

# **GEORGIA CONRAD STATE 30 J-1 VISA WAIVER PROGRAM**

## **POLICY AND APPLICATION**

**STATE OFFICE OF RURAL HEALTH AND PRIMARY CARE  
GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
502 SOUTH SEVENTH STREET  
CORDELE, GEORGIA 31015-1443  
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## **TABLE OF CONTENTS**

INTRODUCTION..... 3

PROGRAM OVERVIEW ..... 3

EMPLOYER/PRACTICE SITE ELIGIBILITY AND REQUIREMENTS ..... 4

J-1 PHYSICIAN ELIGIBILITY AND REQUIREMENTS ..... 4

APPLICATION GUIDELINES ..... 5

    DEPARTMENT OF STATE CASE FILE NUMBER..... 5

    APPLICATION PACKET ..... 6

    SUBMIT APPLICATION TO SORH..... 8

PROGRAM MONITORING ..... 8

WAIVER TRANSFERS ..... 9

PROGRAM NOTICES..... 10

RESOURCES AND LINKS..... 11

APPENDIX ..... 12

    NATIONAL INTEREST WAIVER ..... 13

    APPLICATION CHECKLIST ..... 14

    PHYSICIAN STATEMENT..... 15

    PROGRAM AGREEMENT ..... 16

    PROGRAM DATA SHEET ..... 18

    PRACTICE SITE DATA SHEET ..... 19

    PLACEMENT VERIFICATION FORM..... 20

    SEMIANNUAL REPORT ..... 21

## INTRODUCTION

The Georgia Conrad State 30 J-1 Visa Waiver Program (GA 30) affords international medical graduates (IMGs) on J-1 visas the opportunity to waive their two-year home-country physical presence requirement in exchange for three years of medical service to patients in or from medically underserved areas. The Georgia Department of Community Health, State Office of Rural Health (SORH) is the designated state health agency responsible for Conrad State 30 waiver requests in Georgia. The Georgia Department of Community Health (DCH) is dedicated to providing Georgians with access to affordable, quality health care through effective planning, purchasing, and oversight. As an office within DCH, SORH works to improve access to health care and reduce health status disparities in the state's underserved areas.

Certain J-1 exchange visitors, including those receiving graduate medical training, are subject to a two-year home-country physical presence requirement that requires the J-1 to return to their home country or country of legal permanent residence at the time of receiving J-1 status for at least two years at the end of their exchange visitor program. This is also known as the foreign residence requirement under U.S. law, Immigration and Nationality Act, Section 212(e), as amended, and Title 22 Part 40 and Part 41 in the Code of Federal Regulations.

Exchange visitors who are subject to the two-year home-country physical presence requirement but are unable to fulfill the requirement may apply to the U.S. Department of State (DOS), Waiver Review Division for a recommendation that the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS) grant a waiver of the requirement under any one of the five applicable bases set forth in U.S. law, including a request by a designated state public health department or its equivalent (Conrad State 30 Program). J-1 visa waivers granted under the Conrad State 30 Program are subject to Section 214(l) of the Immigration and Nationality Act, as amended.

**NOTE:** The waiver of the J-1 two-year home-country physical presence requirement is not a visa classification. J-1 waiver physicians must also successfully apply for an H-1B visa in order to legally work in the U.S.

## PROGRAM OVERVIEW

The Georgia Conrad State 30 J-1 Visa Waiver Program may recommend up to 30 waivers per federal fiscal year (October 1 – September 30) to address the shortage of qualified physicians in the state's medically underserved areas. Waiver support in Georgia is based on, but not limited to: 1) compliance with State and Federal laws and regulations; 2) need for service; 3) community support for the placement; 4) employer's commitment to treating patients regardless of their ability to pay; 5) physician's intent to work long-term in a designated Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA); and 6) effect of placement on other Georgia programs and policies.

**NOTE:** Waiver support is at the sole discretion of SORH, as is the number of waiver requests supported by SORH for a particular employer, health care facility, or medical discipline.

The 30 waiver slots are limited annually as follows:

≤ 8 slots per medical specialty or position type (e.g., hospitalist)

≤ 4 slots per employer/facility (teaching hospitals are exempt from this limit)

**FLEX 10:** SORH may support up to 10 waivers (of annual 30) for physicians not located in federally-designated shortage areas if they serve patients who reside in federally-designated shortage areas, in accordance with Section 2302, Public Law 108-441, as amended. Non-designated "flex" waiver requests are considered on a case-by-case basis; however, priority is extended to requests for designated shortage areas (HPSAs/MUAs).

**NOTE:** J-1 waiver service time in a flex/non-designated area cannot be applied toward the five-year National Interest Waiver (NIW) service requirement.

