



**Georgia J1 Visa Waiver Policy
Affidavit & Agreement
and Application**

Georgia Department of Community Health
State Office of Rural Health
Primary Care Office
J1 Visa Waiver Program
502 Seventh Street South
Cordele, Georgia 31015-1443
(229) 401-3090



State Office of Rural Health Primary Care Office

INTRODUCTION

Georgia welcomes physicians holding J1 visas who wish to practice in a Federally-designated Health Professional Shortage Area (HPSA), a Federally-designated Medically Underserved Area (MUA) or a Federally Qualified Health Center (FQHC). The State processes J1 visa waiver applications through the Georgia Department of Community Health's State Office of Rural Health (DCH/SORH).

The Department of Community Health champions access to affordable, quality health care in our communities, responsible health planning and use of health care resources, and healthy behaviors and improved health outcomes. As one office within DCH, SORH's mission is to optimize the health status and eliminate the health disparities of persons in rural and underserved areas of Georgia through the development of regional systems of quality health care.

The purpose of the Georgia J1 Visa Waiver Program is to improve access to quality health care in underserved communities of Georgia by sponsoring international medical graduates holding J1 visas. The Georgia J1 program is but one recruitment tool offered to communities by SORH. This program is not intended to replace a viable search for a graduate of an accredited American medical school. Georgia's J1 program is designed to be consistent with other laws, regulations, health care programs and policies of the State of Georgia, the United States Department of State (DOS), the United States Citizenship and Immigration Services (USCIS) and the Appalachian Regional Commission (ARC).

Physicians admitted to Georgia's J1 program are held accountable to the protocols outlined in this document, as are health care facilities which employ J1 physicians. A physician who fails to uphold this Policy after being admitted to the program, risks being reported as noncompliant to the USCIS, which may ultimately result in deportation. A facility that fails to comply with this Policy risks elimination from eligibility for future participation in the J1 program.

SORH staff is available to answer questions about the Georgia J1 Visa Waiver Program, facilitate placements, assist with the application process and provide support throughout the waiver obligation period. Please do not hesitate to give us a call at 229-401-3090.

APPLICABLE FEDERAL LAW-J1 VISA WAIVERS

A nonimmigrant *temporarily* enters the United States for a *specific* purpose. Exchange visitors are nonimmigrants (J1 status) who participate in the Exchange Visitor Program. This program, which is administered by the Bureau of Consular Affairs of the Department of State, seeks to promote peaceful relations and mutual understanding with other countries through educational and cultural exchange programs. Accordingly, many exchange visitors entering the United States are subject to a requirement that they return to their home country to share with their countrymen the knowledge, experience and impressions gained during their stay in the United States. Unless USCIS approves a waiver for this requirement, exchange visitors must depart from the United States and live in their country of residence for two years before they are allowed to apply for an immigrant visa, permanent residence, or change to a new nonimmigrant status.

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The Immigration and Nationality Act is the law that governs the admission of all foreign nationals to the United States. For the part of the law about the foreign residence requirement, please see INA § 212e and INA § 214. The Code of Federal Regulations [CFR] discusses the foreign residence requirement for exchange visitors at 8 CFR § 212.7.

Exchange visitors who are subject to, but do not wish to comply with, the two-year home country residence requirement, may apply for a waiver of that requirement under five applicable grounds including a request by a United States Government Agency or a State Department of Health; this is known as a J1 Visa Waiver.

It is important to note that a waiver is not a visa and does not confer the right to work. The waiver only authorizes the applicant to remain in the United States rather than comply with the two-year home residency requirement. In order to legally work, the J1 physician must also successfully apply for a H1B visa.

For more information go to the following websites:

United States Department of State (<http://travel.state.gov/>)

United States Citizenship and Immigration Services
(<http://uscis.gov/graphics/howdoi/exchvisit.htm>)

APPLICABLE FEDERAL LAW-H1B VISAS

The H1B is a nonimmigrant classification used by an alien who will be employed temporarily in a specialty occupation. H1B status requires a sponsoring United States employer. The employer must file a Labor Condition Application (LCA) with the Department of Labor attesting to several items, including payment of prevailing wages for the position, and the working conditions offered. Based on the USCIS petition approval, the alien may apply for the H1B visa, admission, or a change of nonimmigrant status. H1B aliens may work only for the petitioning United States employer and only in the H1B activities described in the petition.

As long as the alien continues to provide H1B services for the United States employer, most changes will not mean that an alien is out of status. An alien may change H1B employers without affecting status, but the new H1B employer must file a new Form I-129 petition for the alien **before** he or she begins working for the new employer. Physicians holding an H1B visa, are permitted to work only for the H1B petitioning employer and only at the authorized locations noted on the H1B petition and the labor condition application. If a new work location is added, etc., an amended petition must be filed with USCIS **before** the physician commences work at new locations, even if the employment is for the same employer.

