



NBRC J1 WAIVER PROGRAM MANUAL



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PART 1. PROGRAM BACKGROUND

In December 2023, the Northern Border Regional Commission (NBRC) established the J-1 Visa Waiver Program to address persistent physician shortages in rural and medically underserved communities across Maine, New Hampshire, New York, and Vermont. Many areas within the NBRC's service region are designated as Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas or Populations (MUA/Ps) and face ongoing challenges recruiting and retaining qualified physicians, limiting access to essential healthcare services.

Physicians who complete graduate medical education in the United States under a J-1 exchange visitor visa are generally subject to a two-year home-country physical presence requirement under federal immigration law. This requirement obligates physicians to return to their home country before becoming eligible for certain employment-based visas, including H-1B status. A J-1 Visa Waiver removes this requirement when a physician commits to serving in a federally designated shortage area.

Under the NBRC J-1 Visa Waiver Program, eligible physicians must agree to work full-time (a minimum of 40 hours per week) for at least three years at a qualifying healthcare facility located in a designated HPSA or MUA/P within the Northern Border Region. Sponsoring healthcare facilities must demonstrate good-faith recruitment efforts to fill the position with a U.S. citizen physician and document an unmet community need. The program is available to primary care physicians and, where a demonstrated regional need exists, specialty physicians.

The Commission participates in the waiver process as an Interested Government Agency (IGA). The NBRC Federal Co-Chair may recommend a waiver to the U.S. Department of State (USDOS) on behalf of an eligible physician. If USDOS concurs, the application is forwarded to U.S. Citizenship and Immigration Services (USCIS), which retains sole authority to approve or deny the waiver.

The NBRC J-1 Visa Waiver Program operates as part of a Federal–State partnership and is designed to supplement, not replace, each state's Conrad 30 J-1 Visa Waiver Program. Because states are limited to recommending up to 30 waivers per federal fiscal year, demand in rural areas often exceeds available slots. In response to requests from members of Congress and state partners, the NBRC established an additional waiver pathway to address unmet physician needs. Unlike state programs, the NBRC program is not subject to an annual numerical cap.

NBRC's authority to recommend J-1 Visa Waivers is grounded in federal regulation and precedent. The program is modeled in part on waiver programs administered by the Appalachian Regional Commission (ARC) and the Delta Regional Authority (DRA), all of which are authorized to serve as Interested Government Agencies under 22 C.F.R. § 41.63. Through this program, NBRC seeks to expand access to healthcare services and strengthen the rural healthcare workforce in the Northern Border Region.

PART 2. SUBMISSION INSTRUCTIONS

Completed waiver packet must first be sent to the State J-1 Visa Program Administrator (where the physician will practice) for review. If the State office approves the request for waiver application, they will send it directly to the NBRC for final review along with a State letter of recommendation to the NBRC Federal Co-Chair.

Please note that New York requires applicants to submit a J1 waiver application to NBRC instead of Conrad 30 if the practice site is in an NBRC county. Maine, New Hampshire and Vermont require applications to be submitted through Conrad 30 until all 30 of their slots are filled in a fiscal year. Therefore, it is important to reach out to the State J-1 Visa Waiver Program Administrator before preparing a waiver application to make sure you are compiling the correct application. **For J1 State & NBRC Contact information see [Appendix A](#).**

All items included in the NBRC checklist ([Appendix B](#)) must be included in your application in exact order to be considered for a J-1 visa waiver recommendation. If any required documentation is omitted or does not meet the NBRC guidelines, the application will be returned to the applicant.

Case numbers assigned by the Department of State must be recorded on the corner of every sheet submitted. Documents must be placed in the order of the NBRC waiver checklist, labeled as they appear on the checklist, and should not include extra documentation not requested on the checklist.

Once NBRC receives the application we will notify the applicant of receipt. If all requested information is received, the applicant can expect a determination within 30 days. The determination period will be longer if documentation is omitted from the application packet or found to be insufficient.