## **EMPLOYER/PRACTICE SITE ELIGIBILITY AND REQUIREMENTS**

Georgia health care facilities seeking to employ a GA 30 J-1 physician must meet the following requirements:

- 1) Be located in a currently designated Health Professional Shortage Area (HPSA), Mental Health Professional Shortage Area (MHPSA; psychiatrists only), or Medically Underserved Area/Population (MUA/P);
- 2) Be currently in operation or ready to operate at the time the J-1 physician commences employment;
- 3) Use a schedule of fees consistent with locally prevailing rates and designed to cover the site's reasonable costs of operation;
- 4) Do not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare or Medicaid/PeachCare for Kids®; or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, or sexual orientation;
  - a) Charge indigent patients on a sliding discounted fee schedule based on current federal poverty guidelines and post notice of availability where patients can easily see it;
  - b) Accept assignment for Medicare beneficiaries and enter into an agreement with the Georgia Department of Community Health to provide services to Medicaid/PeachCare for Kids® beneficiaries;
- 5) Make a good faith effort to recruit for a U.S. citizen/permanent resident prior to signing a contract with a J-1 physician and submitting a J-1 visa waiver application;
- 6) Agree to sponsor the J-1 physician's H-1B visa for three years and to execute an employment contract consistent with all GA 30 policy requirements;
- 7) Agree to submit a completed Placement Verification Form to SORH within 30 days after employment commences;
- 8) Agree to submit semiannual reports as directed by SORH throughout the three-year obligation;
- 9) Agree to notify SORH, in writing, of any change in the employment contract within 30 days of said change and of any pending complaints concerning the J-1 physician with the Georgia Composite Medical Board or the Georgia Department of Community Health, as applicable;
- 10) Agree to participate in site visits by SORH staff; and
- 11) Agree to uphold this Policy in its entirety.

## **J-1 PHYSICIAN ELIGIBILITY AND REQUIREMENTS**

Physicians seeking participation in the GA 30 must meet the following requirements:

- 1) Completion of an accredited residency/fellowship program in the United States and be certified or eligible for certification by a medical specialty board headquartered in the United States that is recognized by SORH as a certifying organization;
- 2) Be currently licensed or in the process of applying for licensure to practice medicine in Georgia;
- 3) Agree to practice medicine at least 40 hours per week (or at least 80 hours per two-week period) at the approved practice site(s) in the approved discipline for a minimum of three years;

- 4) Agree to begin employment within 90 days of USCIS approval of J-1 waiver;
- 5) Agree to use a schedule of fees consistent with locally prevailing rates and designed to cover the site's reasonable costs of operation;
- 6) Agree to not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare or Medicaid/PeachCare for Kids®; or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, or sexual orientation;
  - a) Agree to charge indigent patients on a sliding discounted fee schedule based on current federal poverty guidelines and post notice of availability where patients can easily see it;
  - b) Agree to accept assignment for Medicare beneficiaries and to enter into an agreement with the Georgia Department of Community Health to provide services to Medicaid/Peachcare for Kids® beneficiaries;
- 7) Agree to submit a completed Placement Verification Form to SORH within 30 days after employment commences;
- 8) Agree to submit semiannual reports as directed by SORH throughout the three-year obligation;
- 9) Agree to notify SORH, in writing, of any change in the employment contract within 30 days of said change and of any pending complaints concerning the J-1 physician with the Georgia Composite Medical Board or the Georgia Department of Community Health, as applicable;
- 10) Agree to participate in site visits by SORH staff; and
- 11) Agree to uphold this Policy in its entirety.

## **APPLICATION GUIDELINES**

SORH accepts GA 30 applications annually beginning September 1 until all 30 slots are filled or the next program year cycle begins. Applications are reviewed on a first come, first served basis, while allowing priority to be extended to sites in areas with the greatest need for access to medical care. Applications received after all 30 slots are filled for a particular year cycle will be returned to applicant, and the applicant may reapply once the next year cycle begins.

Complete applications are reviewed by SORH and, upon favorable review, recommended to DOS within 30 days. Upon favorable review by DOS, applications are forwarded to USCIS for final approval or denial. Information on DOS and USCIS review processes can be found on the agencies' websites (see **RESOURCES AND LINKS**, p.11). Incomplete applications will be held without review until SORH receives all required documentation or, in certain cases, returned to applicant for revision and resubmission. Applications that are not recommended by SORH will be returned to applicant with a letter of denial.

**NOTE:** Submission of a waiver application to SORH does not guarantee support by SORH; nor does support by SORH guarantee final waiver approval by DOS/USCIS.