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For more information go to the following websites:

United States Department of State (<http://travel.state.gov/>)

United States Citizenship and Immigration Services
(<http://uscis.gov/graphics/services/tempbenefits/tempworker.htm>)

Foreign Labor Certification (<http://www.foreignlaborcert.doleta.gov/>)

APPLICABLE FEDERAL LAW-NATIONAL INTEREST WAIVERS

Foreign nationals who are members of the professions holding advanced degrees or aliens of exceptional ability and wish to remain permanently in the United States may obtain an immigrant visa if they have a job offer from a U.S. employer. This category of workers is known as the employment-based second preference category, and it is normally subject to the lengthy labor certification requirement.

The labor certification requirement can be waived should it be determined it is in the nations best interest. The petitioner or self-petitioner must submit the evidence required with [Form I-140](#) to support the request for a National Interest Waiver (NIW). Such evidence includes a letter (issued and dated within six months prior to the date on which the petition is filed) from a Federal agency or State Department of Health attesting the alien physician's work is or will be in the public interest. USCIS will not approve NIWs for J1 physicians who have been issued a waiver, but who have not complied with its terms.

An attestation from the State Department of Health must reflect that the agency has jurisdiction over the place where the alien physician intends to practice. If the alien physician intends to practice in more than one area, attestations from each intended area of practice must be included. The physician must complete the aggregate 5 years of qualifying full-time clinical practice during the 6 year period beginning on the date USCIS issues the necessary employment authorization document.

For more information go to the following website:

United States Citizenship and Immigration Services (<http://www.uscis.gov/portal/site/uscis>)

J1 VISA WAIVER RECOMMENDATION IN GEORGIA

DCH/SORH are responsible for interpretation of this Policy. The factors that will determine recommendation of a Waiver will be based on, but not limited to, the following:

1. Compliance with State and Federal laws and regulations;
2. Need for the service;
3. Community support for the placement;

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4. Employer's commitment to treating patients regardless of their ability to pay;
5. Physician's intent to work long-term in a designated shortage area, medically underserved area/population or Federally Qualified Health Center (FQHC);
6. Effect of placement on other programs and policies of Georgia.

Under the Georgia J1 Visa Waiver Program, recommendation and placement of physicians in designated shortage areas, medically underserved areas/populations or FQHCs are based, in part, upon the critical need of the area and the specific address of the practice location. The practice location specified in the J1 visa waiver application, should also be the location cited on the H1B visa petition.

Recommendations will be at the sole discretion of the Georgia Department of Community Health, State Office of Rural Health regarding the number of applicants an organization can employ at any given time.

HEALTH CARE FACILITY ELIGIBILITY

A Georgia health care facility wishing to hire a J1 physician must meet the following requirements:

1. Be located in a currently designated Health Professional Shortage Area (HPSA) or a currently designated Medically Underserved Area (MUA) or be a Federally Qualified Health Center (FQHC). Facilities wishing to recruit a J1 psychiatrist must be located in a Mental Health Professional Shortage Area (MHPSA). Note: If the practice site loses its shortage designation area status before the application has been recommended by SORH, it will be denied and returned to petitioner;
2. Be currently in operation or ready to operate when the J1 physician commences employment;
3. Agree to charge patients at the usual and customary rate prevailing in that area, unless a patient is indigent;
4. Agree to have a written policy of non-discrimination of patients posted where patients can easily see it;
5. Agree to charge indigent patients on a sliding fee scale schedule, based on current Federal poverty guidelines and post notice of the fee scale where patients can easily see it;
6. Agree to accept assignment under Section 1842(b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under Part B of Title XVII of such Act (Medicare) and post notice where patients can easily see it;
7. Agree to enter into an agreement with the Georgia Department of Community Health, the agency which administers the State plan for medical assistance under Title XIX of the Social Security Act (Medicaid), to provide services to individuals entitled to medical assistance under the plan and post notice where patients can easily see it;
8. Recruit for United States medical graduates at least six months before signing a contract with a J1 physician and submitting J1 Visa Waiver application;
9. Agree to sponsor the J1 physician's H1B visa for three years and to execute an appropriate employment contract;
10. Agree to notify SORH, in writing, of physician start date within 30 days of said date;

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11. Agree to submit semiannual reports to SORH;
12. Agree to notify SORH, in writing, of any change in the employment contract within 30 days of said change;
13. Agree to site visits by SORH staff; and
14. Agree to uphold this policy in its entirety.

J1 PHYSICIAN ELIGIBILITY

A J1 physician wishing to waive the foreign residency requirement by working in Georgia must meet the following requirements:

1. Have current immigration status. For J1 visa holders admitted under duration of status, preference will be given to applicants with current IAP-66. Applicants whose IAP-66 has expired must submit their application within 180 days of IAP-66 expiration date; beyond 180 days the application will be denied.
2. Have completed residency/fellowship training from a United States medical school;
3. Be certified or eligible for certification by a medical specialty board headquartered in the United States and that is acceptable to the SORH as a certifying organization.
4. Be already licensed or in the process of applying for licensure to practice medicine in Georgia;
5. Agree to practice for 40 hours per week at the approved site(s) in the approved discipline;
6. Agree to charge patients at the usual and customary rate prevailing in the designated shortage area, unless the patient is indigent;
7. Agree to not discriminate against patients based on ability to pay for services;
8. Agree to charge patients who are indigent on a sliding fee scale schedule based on current Federal poverty guidelines;
9. Agree to accept assignment under Section 1842(b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under Part B of Title XVII of such Act (Medicare);
10. Agree to enter into an agreement with the Georgia Department of Community Health, the agency which administers the State plan for medical assistance under Title XIX of the Social Security Act (Medicaid), to provide services to individuals entitled to medical assistance under the plan;
11. Agree to notify SORH, in writing, of physician start date within 30 days of said date;
12. Agree to submit semiannual reports to SORH;
13. Agree to notify SORH, in writing, of any change in the employment contract within 30 days of said change;
14. Agree to site visits by SORH staff and
15. Agree to uphold this policy in its entirety.