If approved, a recommendation will be sent from the NBRC Federal Co-Chair to the US Department of State for consideration. NBRC and the applicant will receive notification from the US Department of State if the waiver recommendation is approved and is being sent to the U.S. Immigration and Citizenship Services for a final determination. **USCIS has the sole authority to grant or deny a J-1 Visa waiver request.** The applicant will receive notification directly from USCIS of the final determination, but the NBRC will not. Therefore, the applicant must notify the NBRC once they receive an official determination from USCIS. The employing facility must also send the NBRC **the J-1 Placement Verification Form ([Appendix E](#))** indicating the commitment employment start date.

For more information on J-1 visa waiver requirements and processing, please visit the U.S. Department of State's webpage on how to ["Apply for a Waiver of the Exchange Visitor Two-Year Home-Country Physical Presence Requirement."](#)

PART 3. REQUIRED APPLICATION MATERIALS

1. Letter of Recommendation from State Office of Rural Health

Once a full NBRC application is submitted to the State Office of Rural Health it will be reviewed and if the approving authority at the Health Office recommends the application it will be sent directly to the NBRC with a letter of recommendation from the State.

2. Completed NBRC checklist (**Appendix B**)

3. Employer Letter

The medical facility who is sponsoring a J1 physician and has received a signed employment contract from the physician, must submit a letter of support on behalf of the physician.

The letter should contain the following information:

A. Addressed to NBRC Federal Co-Chair

The Honorable Chris Saunders, Federal Co Chair
Northern Border Regional Commission
James Cleveland Federal Building, Suite 1501
53 Pleasant Street
Concord, New Hampshire 03301

B. Employer and Practice information:

- Employer Name (full name of facility or practice)
- Type of Practice (CHC, FQHC, Not-for-Profit, For Profit)
- Signature and Title of Authorized representative along with their address, phone number and email address

C. Physician and Practice Site Details

- Physician's Full Name
- Medical Specialty of Physician
- HPSA/MUA ID(s), FIPS County Code, 9-digit ZIP code of each Practice location(s)
- If working at multiple sites, provide breakdown of days physician will be practicing at each site (alternatively this could be included as an attachment)

D. Employment Commitment, state that the physician will:

- Practice a minimum of **40 hours per week**
- Serve at our facility for a **minimum of 3 years**
- Provide care to **Medicare/Medicaid eligible and indigent uninsured patients**
- Practice at a location designated as a **Health Professional Shortage Area (HPSA)** or **Medically Underserved Area (MUA)** by the Secretary of Health and Human Services.

E. Practice Demographics & Patient Composition

If based on a special population provide:

- Percentages of Medicare, Medicaid, and no ability to pay patients compared to state averages over the past three years
 - o The Percentage of indigent patients served needs to be \geq State average
 - o The Percentage of Medicare patients with assignment accepted needs to be \geq 80% of State average
 - o Percentage of Medicaid patients served needs to be \geq State average
- *This documentation is not required for CHCs or FQHC, instead, provide Notice of Grant Award*

F. Demonstration of Need for Physician

- Specific and detailed explanation on physician shortage in this medical specialty in the region and the reasons why a physician with this particular set of medical expertise is needed at this site, to include, but not limited to:
- Information regarding the employer's unsuccessful recruitment efforts (how long have they been recruiting and why aren't able to obtain a US citizen physician for the position)
- Current wait times for patients needing this particular medical care within the Northern Border Region
- Impact of the specific medical expertise not being adequately available to the area and distance to the closest location where the service is available. What does adequate access look like? Why is this medical care needed so badly in this particular community?
- A description of the effect on the community/population if the waiver were to be denied
- A description of the service area demographics and any other supporting information the Federal Co-Chair may require in determining the exceptional need for the service.
- Description of the skills and expertise the J1 physician will bring to the work site

G. Required Certification 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."

4. HPSA/MUA Evidence documents

Needs to be provided for each work site by entering address here:

<https://data.hrsa.gov/tools/shortage-area/by-address> and providing a printout of the results.

NBRC is not permitted FLEX spots so all sites must be located in a HPSA/MUA, no exceptions. Only provide HPSA/MUA evidence for the work sites the physician will physically practice under the 40 hour per week/three-year agreement with the NBRC.

