



# Northern Border Regional Commission

## J-1 Visa Waiver Application Checklist

Physician's Name: \_\_\_\_\_  
 Specialty: \_\_\_\_\_  
 Practice Site Name(s): \_\_\_\_\_  
 Address(es): \_\_\_\_\_  
 HPSA/MUA Name/ID # (for all sites): \_\_\_\_\_

**NBRC USE** Current # of NBRC Placements:  HPSA FTE:  HPSA Population:   
 Physician/Population Ration with this Placement: :1

*Application and 1 copy required at submission*

**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 sponsor 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 uninsured 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
- 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 percentage
- 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

**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 no cause termination clause
- Signed by physician and facility

**Other Items:**

- Evidence unsuccessful efforts were made to recruit a U.S. citizen physician for the position (for example, medical journal advertisements; labor certification; or language in a cover letter stating efforts to recruit a U.S. citizen physician have been unsuccessful)
- Subscribed and duly sworn and notarized NBRC J-1 Visa Waiver Affidavit and Agreement
- Evidence of Sliding Fee Schedule
- Sample Posting - Notice of Policies for Charges for Health Care Services
- J-1 Visa Waiver Recommendation Application - DS 3035—including 3rd Party Barcode and IGA
- 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)
- Notice of Entry of Appearance as Attorney - Form G-28, if designating an attorney to represent you
- A statement **signed and dated by physician** that reads exactly as follows:  
"I, \_\_\_\_\_ (your name) hereby declare and certify, under penalty of the provisions of 18USC.1001, that: (1) I have sought or obtained the cooperation of \_\_\_\_\_ (enter name of U.S. Government agency which will submit/is submitting an Interested Government Agency Waiver request on your behalf to obtain a waiver of the two-year home-country physical presence requirement); and (2) I do not now have pending nor will I submit another request to any U.S. Government department or agency or its equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.";
- Evidence that the clinic/facility is located in a U.S. Department of Health and Human Services designated HPSA/MUA