PRIMARY CARE AND SUB-SPECIALTIES

The Georgia J1 Visa Waiver Program allows for a number of specialist applications annually. The 30 slots are divided into the following categories:

1. Primary Care – 20: open to physicians who completed a residency program in internal medicine, family practice, pediatrics, obstetrics/gynecology, or psychiatry.

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2. Specialist - 10: open to physicians who completed a residency program or fellowship in any specialty.

On April 1 of each year, any waivers remaining unfilled will be available to either primary care or specialist physicians on a first come first serve basis.

Additionally, in accordance with Senate-originated Bill (S. 2302, Public Law Number 108-441) signed by President Bush on December 3, 2004 allowing states to award waivers to doctors not located in Health and Human Services (HHS) designated shortage areas *if they serve patients who reside in HHS designated shortage areas*; special consideration will be given to these applications on a case by case basis. However, recommendation will solely be at the discretion of the Georgia Department of Community Health, State Office of Rural Health. Priority will be extended to designated shortage areas, medically underserved areas/populations and federally qualified health centers.

It is mandated that any J1 visa waiver recipient approved for placement in Georgia under S. 2302, Public Law Number 108-441 must adhere to all policies of the Georgia Conrad State 30 J1 Visa Waiver Program. Failure to comply will result in notification to the United State's Citizenship and Immigration Services which may result in revocation of the J-1 visa waiver.

For the purpose of the J-1 Visa Waiver Program, Georgia defines primary health care as services which emphasize first contact patient care and the provider assumes overall and ongoing responsibility for the patient in both health maintenance and treatment of illness. Primary care involves a unique interaction between the patient and the primary care physician. The appropriate use of referrals and community resources is an important part of effective primary care. The purpose of this interaction is to achieve comprehensive coordination of health care including educational, behavioral, biological, and social aspects of care. It is patient care oriented approach that emphasizes the continuity of care over the full spectrum of health services. It begins with patient assessment, wellness, and prevention through medical management, lifestyle modification, and health education. The primary care provider is the patient's advocate through the complex system of health care delivery.

Note: Documentation needed for the primary care, specialty, and ARC applications are different in their requirements and outlined in Georgia's Affidavit, Agreement, & Application.

APPLICATION PROCESS

Georgia's Affidavit, Agreement, & Application is available online at:

http://dch.georgia.gov/00/channel_title/0,2094,31446711_40949889,00.html

Or you may call SORH at (229) 401-3090. Applications are reviewed by SORH on a first come, first serve basis. Recommendations will typically be made in the same manner, but priority may be given to a particular application based on need for health care services in a certain area or at a

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certain site. SORH reserves the right to prioritize applications in this way. In addition, submission of an incomplete application will cause delay in the review process. Applications will not be reviewed for consideration until complete; therefore the applicant should ensure all required documentation is included with the initial submission.

GEORGIA J1 VISA WAIVER APPLICATION PROCESS

The Georgia J1 Visa Waiver Program operates on the Federal fiscal year cycle (October 1st to September 30th) and is limited to sites located in designated shortage areas and generally excludes Georgia counties falling within the Appalachian region. *Information regarding the ARC Application Process can be found in the following section.* Georgia J1 Visa Waiver Applications are accepted until all slots are filled or a new year begins. If an application is submitted after the year has closed, it will be returned and may be resubmitted for the next application cycle.

1. Applicant sends complete application to SORH.
2. Upon favorable review by SORH, the application is forwarded to the United States Department of State.
3. Upon favorable review by the United States Department of State, the application is forwarded to the United States Citizenship and Immigration Services for approval or denial.

APPALACHIAN REGIONAL COMMISSION APPLICATION PROCESS

SORH accepts applications on behalf of the Appalachian Regional Commission (ARC) year round for counties in the Appalachian region of the state. ARC does not limit the number of J1 physicians unless the county is already fully served. See <http://www.arc.gov>.

1. Applicant submits complete application to SORH.
2. Upon favorable review by SORH, the application is forwarded to the Governor's office.
3. The Governor submits a request to ARC.
4. Upon favorable review by ARC, the application is forwarded to the United States Department of State.
4. Upon favorable review by the United States Department of State, the application is forwarded to the United States Citizenship and Immigration Services for approval or denial.