### **DEPARTMENT OF STATE CASE FILE NUMBER**

Prior to submitting a J-1 visa waiver application to SORH, DOS requires that the physician/applicant complete an online data sheet DS-3035 application. Completing the online application will reserve a Case File Number and generate a bar-coded data sheet that is required in order to process the J-1 visa waiver recommendation application. This Case File Number must appear on the bottom right corner of every page of the application packet submitted to SORH. (see **RESOURCES AND LINKS**, p.11 – U.S. DEPARTMENT OF STATE, INSTRUCTIONS).

**NOTE:** SORH will only review completed applications with an established Case File Number listed on the bottom right corner of every page of application packet.

### **APPLICATION PACKET**

Applications submitted to SORH for participation in the Georgia J-1 Visa Waiver Program must include the following documentation:

- A. **Program Data Sheet** (APPENDIX E)
- B. **Practice Site Data Sheet** (APPENDIX F)
- C. **Department of State Form DS-3035 with Third Party Barcode Page** – Application is available from J Visa Waiver Online at <https://j1visawaiverrecommendation.state.gov/>
- D. **Employer Request Letter** – Letter must be on Employer’s letterhead and contain signature of Employer’s authorized representative

#### **ADDRESS LETTER TO:**

Patricia A. Whaley, Executive Director  
State Office of Rural Health and Primary Care  
Georgia Department of Community Health  
502 South Seventh Street  
Cordele, GA 31015-1443

#### **LETTER MUST INCLUDE THE FOLLOWING:**

- 1) Name and medical discipline of the J-1 physician
- 2) Employer identity (e.g., FQHC, hospital, CAH, for-profit, nonprofit) and statement of acceptance of Medicare, Medicaid, and uninsured/underinsured patients
- 3) Statement of the facility’s desire to employ the physician for at least three years at a minimum of 40 hours per week in not less than a four-day period (or at least 80 hours per two-week period) at the approved site(s)
- 4) Address(es) of practice site(s), including Federal Information Processing Standards county code, and the census tract/block numbering area number (assigned by the Bureau of Census) or 9-digit zip code of the area in which the site is located
- 5) Statement that all practice sites are located in a designated Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) and listing each HPSA/MUA identifier number. Flex/non-designated area applications must include a description of each site’s service to patients from designated HPSAs/MUAs, including patient origin data by county/zip code for the previous calendar year.
- 6) Statement of community need, description of service area, list of similar providers in the service area, description of the applicant facility’s services including hours of operation and staffing level, and plan for introducing the physician to the community
- 7) Statement that the facility made a good faith effort to recruit for a U.S. citizen/permanent resident prior to signing a contract with the J-1 physician
- 8) Following statement: *"I hereby certify that I have read, fully understand, and will comply with the Georgia Conrad State 30 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."*

E. **Signed employment contract** – Employment contracts must include the following:

- 1) Name and physical address of the practice site(s)
- 2) J-1 physician's medical discipline and complete description of physician's duties
- 3) Statement that the J-1 physician will work a minimum of 40 hours per week in not less than a four-day period (or at least 80 hours per two-week period)
- 4) Term of at least three years
- 5) Statement that the J-1 physician will begin employment within 90 days of USCIS approval of J-1 waiver
- 6) Identification of the J-1 physician's salary and benefits (guaranteed three-year base salary, malpractice insurance coverage, leave benefits, continuing education, etc.)

**NOTE:** J-1 Visa Waiver Program participants are employees of and fully compensated by their sponsoring H-1B sponsor. Contract negotiations between the physician and the employer are solely the responsibility of the J-1 physician, and the contract terms should be carefully reviewed and understood by the physician before entering into an employment contract.

**NOTE:** Employment contracts submitted under the Georgia J-1 Visa Waiver Program should not be subsequently altered without prior written notice to SORH.

F. **Documentation of Health Professional Shortage Area (HPSA) and/or Medically Underserved Area/Population (MUA/P) designation** – Practice sites for all medical disciplines (psychiatrists excluded) must be located in an area currently designated as a primary care HPSA and/or MUA/P. Practice sites for psychiatrists must be located in a mental health HPSA and/or an MUA/P. Shortage designation determinations are available through HRSA Data Warehouse at <http://hpsafind.hrsa.gov/>. A determination must be submitted for each of the J-1 physician's practice site addresses.

G. **Current curriculum vitae**

H. **Signed Physician Statement** (APPENDIX C) – *original signature required*

I. **Program Agreement** (APPENDIX D) – *original signatures required*

No Objection Statement: If the physician received funding from his/her home government to participate in the exchange program, the physician must request a "No Objection" statement from the home country or embassy in Washington, D.C. to be sent directly to the DOS Waiver Review Division. The letter must be on embassy letterhead and contain the waiver case number on the lower right of the envelope. A copy of the letter must be attached to the GA 30 Program Agreement. Additional instructions are available from DOS at <https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/how-to-apply-waiver.html>.

