



## J-1 Waiver Application Checklist

The following is a list of documents to be submitted for a waiver recommendation under the **Washington State J-1 Waiver Program**. Please submit an original and one copy of the application.

**Important:** The United States Department of State waiver case file number must appear on the lower right corner on every page of the application.

### Application Document Order

- **Completed Washington State J-1 Waiver Application form** – must include original signatures
- **Letter From Health Care Facility** - Indicates employers desire to hire physician
- **Data Sheet:** [DS-3035](#) (90K, PDF, [viewing information](#)) (<http://travel.state.gov/pdf/ds3035.pdf>) ([http://travel.state.gov/visa/temp/info/info\\_5503.html](http://travel.state.gov/visa/temp/info/info_5503.html))
- **Employment Contract Requirements** -
  1. The physician and the head of the health care facility must sign the contract
  2. The date that the contract is signed should be included in the contract
  3. A minimum of 40 hours weekly to provide direct patient care
  4. A statement that the health care facility is located in a shortage area
  5. 90-day agreement. The physician will agree to begin employment with the physicians sponsor within 90 days of the waiver from BCIS.
  6. Statement that the physician will see all patients regardless of ability to pay based on a sliding fee schedule.
  7. Specific statement that physician will provide primary care to Medicaid, Medicare, low income and uninsured.
  8. Statement that physician meets requirements set forth in 214 (I) of the Immigration and Nationality Act
  9. Non-compete clauses are not allowed.
- **Physician Attestation Statement**

#### Sample Language:

I, \_\_\_\_\_, hereby declare and certify, under penalty of the provisions of 18USC.1001, that:

1. I have sought or obtained the cooperation of the Washington State Department of Health which is submitting an Interested Government Agency request on behalf of me

under the Conrad 30 program to obtain a waiver of the two-year home residency requirement

2. I do not now have pending nor will I submit during the pendency of this request, another request to any U.S. Government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residency requirement.
- **DS-2019/IAP-66 Forms** - Must be submitted in chronological order with the "Beginning a new program" first.
  - **Evidence of Shortage Designation Status**
  - **Personal Statement** - from physician regarding his/her reasons for not wishing to fulfill the two-year home country residency requirement to which the FMG agreed at the time of acceptance of exchange visitor status
  - **Curriculum Vitae**
  - **Explanation For Any Time Out of Status** - if physician spent any period of time in some other visa status, out of status, or outside of the US
  - **Form G-28 or letterhead from law office** - if applicant is represented by attorney.
  - **I-94 Entry and Departure Cards** - Photo copies, front and back
  - **A "No Objection" Statement** - from the visitor's government if foreign government funding is involved

#### **Appendix: Additional Requirements for the Washington State J-1 Waiver Program**

##### **For the Employer:**

- Patient visit report documenting at least 10 percent of patient visits in last 12 months were from Medicaid or other low income patients (Basic Health, sliding fee, no pay, etc.)
- Copy of sliding fee discount schedule and posted notice of availability
- Recruitment documentation, minimum of six-months
- If hiring a sub-specialist, must submit evidence of need criteria for the specialist in the area

##### **For the Physician:**

- Copy of Washington State medical license or copy letter accepting application from the Medical Quality Assurance Commission
- Proof of passage of United States Medical Licensing Examination
- Copy of Medical degree (with certified translation)
- Documentation of current status as a U.S. medical resident or completion of a U.S. medical residency program

**Application Addendum Forms:**

- Must submit a completed **Specialist Addendum form** if hiring a non-primary care physician.
- Must submit a completed **Non HPSA Addendum form** if the health care facility is not located in a designated HPSA or whole county Medically Underserved Area

**Send the complete application to:**

Office of Community Health Systems  
c/o Renee Fullerton  
Washington State Department of Health  
111 Israel Road SE, Box 47853  
Olympia, WA 98504-7853