



Appalachian
Regional
Commission

J-1 Visa Letter of Assurance

Date

Deann Reed Fairfax, Program Manger
Appalachian Regional Commission
1666 Connecticut Ave., NW, Suite 700
Washington, DC 20009-1068

Employer:

Physician:

Medical Specialty: Hospitalist/Internal Medicine

Employment Location:

Dear Ms. Fairfax:

This letter is written to give assurance that (Hospitalist group) and (Facility name):

1. Intend to maintain a formal agreement for a Hospitalist program that allows the placement of a J-1 visa waiver physician at this work site for the three-year J-1 visa waiver physician's employment commitment.
2. (Hospitalist Group) and (Facility name) agree that should the Hospitalist agreement terminate before the J-1 visa waiver three-year commitment is complete, the J-1 visa waiver physician will be released to be directly employed by (Facility name) for the remainder of the J-1 visa waiver employment commitment.
3. (Hospitalist Group) agrees to release the physician from the employment agreement without a release fee or penalty fee placed on either the (Facility name) or the J1 waiver physician, in order to allow the J-1 visa waiver physician to be employed directly by (Facility name) during the remainder of the J-1 visa waiver commitment.

Thank you for your assistance in this matter.

Sincerely,

Signature:
(Hospitalist Group)

Signature:
(Facility Name)