J. **Physician statement regarding his/her reasons for not wishing to fulfill the two-year home-country physical presence requirement** – Statement must be signed and dated

K. **Copies of all DS-2019/IAP-66 forms in chronological order**

L. **Most recent Form I-94 Admission Record** – The electronic record is accessible online at <https://i94.cbp.dhs.gov/i94/#/recent-search>

M. **Statement regarding any period spent outside the U.S., in some other status, or out of status**

- N. 1) **Educational Commission for Foreign Medical Graduates (ECFMG) certificate**  
2) **United States Medical Licensing Examination (USMLE) Steps 1-3 score reports**
- O. **Copy of Georgia medical license or pending application**
- P. 1) **Documentation of completion of U.S. residency/fellowship or status in current program**  
2) **Documentation of board certification, *if applicable***
- Q. **Two letters of recommendation from the J-1 physician's residency/fellowship program** – Letters must include name, title, relationship to J-1 physician, address and telephone number, and must be printed on residency/fellowship program letterhead.
- R. **Three letters of community support from community leaders or members of local health care workforce** – must include at least one letter from a local government official
- S. **Copy of sliding discounted fee schedule, policy, and posted notice, and written policy to accept all patients regardless of ability to pay**
- T. **Prevailing wage determination** – Determination from the U.S. Department of Labor (DOL) National Prevailing Wage Center at <https://icert.doleta.gov/>, the Foreign Labor Certification Data Center Online Wage Library at <http://flcdatacenter.com/>, or other SORH-approved independent authoritative source.
- U. **Evidence of good faith effort to recruit for a U.S. citizen/permanent resident prior to signing a contract with J-1 physician**
- V. **Form 28-G, Notice of Entry of Appearance as Attorney/Representative, *if applicable*** – Instructions and electronic form are available through USCIS at <https://www.uscis.gov/g-28>.

### **SUBMIT APPLICATION TO SORH**

One complete application with original signatures and one complete copy, tabbed by letter in the order presented in the Application Checklist (APPENDIX B), must be submitted to SORH at the following address:

GEORGIA CONRAD STATE 30 J-1 VISA WAIVER PROGRAM  
 STATE OFFICE OF RURAL HEALTH AND PRIMARY CARE  
 GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
 502 SOUTH SEVENTH STREET  
 CORDELE, GA 31015-1443

### **PROGRAM MONITORING**

J-1 physicians and employers must submit a completed Placement Verification Form (APPENDIX G) to SORH within 30 days after employment commences and a Semiannual Report (APPENDIX H) every six months throughout the three-year service period. J-1 physicians are obligated to keep SORH informed of current practice and residential addresses and contact information throughout the three-year period, as well as a forwarding address upon completion of the program.

**NOTE:** Failure to comply with the program's reporting policy may result in a report of noncompliance to USCIS for the J-1 physician and jeopardize the employer's eligibility for future participation in the program.

SORH staff may schedule multiple site visits with the J-1 physician throughout the three-year service period, including an initial visit after receiving the completed Placement Verification Form.

## **WAIVER TRANSFERS**

Physicians in the Georgia Conrad State 30 J-1 Visa Waiver Program holding H-1B visas are limited to working exclusively for their sponsoring employer, at the approved location(s), and in the activities listed in their H-1B petition. USCIS and SORH must be notified prior to any material change in the terms and conditions of the J-1 physician's H-1B employment.

**NOTE:** USCIS will approve transfers to a new employer only under certain extenuating circumstances. It is the responsibility of the J-1 physician and employer to ensure compliance with all USCIS regulations, including the filing of a new H-1B petition.

The J-1 waiver physician must submit a formal request for waiver transfer to SORH and receive written approval prior to changing employer and/or practice site(s). Upon favorable review of the request, SORH will send a letter of support for the transfer to USCIS, with a copy to petitioner, within 30 days of receipt of the request. SORH will consider transfer requests according to the guidelines listed below. SORH will not review a transfer request without a letter of release from the original employer unless the employment contract has been legally terminated.

Upon approval of the transfer, the J-1 physician and new employer must submit a completed Placement Verification Form (APPENDIX G) to SORH within 30 days after new employment commences. Any unemployed period during the transfer process does not count towards the J-1 physician's three-year service period.