5. Employment Contract

- a. Includes name and specialty of physician
- b. Clearly demonstrates that the physician will work 40 hours per week for a minimum of 3 years at the work site(s) also listed in the Employer letter. The name(s) and address(es) of the practice site(s) should be included with their federally designated HPSA/MUA names) and ID(s)
- c. Salary information is provided and must not be below prevailing wage
- d. Does not contain a restrictive covenant or non-compete clause that restricts the physician from working in another medical facility within a certain geographic area after the completion of the three-year contract
- e. Does not contain a non-solicitation clause that restricts the physician from soliciting patients after the completion of the three-year contract
- f. Does not contain a no cause termination clause
- g. Signed by physician and facility
- *If any of the above information is automatically not included or included in a medical facility's standard physician contracts, an amendment may be submitted along with the contract to meet NBRC requirements*

6. Include copy of physician's current Curriculum Vitae

7. Signed and completed NBRC Visa Waiver Affidavit & Agreement (**See appendix C**)

8. Notice of Entry of Appearance as Attorney – Form G-28 (If applicable)

9. Evidence of at least 6 months of good faith recruitment efforts

Documentation showing that the employer actively recruited U.S. doctors for at least six months before submitting a J-1 waiver application to the NBRC. Acceptable evidence may include:

- Online job postings on reputable career sites likely to reach qualified U.S. physicians
- Job opportunity notices placed at relevant medical schools, especially those located in the same state as your hospital or clinic
- Proof of contracts with physician recruitment agencies
- Participation in physician recruitment events

*We require at least **three examples from three different sources** and the dates of posts/contracts/events/etc must be made clear.*

10. Include clear legible copies of the following Immigration forms:

- a. DS-2019's/I-94's for all years in training
- b. Form DS-3035: Physician Data Sheet and Third Party Barcode Page
- c. Statement of Reason
- d. Waiver Division Barcode Page

11. Evidence that the practice offers a sliding fee program based on the patient's ability to pay or patient financial assistance (not required for an FQHC)

12. Proof of posting of a medical facility's notice of Policies for Healthcare Services Charges (not required for an FQHC), see sample statement in [Appendix D](#), the applicant copy should contain the letterhead of the employer and show that it is displayed in the lobby of the practice

13. Copy of Physician's work schedule if more than one site is involved Indicate which site the physician will be working at each day (this could alternatively be included in the employer letter)

14. Letters of Community Support

Provide at least 3 letters of community support. The letters should be from local physicians unaffiliated with the practice site who understand the need for this specific specialty placement in the community they serve as well as community leaders or local elected officials

APPENDIX A: STATE J1 WAIVER PROGRAM ADMINISTRATORS

Below are the names and contact information for the State Program Administrators that must first review an NBRC waiver application

- **Maine Center for Disease Control & Prevention, Rural Health and Primary Care**
Erica Dyer: Erica.Dyer@maine.gov
Nicole Breton: Nicole.Breton@maine.gov
[State of Maine J-1 Visa Waiver Program](#)
- **New Hampshire Department of Health and Human Services, Rural Health & Primary Care Section**
Jan Wainwright: Janine.M.Wainwright@dhhs.nh.gov
[State of New Hampshire J-1 Visa Waiver Program](#)
- **New York State Department of Health, Office of Primary Care and Health Systems Management**
sch_loan@health.ny.gov
[State of New York J-1 Visa Waiver Program](#)
- **Vermont Department of Health, Office of Rural Health and Primary Care**
Luca Fernandez: Luca.Fernandez@vermont.gov
[State of Vermont J-1 Visa Waiver Program](#)

*****NBRC: For questions regarding the requirements of NBRC Waiver Program, email j1visa@nbrc.gov**



APPENDIX B: J-1 VISA WAIVER APPLICATION CHECKLIST

Physician's Name: _____ Specialty: _____ DOS case #: _____

Country(s) of citizenship: _____

Attorney's Name: _____ Email: _____

Employer/Sponsor Name: _____

State/Countries/towns of worksites: _____

Proposed Contract Start Date: _____

_____ Documents are placed in the exact order of this checklist

_____ 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 (refer to Appendix 3, "Employer letter requirements" for more information)

