



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): _____

- ____ Documents are placed in the exact order of this checklist, and labeled as listed below (#1- #15)
____ No documents are included that are not required by the Department of State (DOS) or NBRC
____ The DOS waiver case file number appears on every page of the application

____ **1. 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

____ **2. HPSA/MUA Evidence documents**

____ **3. 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
____ 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

____ **4. DS-2019's/I-94 (for all years in training)**

____ **5. Copy of Physician's current Curriculum Vitae**

- _____ 6. Signed and completed [NBRC J-1 Visa Waiver Affidavit & Agreement](#)
- _____ 7. Notice of Entry of Appearance as Attorney - Form G-28 (if applicable)
- _____ 8. Evidence of at least 6 months 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.
- _____ 9. DS- 3035, including 3rd Party Barcode Page
- _____ 10. Statement of Reason
- _____ 11. Waiver Division Barcode page
- _____ 12. Evidence of Sliding Fee Schedule
- _____ 13. [Sample Notice – Policies for Healthcare Services Charges](#)
- _____ 14. Copy of Physician's Work Schedule (only if more than one site is involved)
- _____ 15. 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)