



# 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

**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 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

**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 3<sup>rd</sup> 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