_____ Addressed to Federal Co-Chair

_____ Includes employer name, address, phone number

_____ States employer identity/type of practice (i.e., for profit, not-for-profit, FQHC)

_____ Signature and Title of Authorized representative along with address, phone number and email address

_____ Includes physician's full name and specialty

_____ Includes address(es) of practice site(s)

_____ HPSA/MUA names, ID(s) FIPS County Code, 9-digit ZIP code of each practice location physician will work

_____ Work schedule if physician will be working at more than one site

_____ Asserts physician will practice for a minimum of three years and 40 hours/week in the HPSA/MUA indicated

_____ States the facility is located in a designated HPSA/MUA and provides medical care to Medicare/Medicaid eligible and indigent patients

_____ 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

_____ Clearly demonstrates Need for Physician with a specific and detailed explanation on physician shortage in this medical specialty in the region, at the medical facility and the reasons why a physician with this particular set of medical expertise is needed at this site

_____ 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.”

____ **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 beyond three-year commitment
- ____ 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** (some examples: physician job boards, recruitment contracts, medical journals of national and statewide circulation 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). At least 3 different examples from 3 different sources are required. The date of the postings must be made clear, and the dates must be at least 6 months prior to the waiver submission to the NBRC federal co-chair

____ **9. DS- 3035, including 3rd Party Barcode Page, must be filed as an IGA waiver request**

____ **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 and if not included in employer letter)

____ **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)



APPENDIX C: J-1 VISA WAIVER AFFIDAVIT & AGREEMENT

I, _____, being duly sworn, hereby request the Federal Co-Chair of the Northern Border Regional Commission to review my application for the purpose of recommending waiver of the foreign residency requirement set forth in my J-1 Visa, pursuant to the terms and conditions as follows:

1. I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the Northern Border Regional Commission (NBRC), the Federal Co-Chair, any and all NBRC employees, agents and assigns from any action or lack of action made in connection with this request.

2. I further understand and acknowledge that the entire basis for the consideration of my request is the NBRC Federal Co-Chair's voluntary policy and desire to improve the availability of primary medical care or specialty medicine in regions designated by the Health Resources and Services Administration (HRSA) as Health Professions Shortage Areas (HPSA) and Medically Underserved Areas (MUA) in Maine, New Hampshire, New York and Vermont. I understand NBRC only provides J-1 visa waiver recommendations for physicians practicing within NBRC's congressionally designated footprint, and I agree to practice therein.

3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary medical care or specialty medicine to patients, including the indigent, for a minimum of forty (40) hours per week within a HRSA designated HPSA or MUA located in the NBRC jurisdiction. Such service shall commence not later than 90 days after I receive approval by the United States Citizenship and Immigration Services (USCIS) of my waiver request and shall continue for a minimum of three (3) years or longer, as a specific State policy may require. Any subsequent change in location must be reported immediately to NBRC for concurrence with the NBRC State recommendation.

4. I agree to incorporate all the terms of this J-1 Visa Waiver Affidavit and Agreement into any and all employment agreements I enter pursuant to paragraph 3 (A copy of all employment agreements are attached to this request)

5. I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision which modifies or amends any of the terms of this J-1 Visa Waiver Affidavit and Agreement.

6. I also agree to incorporate all terms of this J-1 Visa Waiver Affidavit and Agreement into any employment agreement I enter pursuant to paragraph 3.

7. I understand and agree that I will provide health services to individuals without

discriminating against them because (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare or Medicaid.

8. I have read and fully understand the “NBRC Federal Co-Chair’s J-1 Visa Waiver Policy,” a copy of which is attached to this request.

9. I expressly understand that this waiver of my foreign residence requirement must ultimately be approved by the USCIS, and I agree to provide an executed [J-1 Placement Verification Form](#) to the NBRC and the NBRC State contact at the time I receive notification from USCIS and I commence rendering services in the NBRC jurisdiction.

10. I declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health, or equivalent, other than the NBRC to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.