It is important to distinguish between recommendation and approval of the application. SORH will review complete applications within six to eight weeks and, if appropriate, *recommend* them to the Federal level. A recommendation by SORH does not guarantee that the application will be *approved* by USCIS and SORH cannot estimate the length of time USCIS will require to make its decision. USCIS approval is required to work legally in the United States. Applicants may check the status of their application at the Federal level by calling 202-663-1225, or going online to the United States Department of State's website at <http://travel.state.gov/>.

Moreover, submission of an application to SORH does not guarantee that SORH will recommend the application to the Federal level. Applications that are not recommended will be returned to sender with a letter of denial.

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J1 VISA WAIVER PROGRAM MONITORING

Within 30 days of the physician's start date, a Placement Verification Form must be submitted to SORH. Upon receiving this form, SORH staff will schedule an initial site visit with the physician. Additionally, written reports will be due every six months for the next three years and there may be multiple site visits. All reports must be signed, dated and notarized by physician and employer and must contain accurate information. Original forms and reports should be mailed to SORH. Failure to supply accurate semi-annual reports in a timely manner may result in SORH refusing to issue a letter of support for the physician's continued stay in the United States.

Site visits are conducted to verify physician and employer meet the eligibility requirements stated above and annual reports contain accurate information. Program participants will be notified, in writing, of any J1 policy breaches uncovered in the site visit and will have 30 days to rectify the situation before disciplinary action is taken. Serious violations may warrant the initiation of deportation procedures against the J1 physician and/or limit the participation of the employer in the J1 program.

It is important to understand that SORH does not have the authority to mediate between employer and employee participating in the J1 program, to investigate allegations of wrongdoing from either party, or to enforce labor standards. If SORH becomes aware of such issues, we may recommend seeking advice from an attorney or contacting the appropriate agency (i.e. Medicaid Fraud & Abuse, Department of Labor, United States Citizenship & Immigration Services).

CURRENT ADDRESSES REQUIRED THROUGHOUT THE PROGRAM

The J1 physician has the obligation to keep SORH informed of current practice and residential addresses. This also applies to any forwarding addresses upon termination from the program. The J1 physician shall immediately notify SORH of any of the following:

1. Change in business address, telephone numbers, facsimile numbers, and e-mail address;
2. Change in corporate status or nature;
3. Change in business location;
4. Change in residential address, telephone numbers, facsimile numbers, and e-mail address;
5. Change of any address, telephone numbers, facsimile numbers and e-mail address as a result of the physician no longer participating in the program.

J1 VISA WAIVER TRANSFERS

Like the H1B visa, once a Georgia J1 Visa Waiver Application is approved for a specific location, an employer cannot place the physician at another address nor can the physician change employer or change location without first submitting a formal request for transfer and receiving written approval from SORH. This rule applies even if there is no change in employer. Movement of a J1 physician to a location that has not been approved by SORH will result in the physician being in noncompliance with the program and may be reported as such to USCIS.

SORH prefers transfers from one employer to another be a choice of last resort. However, if circumstances warrant a transfer, SORH may recommend a transfer when the appropriate

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documentation has been received. Transfers will be at the sole discretion of SORH. If an employer has excessive transfers, the employer will not be eligible for a placement in the next fiscal year. J1 participants wishing to transfer must submit the required documents before the transfer can take place. Once all necessary information is provided, SORH will send a letter of support for transfer to USCIS, DOS or ARC, with a copy to petitioner, within 30 days after receipt of the request.

Once a transfer is complete, the physician and the new employer are required to notify SORH using a Placement Verification Form that will be included with the letter of support for transfer. If the physician is unemployed for a time during the transfer, that time will not count towards the three-year obligation.

Transferring To Another Location Within Georgia, With The Same Employer:

Prior to the transfer, **the employer must:**

- Notify SORH, in writing, of the intent to transfer. Detail the reasons for the transfer.
- Provide SORH with the name of the new practice site, the name of the CEO, complete address for the site, including 9-digit zip code, the 10-digit telephone number, and date the transfer is requested to be effective.
- Continue to uphold the J1 Visa Waiver Policy at the new site.
- Provide SORH with a letter from the physician agreeing to the transfer.
- Obtain written approval from SORH

Transferring To Another Employer Within Georgia:

Prior to the transfer, **the physician must:**

- Notify SORH, in writing, of the intent to transfer. Detail the reasons for the transfer.
- Provide SORH with the name of the new practice site, the name of the CEO, complete address for the site, including 9-digit zip code, the 10-digit telephone number, and date the transfer is requested to be effective.
- Continue to uphold the J1 Visa Waiver Policy at the new site.
- Obtain written approval from SORH

Prior to the transfer, **the original employer must:**

- Provide letter to SORH releasing the physician from employment. Explain reasons for termination.

Prior to the transfer, **the new employer must:**

- Provide a letter of intent to employ the J1 physician for the remainder of the obligation period.
- Provide a copy of the sliding fee scale.
- Agree, in writing, to comply with the terms of the J1 Visa Waiver Policy.
- Submit an executed copy of the employment contract.

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Transferring from Georgia to Another State:

Prior to the transfer, **the physician must:**

- Notify SORH, in writing, of the intent to transfer, detailing the reasons for the transfer.
- Provide the complete name, address and phone number of the new employer and date of transfer.

