APPENDIX 12-1: CHECKLIST FOR REQUESTS FOR BIA RECOGNITION & ACCREDITATION

U.S. Citizenship and Immigration Services

USCIS Checklist: Requests for BIA Recognition and Accreditation District _____	
1) Name of organization requesting recognition or requesting accreditation for a practitioner: **Name of individual requesting accreditation, if any:**	**2) Address, Phone Number, and Email Address of Requesting Organization:**
3) District Point of Contact:	**4) District POC Phone:**
5) Date request for recognition or accreditation received and stamped by mailroom:	**6) Date USCIS recommendation is due to BIA** (30 days from the date request was received in the mailroom):
7) Date 60 day extension requested from BIA Recognition & Accreditation Coordinator (if needed):	**8) Date followed up with BIA Recognition & Accreditation Coordinator to confirm extension has been granted** (follow up with BIA 10-14 days after extension request):
9) Field Office Point of Contact:	**10) Date Contacted:**
11) Local USCIS Counsel:	**12) Date Contacted:**

13) Community Relations Officer:	**14) Date Contacted:**
15) FDNS Point of Contact:	**16) Date Contacted:**
17) ICE Point of Contact:	**18) Date Contacted:**

19) Concurrences

*All nonconcurrences should be fully documented and delivered to the District point of contact. For questions, contact your Regional Office.

Community Relations Officer Signature: **Date:**

☐ Recommend for BIA Recognition/Accreditation

☐ Do Not Recommend BIA Recognition/Accreditation

FDNS Officer Signature: **Date:**

☐ Recommend for BIA Recognition/Accreditation

☐ Do Not Recommend BIA Recognition/Accreditation

Field Office Director Signature: **Date:**

☐ Recommend for BIA Recognition/Accreditation

☐ Do Not Recommend BIA Recognition/Accreditation

District Director Signature:	Date:
☐ Recommend for BIA Recognition/Accreditation ☐ Do Not Recommend BIA Recognition/Accreditation	

20) Results of BIA Recognition or Accreditation Request	Date:
☐ Request approved by BIA ☐ Requested denied by BIA	