11. I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Waiver Affidavit and Agreement, the Office of the NBRC Federal Co-Chair will notify USCIS. Additionally, any and all other measures available to the Office of the NBRC Federal Co-Chair will be taken in the event of my non-compliance.

I declare under the penalties of perjury that foregoing is true and correct.

Physician Signature

date



NBRC Federal Co-Chair's J-1 Visa Waiver Policy

The Northern Border Regional Commission (NBRC) is committed to helping all residents of Maine, New Hampshire, New York, and Vermont have access to quality, affordable health care. Accordingly, NBRC's Federal Co-Chair will consider recommending, under certain conditions, a waiver of the two-year home-country physical presence requirement on behalf of physicians holding J-1 Visas. The Federal Co-Chair's policy is totally discretionary and voluntary and may be modified or terminated at any time without notice. The NBRC has the discretion to limit the number of waiver requests from health care providers who submit multiple applications in a federal cycle year. In all instances, the Federal Co-Chair reserves the right to recommend or decline to recommend any waiver request. Waiver recommendations will be sent to the U.S. Department of State and approval is at the sole discretion of U.S. Citizenship and Immigration Services.

These NBRC guidelines are minimum requirements, but each NBRC State may impose additional requirements it deems necessary to support its physician recruitment program.

1. Physician requests must be sponsored by the State of Maine, New Hampshire, New York, or Vermont, and will be considered by the Federal Co-Chair only upon written recommendation by the Governor, the NBRC State Alternate or, at the State's option, a letter from the Director of the designated State Department of Public Health or its equivalent.
2. The physician must agree to provide primary care or specialty medicine for at least forty (40) hours a week within a Health Professional Shortage Area (HPSA) or Medically Underserved Area, or psychiatric care in a Mental Health Professional Shortage Area as designated by the Health Resources and Services Administration (HRSA). The facility shall be located within the legislatively defined Northern Border Regional Commission's service area for a minimum of three years or longer, as a specific state policy may require. Travel or on-call time may not be included in the 40 hours required by this paragraph except for obstetricians.
3. The employer must demonstrate that it has made reasonable, good faith efforts to recruit a U.S. doctor for the job opportunity in the same salary range without success for at least six months prior to requesting a waiver on behalf of a J1 physician through the NBRC. Acceptable evidence of these efforts may include online job postings on reputable career websites that are likely to reach qualified U.S. doctors, job opportunity notices sent to relevant medical schools—particularly those located within the same state as the sponsoring hospital or clinic—proof of contracts with physician recruitment agencies, and participation in physician recruitment events. Each job posting must clearly indicate the date it was posted and must show that it remained active for a minimum of six months. Applicants are required to submit at least three separate examples of recruitment efforts from three different sources in order to meet this requirement.
4. The employment contract between the physician and the sponsor may not contain a restrictive covenant or non-compete clause, or non-solicitation clause, which prevents or discourages the physician from continuing to practice in any HPSA/MUA after the period of obligation under this policy has expired.

5. The physician, prior to employment, will have completed their graduate medical education and training and must be licensed by the State (Maine, New Hampshire, New York, or Vermont) where they will practice primary care or specialty care medicine with an appropriate showing of need, in a designated primary care HPSA, MUA or psychiatric care in a designated Mental Health Professional Shortage Area. If the physician will practice at multiple sites, all sites must be located in a legislatively defined region of the NBRC.

At its discretion, the NBRC may consider an application from a physician practicing at a HPSA/MUA site located within an NBRC contiguous county if it is proven that the physician will serve patients located within the NBRC region and that there is no alternative for an NBRC resident to receive this medical care at a facility located within the region. In this situation, an applicant would need to submit a written request to allow for an exception to the Co-Chair's policy in advance of submitting an entire application package. The request must show that at least 50% of the patients the practice serves are residents of a surrounding NBRC covered county. The request must also show what the distance would be for those same patients to travel to the closest practice physically located within an NBRC county offering that specific specialty.

