J-1 Placement Verification Form

Physician Name: ____________________________________________________________

USCIS J-1 Visa Waiver Approval Date: ______________ H-1(b) Visa Approval Date: ______________

ARC Commitment Employment Start Date: ______________ Transfer start date, if applicable: ______________

* The ARC three-year service commitment begins upon USCIS approval of the ARC J-1 Visa Waiver recommendation and no later than 90 days after said approval.

Home Address:
Street: ________________________________________________________________
City: ___________________________ State: ____________ Zip Code: __________

Home Phone: __________________________ Email: ____________________________

Specialty: __________________________________________

Location of Medical Practice:
Street: ________________________________________________________________
City: ___________________________ State: __________________
County: ______________________________________________________________

HPSA: ________________________________________________________________
Phone: __________________________ Email: ____________________________

List additional locations on a separate page, if applicable.

I HEREBY CERTIFY THAT I, THE UNDERSIGNED, PROVIDE HEALTHCARE SERVICES AT THE STATED LOCATION(S) A MINIMUM OF 40 HOURS PER WEEK.

_________________________________________ Date

Physician Signature

_________________________________________

Physician Name Printed

I HEREBY CERTIFY THAT DOCTOR __________________________ PROVIDES A MINIMUM OF 40 HOURS PER WEEK OF HEALTHCARE SERVICES IN THE LISTED ARC HPSA LOCATION(S).

________________________________________
Employer Name

_________________________________________ Date Phone Email

Employer’s Signature

RETURN THIS FORM TO:
Fiona O’Brien, Paralegal
fobrien@arc.gov

SEND COPY TO ARC J-1 CONTACT IN REQUESTED STATE
List available at www.arc.gov