

J-1 Visa Waiver Application Checklist

Physician's Name: _____ State: _____
 Specialty/Sub-Specialty: _____
 Practice Site Name(s): _____
 Address(es): _____
 County: _____
 HPSA Name/ID # (for all sites): _____

ARC USE

Current # of ARC Placements: _____ HPSA FTE: _____ HPSA Population: _____
 Physician/Population Ratio with this Placement: _____:1

Application and 1 copy required at submission

State Letter:

_____ Written recommendation by the Governor, ARC Alternate or, at the State's option, a high-ranking state public health official

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
 _____ 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 available
 _____ service area patient 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 ARC 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
 _____ Does not contain no cause termination clause
 _____ Incorporate ARC J-1 Visa Waiver Affidavit and Agreement

Other Items:

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