### TRANSFERRING PRACTICE SITE(S) WITHIN GEORGIA, WITH THE SAME EMPLOYER

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

- 1) Notify SORH, in writing, of intent and detailed reasons for transfer
- 2) Provide the new practice site name, address, and point of contact (name, phone, and email), and the effective date of the requested transfer
- 3) Provide a letter from the physician agreeing to the transfer
- 4) Obtain written approval from SORH
- 5) Continue to uphold the Georgia Conrad State 30 J-1 Visa Waiver Program Policy at the new site

### TRANSFERRING TO A NEW EMPLOYER WITHIN GEORGIA

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

- 1) Notify SORH, in writing, of intent and detailed reasons for transfer
- 2) Provide the name, address, and point of contact (name, phone, and email) of the new employer, complete address of the new practice site, and the effective date of the requested transfer
- 3) Obtain written approval from SORH
- 4) Continue to uphold the Georgia Conrad State 30 J-1 Visa Waiver Program Policy at the new site

Prior to the transfer, the **ORIGINAL EMPLOYER** must:

- 1) Provide letter to SORH releasing the physician from employment, with explanation of reasons for termination

Prior to the transfer, the **NEW EMPLOYER** must:

- 1) Provide a letter of intent to employ the J-1 physician for the remainder of the three-year service period and agree to comply with the terms of the Georgia Conrad State 30 J-1 Visa Waiver Program Policy
- 2) Submit a copy of the executed employment contract
- 3) Provide a copy of the facility's sliding discounted fee scale and policy

TRANSFERRING FROM GEORGIA'S PROGRAM TO ANOTHER STATE:

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

- 1) Notify SORH, in writing, of intent and detailed reasons for transfer
- 2) Provide the name, address, and point of contact (name, phone, and email) of the new employer, complete address of the new practice site, and the effective date of the requested transfer

Prior to the transfer, the **ORIGINAL EMPLOYER** must:

- 1) Provide letter to SORH releasing the physician from employment, with explanation of reasons for termination

**NOTE:** Transfers are at the sole discretion of SORH. Excessive transfers will cause an employer to be ineligible for future participation in the program.

## **PROGRAM NOTICES**

The Georgia J-1 Visa Waiver Program is designed to be consistent with the laws, regulations, health care programs, and policies of the State of Georgia, DOS, and USCIS and is not intended to replace a viable search for a graduate of an accredited U.S. medical school.

SORH's participation in the Conrad State 30 Program is completely discretionary and voluntary, and the Georgia Conrad State 30 J-1 Visa Waiver Program and Policy may be modified or terminated at any time.

SORH is responsible for interpretation of this Policy and reserves the right to recommend or deny any request for a waiver. Submission of a waiver application to SORH does not guarantee support by SORH; nor does support by SORH guarantee final waiver approval by DOS/USCIS.

Physicians admitted to the Georgia Conrad State 30 J-1 Visa Waiver Program and their sponsoring employers are expected to comply with this Policy in its entirety. Failure to uphold this Policy may result in a report of noncompliance to USCIS for the J-1 physician and jeopardize the employer's eligibility for future participation in the program.

