



Northern Border Regional Commission

J-1 Visa Waiver Application Checklist

Physician's Name: _____ State: _____
 Specialty/Sub-Specialty: _____
 Practice Site Name(s): _____
 Address(es): _____
 HPSA/MUA Name/ID # (for all sites): _____

NBRC USE

- Include two (2) copies of the application packet; one original and one copy*
- Do not include documents that are not required by the Department of State (DOS) or NBRC*
- Do not use staples, binders, two sided copies or pages larger or smaller than 8.5 x 11*
- The DOS waiver case file number should appear on every page of the application*
- Documents should be placed in the order listed on this checklist*

State Letter:

_____ Written recommendation by the Governor or approved State official

Employer Letter (please see [J-1 Visa Waiver Employer Letter Outline](#) for more information)

- _____ Addressed to Federal Co-Chair
- _____ Includes employer name, address, phone number and email address
- _____ Includes name and specialty of physician
- _____ Includes address(es) of practice site(s)
- _____ States employer identity/type of practice (i.e., for profit, not-for-profit, FQHC)
- _____ Includes federally designated HPSA/MUA name(s) and ID(s) of practice location(s)
- _____ States the facility is located in a designated HPSA/MUA and provides medical care to Medicare/Medicaid eligible and indigent patients
- _____ Asserts physician will practice for a minimum of 40 hours/week in the HPSA/MUA indicated
- _____ Includes statement of site's need for the physician and description of sponsor's record of serving the target population, including potential impact of physician placement - make the case; provide closest location of physician's medical expertise available; and service area patient demographics.
- _____ If a Special Population HPSA/MUA designation, documents the sponsor's record of serving the Medicare/Medicaid eligible and medically indigent patients. Data should be representative of site(s) and state percentages
- _____ Includes exactly worded statement *"I hereby certify that I have read and fully understand and will comply with the NBRC Federal Co-Chair's J-1 Visa Waiver Policy, and that all of the information contained in this letter is true to the best of my knowledge and belief."*
- _____ The statement should also include the Federal Information Processing Standards county code and census tract or block numbering area number (assigned by the Bureau of Census) or the 9-digit zip code of the area where the facility is located

Employment Contract:

- _____ Includes name and specialty of physician
- _____ Specifies name(s) and address(es) of practice site(s)
- _____ Includes federally designated HPSA/MUA name(s) and ID(s) of practice location(s)
- _____ Specifies position is at least 40 hours per week for a minimum of three years
- _____ Specifies salary – cannot be below prevailing wage
- _____ Contains exactly worded NBRC [J-1 Visa Waiver Liquidated Damages Clause](#)
- _____ Does not contain restrictive covenant or non-compete clause
- _____ Does not include a non-solicitation clause beyond three-year commitment
- _____ Does not contain a no cause termination clause
- _____ Signed by physician and facility

Other Items:

- _____ Signed and completed [NBRC J-1 Visa Waiver Affidavit & Agreement](#)
- _____ **Evidence of Good Faith Recruitment Efforts** (*for example, in newspapers and medical journals of national and statewide circulation most likely to bring responses from able, willing, qualified and available U.S. doctors and job opportunity notices placed in appropriate medical schools including all medical schools in the State in which the hospital or clinic is located*). The date of the postings must be made clear.
- _____ **Evidence that the clinic/facility is located in a U.S. Department of Health and Human Services designated HPSA/MUA**
- _____ **Evidence of Sliding Fee Schedule**
- _____ [Sample Notice – Policies for Healthcare Services Charges](#)
- _____ **Department of State (DOS) J-1 Visa Waiver Recommendation Application** (Form DS 3035, including 3rd Party Barcode Page)
- _____ **DOS Case Number** (appears on each page of application)
- _____ **Certificates of Eligibility for Exchange Visitor Status** - DS 2019s (for all years in training)
- _____ **Copy of Physician’s Current CV**
- _____ **Copy of Physician’s Work Schedule** (only if more than one site is involved)
- _____ **Letters of community support**, including local physicians unaffiliated with the practice site, one of which must be a primary care physician; and community leaders or local elected officials on why this placement is needed in this particular region (not from requesting facility)
- _____ **Notice of Entry of Appearance as Attorney** - Form G-28, if designating an attorney to represent you
- _____ Letter of Assurance for Hospitalist – *this form is only needed if your application is for a hospitalist position*