at the present time
5-6-2016 Date (mm-dd-yyyy)
[Signature] Signature of Responsible Officer or Alternate Responsible Officer
(2) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.
[Signature] Signature of Applicant Place Date (mm-dd-yyyy) 5/31/16

## Citizenship or Immigration Status Worksheet

All fields are required

Status

What is your citizenship or immigration status?

- A citizen of the United States
- A noncitizen national of the United States

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

- A lawful permanent resident

A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents.

- An alien authorized to work**

Any person who is not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States.

Social Security Number

Would you like to provide your Social Security Number (SSN)?

- Yes
- No

Work authorization expiration

Does your work authorization have an expiration date?

Enter the date your employment authorization expires, if any, in this field.

In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should select "No" and click the below box. In some cases, such as if you have temporary protected status, your employment authorization document may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this field.

- Yes
- No

Social Security Number

Would you like to provide your Social Security Number (SSN)?

Yes

No

Enter your SSN

Please enter your SSN again

Work authorization expiration

Does your work authorization have an expiration date?

Enter the date your employment authorization expires, if any, in this field.

In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should select "No" and click the below box. In some cases, such as if you have temporary protected status, your employment authorization document may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this field.

Yes

No

Month

Day

Year

Alien Registration or Admission or Foreign Passport Number

Please select one option

Aliens authorized to work must provide one of the following document numbers to complete Form I-9:

30

Year

2023

Alien Registration or Admission or Foreign Passport Number

Please select one option

Aliens authorized to work must provide one of the following document numbers to complete Form I-9:

1. Alien Registration Number (A-Number) /USCIS Number or
2. Form I-94 Admission Number or
3. Foreign Passport Number and the Country of Issuance.

- Alien Registration Number or USCIS Number
- Form I-94 Admission Number**
- Foreign Passport Number

Form I-94 Admission Number

Form I-94 Admission Number is either 11 digits or 9 digits, followed by a letter in the 10th position, and a digit in the 11th position. Do not include dashes or spaces.

123456789A2

[Get I-94 Number](#)

NEXT

SAVE

Identity and Employment

Additional Information

Worksheet Review

▶ Employee Information Worksheet

▶ Employee Type

▶ Citizenship or Immigration Status Worksheet

## Identity and Employment

Document Selection

Which document has the employee provided?

|

**Click here to select Document Title**

**Employment Auth. Document (Form I-766)**

**FSM Passport with Form I-94**  
Passport from the Federated States of Micronesia (FSM) with Form I-94/I-94A

**Foreign Passport, work-authorized nonimmigrant**  
For a nonimmigrant alien authorized to work for a specific employer because of his or her status, a foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status

Student or Academic Visa

Does the employee have a student or academic visa?

Yes

No

**NEXT**

**SAVE**



## Foreign Passport, work-authorized nonimmigrant

Do you want to provide a visa number? This is optional and will only be used for E-Verify.

Yes

**No**

Issuing Authority

Enter the issuing authority of the provided document or its receipt. The issuing authority is the entity that issued the document.

Canada

Passport Number

Foreign Passport Number can contain 6-12 alpha-numeric characters. Do not include dashes or spaces.

W12345

Does this document have an expiration date?

**Yes**

No

Expiration Date

Enter the expiration date of the document you selected in the Document Title field. A document is not acceptable if it has already expired. An unexpired document includes a document where the expiration date shown on the face of a document has been automatically extended, such as for individuals with Temporary Protected Status.

Month

-- Select From List --

Day

-- Select From List --

W12345

Does this document have an expiration date?

Yes

No

Expiration Date

Enter the expiration date of the document you selected in the Document Title field. A document is not acceptable if it has already expired. An unexpired document includes a document where the expiration date shown on the face of a document has been automatically extended, such as for individuals with Temporary Protected Status.

Month

January

Day

01

Year

2030

I-94

Document Title

I-94 Issuing Authority

Enter the issuing authority of the provided document or its receipt. The issuing authority is the entity that issued the document.

--Select Value--

I-94 Document Number

Form I-94 Admission Number is either 11 digits or 9 digits, followed by a letter in the 10th position, and a digit in the 11th position. Do not include dashes or spaces.

I-94

Document Title

I-94

I-94 Issuing Authority

Enter the issuing authority of the provided document or its receipt. The issuing authority is the entity that issued the document.

U.S. Customs and Border Protection

I-94 Document Number

Form I-94 Admission Number is either 11 digits or 9 digits, followed by a letter in the 10th position, and a digit in the 11th position. Do not include dashes or spaces.

123456789A2

Does this document have an expiration date?

Yes

No

I certify the document the employee presented does not have an expiration date.

Student or Academic Visa

Does the employee have a student or academic visa?

Yes

No

NEXT

SAVE

No

I certify the document the employee presented does not have an expiration date.

Student or Academic Visa

Does the employee have a student or academic visa?

Yes

No

Form Type

For example, I-20 or DS-2019, etc.

**DS-2019**

Document Number

If you provided Form I-20 or DS-2019 in the Form Type field, enter the SEVIS number exactly as it appears on the Form I-20 or DS-2019.

**N00123456789**

Issuing Authority

Enter the issuing authority of the document you provided in the Form Type field. The issuing authority is the agency that issued the document.

**ECFMG**

Expiration Date

Only unexpired documents are acceptable. If you provided Form I-20 or DS-2019 in the Form Type field, enter the program end date as indicated on the Form I-20 or DS-2019.