## RESOURCES AND LINKS

|                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>GEORGIA DEPARTMENT OF COMMUNITY HEALTH</b>                                                                                       | <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a>                                                                                                                                                                                                                                                                                                                    |
| <b>GEORGIA STATE OFFICE OF RURAL HEALTH</b><br>GA 30 PROGRAM INFORMATION                                                            | <a href="http://dch.georgia.gov/sorh">http://dch.georgia.gov/sorh</a><br><a href="http://dch.georgia.gov/georgias-j-1-visa-waiver-program">http://dch.georgia.gov/georgias-j-1-visa-waiver-program</a>                                                                                                                                                                           |
| <b>HPSA/MUA SHORTAGE DESIGNATION SEARCH</b>                                                                                         | <a href="http://hpsafind.hrsa.gov/">http://hpsafind.hrsa.gov/</a>                                                                                                                                                                                                                                                                                                                |
| <b>PREVAILING WAGE DETERMINATION</b><br>DOL NATIONAL PREVAILING WAGE CENTER<br>FOREIGN LABOR CERTIFICATION DATA CENTER              | <a href="https://icert.doleta.gov/">https://icert.doleta.gov/</a><br><a href="http://www.flcdatacenter.com/">http://www.flcdatacenter.com/</a>                                                                                                                                                                                                                                   |
| <b>U.S. CENSUS BUREAU</b>                                                                                                           | <a href="http://www.census.gov/">http://www.census.gov/</a>                                                                                                                                                                                                                                                                                                                      |
| <b>U.S. DEPARTMENT OF HOMELAND SECURITY</b><br>US CITIZENSHIP AND IMMIGRATION SERVICES<br>I-94 ADMISSION NUMBER RECORD<br>FORM 28-G | <a href="http://www.uscis.gov">http://www.uscis.gov</a><br><a href="https://i94.cbp.dhs.gov/i94/#/recent-search">https://i94.cbp.dhs.gov/i94/#/recent-search</a><br><a href="https://www.uscis.gov/g-28">https://www.uscis.gov/g-28</a>                                                                                                                                          |
| <b>U.S. DEPARTMENT OF STATE</b><br>J VISA WAIVER ONLINE DS-3035<br>INSTRUCTIONS                                                     | <a href="https://j1visawaiverrecommendation.state.gov/">https://j1visawaiverrecommendation.state.gov/</a><br><a href="https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/how-to-apply-waiver.html">https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/how-to-apply-waiver.html</a> |
| <b>U.S. LAW</b>                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                  |
| DOS SUMMARY                                                                                                                         | <a href="https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/eligibility.html">https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/eligibility.html</a>                                                                                                                              |
| INA 212(e)                                                                                                                          | <a href="http://www.uscis.gov/iframe/ilink/docView/SLB/HTML/SLB/act.html">http://www.uscis.gov/iframe/ilink/docView/SLB/HTML/SLB/act.html</a>                                                                                                                                                                                                                                    |
| CFR § 40.202                                                                                                                        | <a href="http://www.gpo.gov/fdsys/pkg/CFR-2014-title22-vol1/xml/CFR-2014-title22-vol1-sec40-202.xml">http://www.gpo.gov/fdsys/pkg/CFR-2014-title22-vol1/xml/CFR-2014-title22-vol1-sec40-202.xml</a>                                                                                                                                                                              |
| CFR § 41.63                                                                                                                         | <a href="http://www.gpo.gov/fdsys/pkg/CFR-2014-title22-vol1/xml/CFR-2014-title22-vol1-sec41-63.xml">http://www.gpo.gov/fdsys/pkg/CFR-2014-title22-vol1/xml/CFR-2014-title22-vol1-sec41-63.xml</a>                                                                                                                                                                                |
| INA 2209(c)                                                                                                                         | <a href="http://www.uscis.gov/iframe/ilink/docView/PUBLAW/HTML/PUBLAW/0-0-0-1.html">http://www.uscis.gov/iframe/ilink/docView/PUBLAW/HTML/PUBLAW/0-0-0-1.html</a>                                                                                                                                                                                                                |
| PUBLIC LAW 112-176                                                                                                                  | <a href="http://www.uscis.gov/news/uscis-program-extension-alert">http://www.uscis.gov/news/uscis-program-extension-alert</a>                                                                                                                                                                                                                                                    |

## **APPENDIX**

APPENDIX A – NATIONAL INTEREST WAIVER

APPENDIX B – APPLICATION CHECKLIST

APPENDIX C – PHYSICIAN STATEMENT

APPENDIX D – PROGRAM AGREEMENT

APPENDIX E – PROGRAM DATA SHEET

APPENDIX F – PRACTICE SITE DATA SHEET

APPENDIX G – PLACEMENT VERIFICATION FORM

APPENDIX H – SEMIANNUAL REPORT FORM



## **NATIONAL INTEREST WAIVER**

SORH will provide a letter of support for National Interest Waiver (NIW) petitions for eligible foreign national physicians currently working (or who previously worked) in Georgia who agree to work full-time in a clinical practice for a minimum of five years in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA). The letter will attest that the physician's work is in the public interest. SORH will send the NIW letter of support directly to USCIS, with a copy to petitioner, upon receipt of all required documentation.

Requests to SORH for NIW support must include the following documentation:

- 1) Physician – letter describing his/her interest in working with underserved populations and intent to work for at least five years in a designated underserved area
- 2) Employer – letter of intent to employ physician that includes:
  - a) Term of at least five years (or at least a two-year extension for current GA 30 participants)\*
  - b) Describe the need for physician
  - c) Confirm acceptance of Medicare/Medicaid patients and that low-income patients are charged on a sliding discounted fee schedule based on current federal poverty guidelines
- 3) Copy of employment agreement indicating a term of at least five years (or at least a two-year extension for current GA 30 participants)\*
- 4) Copy of physician's current H-1B visa
- 5) Copy of physician's current Georgia license and board certification
- 6) Copy of physician's current CV
- 7) Form 28-G, Notice of Entry of Appearance as Attorney/Representative, if applicable

\* Requests for physicians with prior qualifying employment may limit the term of employment to the required period of clinical medical practice to satisfy the five-year requirement. Such requests must include a letter from the prior employer(s) describing the service, including dates of service, practice site address(es), and confirmation of full-time service.

