



J-1 Visa Waiver Application Checklist

Physician's Name: _____
Specialty/Sub-Specialty: _____
Practice Site Name(s): _____
Address(es): _____
County: _____
HPSA Name/ID # (for all sites): _____
Current # of ARC Placements: _____ **HPSA FTE:** _____ **HPSA Population:** _____
Physician/Population Ratio with this Placement: _____:1

Employer Letter:

- ____ 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 name(s) and ID(s) of practice location(s)
 - ____ States medical care is provided to Medicare/Medicaid eligible and medically indigent patients
 - ____ Asserts physician will practice for a minimum of 40 hours/week in the HPSA 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 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 wise
 - ____ Includes exactly worded statement "I hereby certify that I have read and fully understand and will comply with the ARC Federal Co-Chairman'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."
- Additional documentation for specialist placement
- ____ impact of specialty placement -make the case
 - ____ closest location of specialty
 - ____ service area demographics
 - ____ community support letters of need – mayor, county commissioner, etc.
 - ____ letters of evidence from primary care physicians or centers (not from requesting facility)

Contract:

- ____ Includes name and specialty of physician
- ____ Specifies name(s) and address(es) of practice site(s)
- ____ Includes federally designated HPSA 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 J-1 Visa Liquidated Damages Clause
- ____ Does not contain restrictive covenant or non-compete clause
- ____ Does not include a non-solicitation clause beyond three-year commitment

Other Items:

- ____ **Evidence of Good Faith Recruitment Efforts** (including notices sent to all pertinent residency programs in state)
- ____ **Subscribed and duly sworn and notarized 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