Prior to the transfer, **the original employer must:**

- Provide a letter to SORH releasing the physician from employment. Explain reasons for termination.

Note: If the original employer refuses to release the J1 physician from the employment contract and the J1 physician believes that the employer is in violation of the employment contract, the J1 physician should seek the advice of legal counsel about terminating the contract. SORH will not review a transfer request without a letter of release from the original employer, unless the contract has been legally terminated. If a J1 physician terminates the employment contract without cause, the employer has the right to seek liquidated damages and should seek the advice of legal counsel. SORH does not have the authority to determine legal grounds for terminating an employment contract.

NATIONAL INTEREST WAIVERS

SORH will provide a letter of support for National Interest Waiver petitions for J1 physicians who are in compliance with the Program and have completed at least 18 months of service. To obtain a letter of support the physician must submit:

- A copy of the physician's current H1B Visa
- If petition has been filed, SRC filing number for I- 140 (please indicate which USCIS office you are petitioning through).
- A copy of the employment agreement indicating a contract extension or new agreement of at least two years (total term=5 years).
- A letter of recommendation from the employer stating why this is in the public interest and no pending legal action.
- A letter of intent from the physician explaining interest in working with underserved populations.
- A copy of the physician's curriculum vitae current up to the time of the National Interest Waiver petition.
- A copy of the physician's current Georgia License.

Note that if a J1 physician petitions at 18 months, USCIS will consider the HPSA designation at the time of the J1 Visa Waiver application. If the physician petitions after 18 months, USCIS will consider HPSA designation at the current time.

The letter of support from SORH for National Interest Waiver petition will be sent directly to USCIS (with a copy to the petitioner) upon receipt of all required documentation.

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RELEASE OF INFORMATION

The status of a waiver application being reviewed generally will not be communicated with anyone other than the health care facility, J1 physician or the representative/attorney.

EMPLOYMENT CONTRACTS

The employment contract submitted with the waiver application should not be altered without notifying SORH in advance. Employers, without the prior written approval of SORH, should not ask the J1 physician to sign addendums to the contract or to sign additional contracts. Likewise, J1 physicians, without the prior written approval of SORH should not agree to sign addendums to the contract or additional contracts at the request of the employer. Additionally, J1 physicians should not sign contracts with other employers as this is in violation of the Georgia prohibition of secondary employment (i.e.: moonlighting) and in violation of the Federal regulations governing H1B visa holders.

Again, SORH does not have the authority to mediate contract disputes between employer and employee or to evaluate the legality of a contract. Program participants are advised to seek legal counsel for guidance in these matters.



GEORGIA J1 VISA WAIVER PROGRAM

AFFIDAVIT AND AGREEMENT

I, _____ (insert physician's name), being duly sworn, hereby request the Georgia State Office of Rural Health (SORH) act in its capacity under the direction of the Georgia Department of Community Health, to review my application for the purpose of recommending waiver of the foreign residency requirement set forth in my J1 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 Department of Community Health, the State Office of Rural Health, any and all Department of Community Health 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 State Office of Rural Health's voluntary policy and its desire to improve the availability of medical care in regions designated by the Health and Human Services (HHS) as shortage areas in Georgia.
3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary care services to all patients, regardless of ability to pay, for a minimum of forty (40) hours per week within a HHS designated shortage area located in Georgia. Such service shall commence not later than ninety (90) days after I receive notification of approval by both the United States Immigration and Naturalization Service (INS) and the United States Department of Labor and shall continue for **at least three (3) years**. I further agree that all such service shall be rendered in full compliance with the terms of the Georgia J1 Visa Waiver Program.
4. I agree to incorporate all the terms of this Affidavit and Agreement into any and all employment agreements I enter pursuant to paragraph 3 and to include in each such agreement the liquidated damage clause of \$250,000 payable to the employer. This damage clause shall be activated by my termination of 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. In the event of a transfer under the Georgia J1 Visa Waiver Program, a transfer notification form must be obtained from SORH. This form must be completed and returned to SORH with all proper transfer documentation. No transfer should be made until written approval has been received from SORH.

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5. I further agree any employment agreement I enter pursuant to paragraph 3 shall not contain any provision, which modifies or amends any of the terms of this Affidavit and Agreement.
6. I also agree to incorporate all terms of this Affidavit and Agreement into any employment agreement I enter pursuant to paragraph 3.
7. I understand and agree that my medical care services rendered pursuant to paragraph 3 shall be in a Medicare and Medicaid certified hospital or primary health care clinic which has an open, non-discriminatory admissions policy and that will accept medically indigent patients.
8. I expressly understand this waiver of my foreign service requirement must ultimately be approved by the INS, and I agree to provide written notification in a manner approved by the State Office of Rural Health of the specific location and nature of my practice to the Georgia contact at the time I commence rendering services in Georgia and on a semi-annual basis thereafter.
9. I understand and acknowledge if I willfully fail to comply with the terms of this Affidavit and Agreement, the Georgia Department of Community Health Commissioner may notify the INS and recommend deportation proceeding be instituted against me. Additionally, any and all other measures available to the State Health Officer will be taken in the event of my non-compliance.
10. I understand and I agree to meet the requirements set forth in Section 214 (1) of the Immigration and Nationality Act.
11. I understand and acknowledge the requirements set forth by USIA in Section 514.44:

I, _____ (insert physician's name) hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, I do not now have pending nor am I submitting during the pendency of this request to any United States government department or agency or any State Department of Public Health, or equivalent, other than _____ (insert name of United States Government agency requesting waiver) to act on my behalf in any matter relating to a waiver of my two-year home country physical presence requirement.