**NOTE:** Letters of support for National Interest Waiver petitions are at the sole discretion of SORH.

Submit requests to SORH at the following address:

GEORGIA NIW PROGRAM  
STATE OFFICE OF RURAL HEALTH AND PRIMARY CARE  
GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
502 SOUTH SEVENTH STREET  
CORDELE, GA 31015-1443



## APPLICATION CHECKLIST

**DIRECTIONS:**

- 1) One complete application with original signatures and one complete copy must be submitted with tabs in the order presented below.
- 2) The physician’s DOS Case Number must appear on the bottom right corner of each page submitted.
- 3) Applications submitted out of order, without tabs, or without Case Number on each page will be returned.

| TAB | ITEM                                                                                                 | ✓ |
|-----|------------------------------------------------------------------------------------------------------|---|
| A   | Program Data Sheet (Appendix E)                                                                      |   |
| B   | Practice Site Data Sheet (Appendix F)                                                                |   |
| C   | Department of State Form DS-3035 with Third Party Barcode Page                                       |   |
| D   | Employer request letter (see Page 6)                                                                 |   |
| E   | Signed employment contract; must include:                                                            |   |
|     | 1) Name and physical address of practice site(s)                                                     |   |
|     | 2) Physician's medical discipline and complete description of physician’s duties                     |   |
|     | 3) Statement that physician will work at least 40 hours per week (or 80 hours per 2-week period)     |   |
|     | 4) Term of at least 3 years                                                                          |   |
|     | 5) Statement that physician will begin employment within 90 days of USCIS approval of waiver         |   |
|     | 6) Physician salary and benefits                                                                     |   |
| F   | Documentation of HPSA and/or MUA/P designation                                                       |   |
| G   | Current curriculum vitae                                                                             |   |
| H   | Signed Physician Statement (Appendix C) <i>ORIGINAL SIGNATURE REQUIRED</i>                           |   |
| I   | Program Agreement, signed and notarized (Appendix D) <i>ORIGINAL SIGNATURES REQUIRED</i>             |   |
| J   | Physician statement regarding reasons for not wishing to fulfill the 2-year home-country requirement |   |
| K   | Copies of all DS-2019/IAP-66 forms in chronological order                                            |   |
| L   | Most recent Form I-94 Admission Record                                                               |   |
| M   | Statement regarding any period spent outside the U.S., in some other status, or out of status        |   |
| N   | ECFMG certificate                                                                                    |   |
|     | USMLE Steps 1-3 score reports                                                                        |   |
| O   | Copy of Georgia medical license or pending application                                               |   |
| P   | Documentation of completion of U.S. residency/fellowship program or status in current program        |   |
|     | Documentation of board certification, <i>if applicable</i>                                           |   |
| Q   | 2 letters of recommendation from J-1's residency/fellowship program <i>NO FORM LETTERS</i>           |   |
| R   | 3 letters of community support (including 1 from local government official) <i>NO FORM LETTERS</i>   |   |
| S   | Copy of sliding discounted fee schedule, policy, and posted notice                                   |   |
|     | Written policy to accept all patients regardless of ability to pay                                   |   |
| T   | Prevailing wage determination                                                                        |   |
| U   | Evidence of good faith effort to recruit for a U.S. citizen/permanent resident                       |   |
| V   | Form 28-G, Notice of Entry of Appearance as Attorney/Representative, <i>if applicable</i>            |   |

DOS Case # \_\_\_\_\_



**PHYSICIAN STATEMENT**

I, \_\_\_\_\_ (J-1 physician’s name), hereby agree to the contractual requirements set forth in Section 214 (l) of the Immigration and Nationality Act, as follows:

- a) I have demonstrated a bona fide offer of “full-time” employment at \_\_\_\_\_ (practice site name), a health care facility, and agree to begin employment at this facility within 90 days of receiving such waiver, and agree to continue to work in accordance with INA Section 214 (l), paragraph (2), at this health care facility for a total of not less than three (3) years (unless the U.S. Attorney General determines that extenuating circumstances, such as the closure of the facility or hardship to the physician, would justify a lesser period of time).
  
- b) I agree to practice medicine in accordance with INA Section 214 (l), paragraph (2), for a total of not less than three (3) years, only in the geographic area or areas which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals.

\_\_\_\_\_  
Signature of J-1 Physician

\_\_\_\_\_  
Date



PROGRAM AGREEMENT

DIRECTIONS: Each item must be initialed by the J-1 physician. Agreement must contain notarized signature of the J-1 physician and employer. Item 3 may be excluded only if a "No Objection" statement is required. In such a case, a copy of the statement from the physician's home government must be attached to this Agreement (see Page 7 of GA 30 Policy).

