



Appalachian
Regional
Commission

J-1 Visa Waiver Affidavit and Agreement

I, _____, being duly sworn, hereby request the Federal Co-Chair of the Appalachian Regional Commission to review my application for the purpose of recommending a waiver of the foreign residence requirement set forth in my J-1 Visa, pursuant to the terms and conditions as follows:

1. I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the Appalachian Regional Commission (ARC), the Federal Co-Chair, any and all ARC employees, agents and assigns from any action or lack of action made in connection with this request.

2. I further understand and acknowledge that the entire basis for the consideration of my request is the ARC Federal Co-Chair's voluntary policy and desire to improve the availability of medical care in regions designated by the Health Resources and Services Administration (HRSA) as a Health Professional-Shortage Areas (HPSA) in Appalachia.

3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render medical care services to patients, including the indigent, for a minimum of forty (40) hours per week within a HRSA designated HPSA located in the ARC jurisdiction. Such service shall commence not later than 90 days after I receive approval by the United States Citizenship and Immigration Services (USCIS) of my waiver request and shall continue for a minimum of three (3) years or longer, as a specific ARC State policy may require. Any subsequent proposed change in location must be reported immediately to ARC for concurrence with the ARC State recommendation.

4. I agree to incorporate all the terms of this J-1 Visa Waiver Affidavit and Agreement into any and all employment agreements I enter pursuant to paragraph 3 and to include in each such agreement the [ARC Liquidated Damages Clause](#), of \$250,000 payable to the employer. (A copy of all employment agreements are attached to this request). This damages clause shall be activated by termination of my employment, initiated by my employer for cause or by me for any reason, only if my termination occurs before fulfilling the minimum three-year service requirement.

5. I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision, which modifies or amends any of the terms of this J-1 Visa Waiver Affidavit and Agreement.

6. I understand and agree that I will provide healthcare services to individuals without discriminating against them because (a) they are unable to pay for those services or (b) payment for those healthcare services will be made under Medicare or Medicaid.

7. I have read and fully understand the [ARC Federal Co-Chair's J-1 Visa Waiver Policy](#).

8. I expressly understand that this waiver of my foreign residence requirement must ultimately be approved by the USCIS, and I agree to provide an executed [J-1 Placement Verification Form](#) to the ARC and the ARC State contact at the time I receive notification from USCIS and I commence rendering services in the ARC jurisdiction.

9. I declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health, or equivalent, other than the Appalachian Regional Commission, to act on my behalf in any matter relating to a waiver of my two-year foreign residence requirement.

10. I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Waiver Affidavit and Agreement, the Office of the ARC Federal Co-Chair will notify the USCIS. Additionally, any and all other measures available to the Office of the ARC Federal Co-Chair will be taken in the event of my non-compliance.

I declare that the foregoing is true and correct.

Physician Signature