I declare under penalty of perjury that the foregoing is true and correct.

Subscribed and sworn before me
this _____ day of _____, 20_____

(Notary Public)



**Affidavit, Agreement &
Application:
Georgia J1 Visa Waiver Program**

For State Government Use Only

Date Received Date Recommended

Application # Reviewed By

United States Department of State Case Number
*(This number must be obtained prior to submitting application
<http://travel.state.gov/>).*

***Print the case number in the bottom right hand corner of each page of documentation submitted with this application.**

- Georgia State 30 Application
 - Primary Care
 - Specialty

- Appalachian Regional Commission Application
(Primary Care Only)

Please Type or Print Clearly- Read all instructions carefully. Complete all sections of this application and attach all required documentation in the order listed on this application form. It is the obligation of the applicant to submit a completed application. Incomplete applications will be returned to sender. Please refer to Georgia J1 Visa Waiver Policy for additional information. Do not submit information that is not required, do not staple any documents, do not print two-sided, and use only 8-1/2" X 11" paper. If you have questions concerning the completion of this application, please contact the Georgia Department of Community Health's State Office of Rural Health at (229) 401-3090.

DATA SHEET

Applicant/Employer Name (Health Care Facility)

Mailing Address	City	State	Zip Code
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Contact Person	Telephone	Fax
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Contact E-Mail

<u>Applicant's Attorney/Representative Name</u>	Telephone	Fax
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Mailing Address	City	State	Zip Code
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Attorney E-Mail

<u>J1 Physician Last Name</u>	First Name	Home Country	Date of Birth
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<u>Medical Discipline</u>	Georgia Medical License #
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Physician E-Mail

Complete Street Address of Practice Location	City	State	Zip Code
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County	Census Tract or Block Numbering Area	FIPS County Code
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*** Submit a separate sheet of paper listing additional sites if necessary**



ALL ATTACHED DOCUMENTS MUST BE CLEARLY LEGIBLE TO BE CONSIDERED

1. Use this checklist to ensure all required documents listed below are attached to this form in the order requested:

- a. Copy of completed United States Department of State Data Sheet
- b. Physician personal statement regarding reasons for not wishing to fulfill the two-year country residence requirement to which s/he agreed at the time of acceptance of exchange visitor status.
- c. Copies of any I-94 Entry and Departure cards (front and back)
- d. An explanation for any period spent in some other visa status, out of status, or outside of the United States
- e. Legible copies of all IAP-66/DS-2019 Forms in chronological order
- f. Physician Attestation (see **Attachment 1** on *Page 23*)
- g. No Objection Statement (see **Attachment 2** on *Page 23*)
- h. Employer’s request letter (see **Attachment 3** on *Page 24*)
- i. A description of the service area, list of similar providers in the service area, description of the applicant facility’s services, including hours of operation and staffing level, plan for introducing the physician to the community
- j. A current curriculum vitae for the J1 physician
- k. Documentation of current status as a United States medical resident or completion of a United States medical residency program
- l. Copy of medical license or application
- m. Documentation of current Board certification and/or eligibility status
- n. G-28 Notice of Entry of Attorney (if applicable)
- o. If applying for ARC sponsorship, submit a signed copy of ARC’s J-1 Visa Waiver Affidavit & Agreement (see <http://www.arc.gov/index.do?nodeId=24>).



2. Is there a signed contract between the applicant facility and the J1 physician? Yes No
- Does the contract contain?
- a. The name and address of the practice location(s)? Yes No
 - b. A complete description of the J1 physician’s duties? Yes No
 - c. Identification of the wages to be paid to the J1 physician? Yes No
 - d. Description of the working conditions and benefits, including facilities provided, malpractice insurance coverage, leave benefits, continuing education opportunities? Yes No
 - e. A term of at least three years? Yes No
 - f. A statement that the J1 physician will spend not less than 40 hours per week providing patient care at the location(s) indicated above for duration of the contract? Yes No
 - g. A statement that the J1 physician will begin employment within 90 days of the date that USCIS approves the H1B waiver? Yes No
 - h. A statement that the J1 physician agrees to meet the requirements set forth in Section 214 (l) of the Immigration and Nationality Act? Yes No
 - i. A declaration of the type of medical services to be provided by the J1 physician? (i.e. Family Practice, OB/GYN, Internal Medicine, Pediatrics, Psychiatry, specialty) Yes No
 - j. If applying for Georgia sponsorship, the following statement: “Inasmuch as the parties agree that the damages would be difficult to calculate if the physician willfully, voluntarily and without reasonable cause, terminates the agreement before the completion of at least a three-year term, the parties agree that such an act shall result in an obligation by the physician to pay the employer \$250,000 as liquidated damages.” Yes No
 - k. If applying for ARC sponsorship, the full text of ARC’s J-1 Visa Liquidated Damage Clause (see <http://www.arc.gov/index.do?nodeId=24>). Yes No

Documentation Required: Provide a copy of the employment contract with original signatures of the J1 physician and the employer, date and notarize. Note: non-compete and moonlighting clauses are prohibited. The J 1 Physician must be Board eligible when hired. The employer may require that J1 physician become Board Certified within certain timeframe.