Month

-- Select From List --

Day

-- Select From List --

For example, I-20 or DS-2019, etc.

**DS-2019**

Document Number

If you provided Form I-20 or DS-2019 in the Form Type field, enter the SEVIS number exactly as it appears on the Form I-20 or DS-2019.

**N00123456789**

Issuing Authority

Enter the issuing authority of the document you provided in the Form Type field. The issuing authority is the agency that issued the document.

**ECFMG**

Expiration Date

Only unexpired documents are acceptable. If you provided Form I-20 or DS-2019 in the Form Type field, enter the program end date as indicated on the Form I-20 or DS-2019.

Month

**June**

Day

**30**

Year

**2023**

Visa Type

For example, F-1 or J-1, etc.

**J-1**

**Additional Information**

All fields are required unless specified

I-9 Additional Information Area

Is there any additional information you need to document on this I-9?

Yes

No

Louisiana State University Health Sciences Center - New Orleans  
additional information

School/Division

Department

Employee Type

Initiator

Position Number

Phone



**SAMPLE I-9 FOR  
J-1 PHYSICIAN  
SPONSORED BY  
ECFMG**

**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS  
Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

<b>Last Name (Family Name)</b> <small>(CANNOT BE BLANK, N/A OR UNKNOWN)</small>		<b>First Name (Given Name)</b>		<b>Middle Initial</b>	<b>Other Last Names Used (if any)</b>
<b>Address (Street Number and Name)</b> <small>(MUST BE A U.S. ADDRESS)</small>			<b>Apt. Number</b>	<b>City or Town</b>	<b>State</b> <b>ZIP Code</b>
<b>Date of Birth (mm/dd/yyyy)</b>	<b>U.S. Social Security Number</b> [ ][ ]-[ ][ ]-[ ][ ][ ]	<b>Employee's E-mail Address</b>		<b>Employee's Telephone Number</b>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident <i>(Alien Registration Number/USCIS Number):</i> _____	
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>mm/dd/yyyy</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	QR Code - Section 1 Do Not Write In This Space
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: <u>XXX-XXX-XXX (7-9 digit hyphenated number)</u> <b>OR</b>	
2. Form I-94 Admission Number: <u>XXXXXXXXXX (11 digit number)</u> <b>OR</b>	
3. Foreign Passport Number: <u>(usually found on biographical page or punched into passport book)</u> Country of Issuance: _____	

<b>Signature of Employee</b>	<b>Today's Date (mm/dd/yyyy)</b> <small>(MUST BE SIGNED NO LATER THAN FIRST DAY OF EMPLOYMENT)</small>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	ZIP Code





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	<b>Last Name (Family Name)</b>	<b>First Name (Given Name)</b>	<b>M.I.</b>	<b>Citizenship/Immigration Status</b>
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**List A**
**OR**
**List B**
**AND**
**List C**  
**Identity and Employment Authorization**
**Identity**
**Employment Authorization**

<p>Document Title <b>Foreign Passport</b></p> <p>Issuing Authority <b>Issuing Country (NOT THE UNITED STATES)</b></p> <p>Document Number <b>XXXXXXXX</b></p> <p>Expiration Date (if any)(mm/dd/yyyy) <b>MM/DD/YYYY</b></p> <hr/> <p>Document Title <b>I-94</b></p> <p>Issuing Authority <b>CBP (if electronic version issued at entry)/ USCIS (if attached to Approval Notice)</b></p> <p>Document Number <b>XXXXXXXXXXXX (11 digit number)</b></p> <p>Expiration Date (if any)(mm/dd/yyyy) <b>D/S</b></p> <hr/> <p>Document Title <b>DS-2019 (J-1)</b></p> <p>Issuing Authority <b>ECFMG</b></p> <p>Document Number (DS-2019:) <b>NXXXXXXXXXX (N+11 digits)</b></p> <p>Expiration Date (if any)(mm/dd/yyyy) <b>MM/DD/YYYY (DS-2019: end/completion date)</b></p>	<p>Document Title</p> <p>Issuing Authority</p> <p>Document Number</p> <p>Expiration Date</p>	<p>Document Title</p> <p>Issuing Authority</p> <p>Document Number</p> <p>Expiration Date</p>
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**Do not list additional documents if using List A document combination. MORE IS NOT BETTER.**

**Additional Information**

QR Code - Sections 2 & 3  
Do Not Write In This Space

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** MM/DD/YYYY **(See instructions for exemptions)**

<b>Signature of Employer or Authorized Representative</b>	<b>Today's Date(mm/dd/yyyy)</b>	<b>Title of Employer or Authorized Representative</b>
<b>Last Name of Employer or Authorized Representative</b>	<b>First Name of Employer or Authorized Representative</b>	<b>Employer's Business or Organization Name</b>
<b>Employer's Business or Organization Address (Street Number and Name)</b>	<b>City or Town</b>	<b>State</b> <b>ZIP Code</b>

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

The Passport and I-94 should be uploaded in one file.

Select “Other” and then type DS-2019 for the second upload.

The final upload screen should look like the one below:

Document Type	Uploaded by	Date Uploaded
<a href="#">DS-2019</a>	Remy Allen	Jul 6, 2022
<a href="#">Foreign Passport, work-authorized nonimmigrant</a>	Remy Allen	Jul 6, 2022