6. The physician must not have been "out of status" (as defined by the United States Citizenship and Immigration Services of the United States Department of Homeland Security) for more than 180 days since receiving a visa under 8 U.S.C. 1182(j) of the Immigration and Nationality Act, as amended. The physician shall provide the Federal Co-Chair all copies of their Certificates of Eligibility for Exchange Visitor (J-1) Status, form DS-2019 and every other document needed to verify status.

7. The employer must agree to provide health services to individuals without discriminating against them because (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare and Medicaid. The employer may charge no more than the usual and customary rate prevailing in the HPSA/MUA in which services are provided. In addition, charges must be discounted on a sliding fee scale for persons at or below 200 percent of poverty. Persons with third party insurance may be charged the full fee for service. A notice must be posted in a conspicuous location in the patient waiting area at the practice site notifying patients of the charges for service as required in this paragraph. Such notice must contain at least the information set forth in the **Sample Notice - Policies for Healthcare Services Charges** (see **Appendix D**)

8. For special population designated HPSAs, employers must demonstrate their record of serving Medicare, Medicaid, and medically indigent patients for three years prior to the request for waiver as well as their continuing intentions to serve such individuals. Such demonstrations will not be required for Community Health Centers, Rural Health Centers and Federally Qualified Centers that are otherwise required to serve the target population. Such sponsors must provide a copy of their Notice of Grant Award instead.

9. The physician must sign and incorporate into the employment agreement the **Federal Co-Chair's "J-1 Visa Policy Affidavit and Agreement"** for consideration by the Federal Co-Chair of the request and must comply with the terms and conditions set forth in that document.

10. All requests approved initially by the Federal Co-Chair and approved subsequently by the United States Citizenship and Immigration Services of the United States Department of Homeland Security will be subject to review by a relevant Federal compliance official for compliance with this policy statement and other applicable laws. An employer's failure to comply in good faith with this waiver policy will be considered in the evaluation of other applications involving the same employer.

APPENDIX D: SAMPLE NOTICE – POLICIES FOR HEALTHCARE SERVICES CHARGES

This practice has adopted the following policies for charges for health care services:

We will charge persons receiving health services at the usual and customary rate prevailing in this area. Health services will be provided at no charge, or at a reduced charge, to persons unable to pay for services. In addition, persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges.

We will not discriminate against any person receiving health services because of his/her inability to pay for services, or because payment for the health services will be made under Part A or B of Title XVIII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act.

We will accept assignment under the Social Security Act for all services for which payment may be made under Part B of Title XVIII ("Medicare") of the Act.

We have an agreement with the state agency which administers the state plan for medical assistance under Title XIX ("Medicaid") of the Social Security Act to provide services to persons entitled to medical assistance under the plan.



APPENDIX E: J-1 PLACEMENT VERIFICATION FORM

Physician Name: _____

USCIS J-1 Visa Waiver Approval Date: _____ H-1(b) Visa Approval Date: _____

NBRC Commitment Employment Start Date: _____ Transfer start date, if applicable: _____

** The NBRC three-year service commitment begins upon USCIS approval of the NBRC J-1 Visa Waiver recommendation and no later than 90 days after said approval*

Home Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Type of Medical Practice: _____

Location of Medical Practice:

Street: _____

City: _____ State: _____

County: _____

HPSA/MUA: _____

Phone: _____ Email: _____

Additional locations (if applicable)

I HEREBY CERTIFY THAT I, THE UNDERSIGNED, DO PROVIDE PRIMARY HEALTH CARE SERVICES AT THE ABOVE STATED LOCATION(S) A MINIMUM OF 40 HOURS PER WEEK.

Physician Signature

Date

Physician Name Printed

I HEREBY CERTIFY THAT DOCTOR _____ PROVIDES A MINIMUM OF 40 HOURS PER WEEK OF PRIMARY HEALTH CARE IN THE ABOVE LISTED NBRC HPSA/MUALLOCATION(S).

Employer's Signature

Date

Phone

Email

Employer's Name Printed

RETURN THIS FORM TO:

Liz Cross, Rural Healthcare Coordinator, j1visa@nbrc.gov

SEND COPY TO NBRC J-1 CONTACT IN REQUESTED STATE

List available at <https://www.nbrc.gov/content/J1Visa>