3. Is the practice site location in one of the following areas?
- | | |
|---|--------------------|
| a. Geographic Health Professional Shortage Area (HPSA). | Identifier # _____ |
| b. Population HPSA. | Identifier # _____ |
| c. Service Area HPSA. | Identifier # _____ |
| d. Facility HPSA | Identifier # _____ |
| e. Mental Health Professional Shortage Area (MHPSA) | Identifier # _____ |
| f. Medically Underserved Area (MUA) | Identifier # _____ |
| g. Federally Qualified Health Center | Type _____ |
- *Submit proof of FQHC status**

Documentation Required: Provide evidence that the facility is located in the area checked above. Primary Care and Specialty applications must have a HPSA or MUA number or be a Federally Qualified Health Center (FQHC); except for psychiatrists who must have a MHPSA number or be a FQHC. HPSA designations change periodically. Find up-to-date information about HPSA designations assigned by the United States Department of Health and Human Services online at <http://bhpr.hrsa.gov/SHORTAGE/>. Census tract or block numbering area numbers and FIPS county codes are assigned by the Bureau of Census and can be found online at <http://www.census.gov/>.

4. Does the applicant facility have an existing sliding fee discount schedule or agree to implement one for the J1 physician? Yes No

Documentation Required: Submit a copy of the sliding fee discount schedule. Sample schedules are available at SORH upon request.

5. Does the applicant facility have or agree to post a notice of the availability of the sliding fee discount schedule? Yes No

Documentation Required: Submit a copy of the notice to be posted. Sample notices are available at SORH upon request. Notices must be in the primary language of the underserved population

6. What is the primary language of the underserved population served by the applicant facility?
- _____



7. Fill in the table below. Data should be based on total number of unduplicated patients* seen for each of the past three years in the specific practice location(s) where the J1 physician will work. If the applicant facility is new, project data for future years and provide a rationale for projections. Rationale may be submitted on a separate sheet of paper. One table with aggregate data may be submitted if the J1 physician will work at multiple sites.

Patients by Payer Source and Shortage Designated Area

Year:	Year:	Year:
No. of Unduplicated Patients:	No. of Unduplicated Patients:	No. of Unduplicated Patients:
% Medicaid:	% Medicaid:	% Medicaid:
% Medicare:	% Medicare:	% Medicare:
% Reduced Pay:	% Reduced Pay:	% Reduced Pay:
% No Pay:	% No Pay:	% No Pay:
% Privately Insured:	% Privately Insured:	% Privately Insured:

Additional tables may be attached for each Shortage Designated Area.

*An unduplicated patient is counted once per year regardless of how many visits that patient makes to the healthcare facility. If an unduplicated patient had multiple visits in one year, use the patient’s most recent payer source to complete this table.

8. How long has the applicant facility been actively recruiting qualified physicians that graduated from United States medical schools for this specific position in this specific location?

Documentation Required: Provide proof of at least six months of continuous efforts to fill this position prior to contract signing. *Examples include: advertisements in professional journals or major newspapers, agreements with private recruitment firms, emails to job candidates, affidavits from residency program or hospital directors stating the job was posted in the school or hospital, evidence of participation in the National Health Service Corps or Georgia Board for Physician Workforce.*



9. Does the J1 physician have the support of the local community? Yes No

Documentation Required: Provide 5 letters of community support. Letters may come from community leaders or members of the local health care workforce. At least one letter must come from a local government official.

10. Please fill in the table below based on current expectations.

Physician's Weekly Schedule

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Begin/End Time							

**At least 40 hours must be spent providing patient care. Do not include on-call or travel time.*

11. Is the applicant facility offering the J1 physician the same working conditions and salary that it would have offered a physician who graduated from a United States medical school? Yes No

Documentation Required: Provide a prevailing wage notification from a state or federal agency. Prevailing wage information may be found at <http://www.flcdatacenter.com/>. The wage to be paid must be at least 95% of the prevailing wage.

12. Does the J1 physician have letters of recommendation? Yes No

Documentation Required: Provide two letters of recommendation from people who are able to address the J1 physician's interpersonal and professional ability to effectively care for diverse and low-income people in the United States; ability to work well with supervisory and subordinate staff; ability to adapt to the culture of United States' health care facilities. Both letters must be from the J1 physician's residency program (or fellowship program if applicable). Letters must contain the signator's name, title, relationship to J1 physician, address and telephone number and must be printed on the program letterhead.



