

## **NOTICE OF POSTING**

This Notice is posted in connection with the intended employment of an H-1B worker according to the terms and conditions outlined below.

**Number of Workers:** One

**Job Title:** Interventional Cardiology Physician

**ONET # Occupational Classification:** SOC 29-1212.00, Cardiologists

**Wages Offered:** \$239,200 - \$400,004.80 per year

**Period of Employment:** 07/09/2025 to 07/08/2028

**Employer:** Specialty Physician Group LLC

**Location(s) of Employment:** 7460 Wolf River Blvd. Germantown, TN 38138  
7691 Poplar Ave. Germantown, TN 38138  
3960 New Covington Pike, Memphis, TN 38128  
3950 New Covington Pike, Ste 220 Memphis, TN 38128  
4250 Bethel Rd. Olive Branch, MS 38654

This Labor Condition Application is available for public inspection at the principal place of business in the U.S. or at the work site.

Complaints alleging misrepresentation of material facts in the Labor Condition Application and/or failure to comply with the terms of the Labor Condition Application may be filed with any office of the Wage and Hour Division of the United States Department of Labor.

### **Check one below:**

- \_\_\_\_\_ Hardcopy worksite notice: This Notice was physically posted in two (2) conspicuous locations at each of the above worksite location(s) for 10 consecutive days beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ in compliance with Department of Labor regulations.
- \_\_\_\_\_ Electronic Notice: This notice was posted for ten consecutive days on the company's intranet accessible to its employees from \_\_\_\_\_ to \_\_\_\_\_ in conformance with Department of Labor regulations. In the alternative, all employees in the occupational classification for which H-1B workers are sought were notified by individual e-mail messages. Additionally, any affected workers employed by third party contractors who do not have access to the company's intranet have been electronically notified in accordance with Department of Labor regulations.
- \_\_\_\_\_ Union Notice: This notice was provided to the collective bargaining representative on \_\_\_\_\_ in conformance with Department of Labor regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date