13. Do the applicant facility and the J1 physician:

- a. Acknowledge that both the review and acceptance of this application is discretionary and that in the event the waiver is denied, the Department of Community Health’s State Office of Rural Health, any and all Department of Community Health employees, agents and assigns will not be held responsible? Yes No
- b. Acknowledge that the entire basis for consideration of this application is the State Office of Rural Health’s voluntary policy and desire to increase the availability of healthcare in Georgia regions designated by the United States Public Health Service as Health Professional Shortage Areas or Medically Underserved Areas? Yes No
- c. Acknowledge that the State Office of Rural Health reserves the right to contact local healthcare providers to determine community support for this application? Yes No
- d. Agree to provide the State Office of Rural Health more information, upon request, for clarification or verification of this application? Yes No
- e. Agree to uphold the Georgia J1 Visa Waiver Policy in its entirety and to not enter into any agreements which interfere with, modify or amend the terms of the Georgia J1 Visa Waiver Policy? Yes No
- f. Agree to notify the State Office of Rural Health, in writing, of the J1 physician’s start date within 30 days of said date? Yes No
- g. Agree to follow protocol outlined in the Georgia J1 Visa Waiver Policy in the event of any change in the J1 physician’s employment status, contract, schedule, location, or a change of ownership of the applicant facility within 30 days of said change? Yes No
- h. Agree to provide semiannual reports to the State Office of Rural Health throughout the 3-year obligation? Yes No
- i. Agree to site visits by the State Office of Rural Health. Yes No
- j. Agree to promptly notify SORH of any pending complaints concerning the J 1 physician with the Composite State Board of Medical Examiners or the Department of Community Health. Yes No



I _____ (type or print name here) hereby declare that all information and statements contained herein are true and do not misrepresent fact. I further acknowledge that I have not evaded, omitted or suppressed any information contained in this application or in any of the supporting materials.

Signature of Applicant Facility Representative

Date

Notary:

I _____ (type or print name here) hereby declare that all information and statements contained herein are true and do not misrepresent fact. I further acknowledge that I have not evaded, omitted or suppressed any information contained in this application or in any of the supporting materials.

Signature of J1 Physician

Date

Notary:

Submit two completed applications to: Georgia Department of Community Health
State Office of Rural Health
Primary Care Office
J1 Visa Waiver Program
502 Seventh Street South
Cordele, GA. 31015

All applications must have original signatures and required documentation.



Attachment 1- Physician Attestation

I, _____ (type or print name of physician) hereby declare and certify, under penalty of the provisions of 18 USC, 1001, that:

- I have sought or obtained the cooperation of the (Georgia Department of Community Health or the Appalachian Regional Commission); and
- I do not now have pending, nor will I submit during the pendency of this request, another request to any United States Government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

Signature

Date

Attachment 2 -No Objection Statement

1. If the home country funded the exchange visitor program, a “no objection” statement from the home country must be sent directly by the Embassy to the Waiver Review Division of the United States Department of State. The letter must be on Embassy letterhead and should contain the waiver case file number on the lower right of the envelope.

When the “no objection” statement originates from the exchange visitor’s government in the home country, it must be forwarded by that government directly to the American Consul at the United States Embassy or Consulate, which in turn will transmit the statement to Visa Services. Again, the waiver file case number must be printed on the lower right of the envelope.

The Department of State recommends the following language:

“Pursuant to Public Law 103-416, the government of _____ (home country) has no objection if _____ (J1 physician name and address) does not return to _____ (home country) to satisfy the two-year foreign residency requirement of section 212(e) of the Immigration and Nationality Act.”

2. If the home country did not fund the exchange visitor program, the J1 physician must submit a statement that the “no objection” letter is not required because s/he is not contractually obligated to return to the home country. This statement should be signed, dated, sworn to and notarized.



Attachment 3- Employer's Request Letter

Georgia Applications Address to:
Charles F. Owens, Executive Director
State Office of Rural Health
502 Seventh Street South
Cordele, Georgia 31015

ARC Applications Address to:
The Honorable Anne B. Pope, Federal Co-Chair
Appalachian Regional Commission
1666 Connecticut Avenue, N.W., Suite 700
Washington, D.C. 20009-1068

INCLUDE THE FOLLOWING:

1. Name of the J1 physician and medical discipline.
2. A statement that the facility is located in an area designated by the Secretary of Health and Human Services as a Medically Underserved Area or Health Professional Shortage Area and provides medical care to Medicaid or Medicare eligible patients as well as indigent and uninsured patients. The statement shall also list the primary care Health Professional Shortage Area, Mental Health Professional Shortage Area, or Medically Underserved Area/Population identifier number of the designation (assigned by the Secretary of Health and Human Services), and shall include the FIPS county code and census tract or block numbering area number (assigned by the Bureau of the Census) or the 9-digit zip code of the area where the facility is located.
3. Identify the discipline that physician will practice and assure a minimum of 40 working hours a week will be spent in the identified area.
4. Address(es) of practice location.
5. Employer identity (ie. CHC, FQHC, for-profit, not-for-profit).
6. Statement of need.
7. Georgia applications must include the following statement: "I hereby certify that I have read and fully understand and will comply with the Georgia J1 Visa Waiver Policy, and that all of the information contained in this letter is true to the best of my knowledge and belief."
8. ARC sponsorship applications must include the following 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."