1. I, \_\_\_\_\_ (name of J-1 physician), hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1101, that: (1) I have sought or obtained the cooperation of the Georgia Department of Community Health, State Office of Rural Health (SORH); and (2) I do not now have pending nor will I submit another request to any U.S. Government department or agency or its equivalent, to act on my behalf in any matter relating to my two-year home residence requirement.

2. I understand and acknowledge that SORH's participation in the Conrad State 30 Program is completely discretionary and voluntary, and the Georgia J-1 Visa Waiver Program and Policy may be modified or terminated at any time. I further understand and acknowledge that SORH reserves the right to recommend or deny any request for a waiver and that in the event a decision is made not to grant my request, I hold harmless the Department of Community Health, State Office of Rural Health, and any and all Department of Community Health employees, agents and assigns from any action or lack of action made in connection with this request.

3. I hereby declare and certify that a "No Objection" statement is not required because I did not receive funding from my home government to participate in the exchange program and am not contractually obligated to return to my home country.
or
\_\_\_\_\_ Copy of "No Objection" statement is attached

4. I agree to provide primary medical care, mental health care, or sub-specialty medical care services for a minimum of forty (40) hours per week (or 80 hours per two-week period) at the SORH-approved site(s) for a term of at least three (3) years, commencing not later than ninety (90) days after I receive notification of waiver approval by the United States Citizenship and Immigration Services (USCIS).

5. I agree to submit to SORH a completed Placement Verification Form (APPENDIX G) within 30 days after employment commences, written notification of any change in the employment contract within 30 days of said change, semiannual reports (APPENDIX H) throughout the three-year obligation, and written notification of any pending complaints concerning the J-1 physician with the Georgia Composite Medical Board or the Georgia Department of Community Health, and agree to site visits by SORH staff throughout the three-year obligation.

6. I agree to not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare or Medicaid/PeachCare for Kids®; or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, or sexual orientation;

a) I agree to charge indigent patients on a sliding discounted fee schedule based on current federal poverty guidelines and post notice of availability where patients can easily see it;

b) I agree to accept assignment for Medicare beneficiaries and to enter into an agreement with the Georgia Department of Community Health to provide services to Medicaid/Peachcare for Kids® beneficiaries;

\_\_\_\_\_ 7. I agree to uphold the Georgia Conrad State 30 J-1 Visa Waiver Policy in its entirety and to not enter into any agreements that interfere with, modify, or amend the terms of the Georgia Conrad State 30 J-1 Visa Waiver Program. I further agree to provide more information to SORH, upon request, for clarification and/or verification of this application. I understand and acknowledge if I willingly fail to comply with the terms of the Georgia Conrad State 30 J-1 Visa Waiver Policy, the Georgia Department of Community Health Commissioner may notify USCIS of my noncompliance, which may result in the revocation of my J-1 visa waiver.

**J-1 Physician:**

I declare under penalty of perjury 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 documentation.

\_\_\_\_\_  
Signature of J-1 Physician

Subscribed and sworn before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Notary Public)

**Employer:**

I hereby certify that I have read, fully understand, and will comply with the Georgia Conrad State 30 J-1 Visa Waiver Policy and Program Agreement, and that all of the information contained in this application and supporting documentation is true to the best of my knowledge and belief. I further agree to structure the aforementioned physician's employment to facilitate his/her full compliance with such Policy and Agreement.

\_\_\_\_\_  
Signature of Employer

Subscribed and sworn before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Printed Name of Employer

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
Date



## PROGRAM DATA SHEET

\_\_\_\_\_  
US DOS Case Number

**PHYSICIAN NAME:** \_\_\_\_\_ Male/Female: \_\_\_\_\_  
LAST NAME, First Name, Middle Initial

Medical Discipline: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Residence/Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

---

**EMPLOYER NAME:** \_\_\_\_\_

Employer Point of Contact: \_\_\_\_\_  
Name, Title

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

Facility Type: \_\_\_\_\_ Nonprofit/For-Profit: \_\_\_\_\_  
(e.g., FQHC, RHC, CAH, rural/urban hospital, university-owned hospital, private practice)

---

**PRIMARY PRACTICE SITE NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ HPSA/MUA ID#: \_\_\_\_\_

Practice Site Point of Contact: \_\_\_\_\_  
Name, Title

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**ATTORNEY/REPRESENTATIVE NAME:** \_\_\_\_\_

Attorney Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney Mailing Address: \_\_\_\_\_

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**PRACTICE SITE DATA SHEET**

**PRIMARY PRACTICE SITE NAME:** \_\_\_\_\_ Hours/week<sup>1</sup>: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ HPSA/MUA ID#: \_\_\_\_\_

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 J-1 physician will work. New practice sites should project data for future years and provide rationale for projections on a separate sheet of paper. One table with aggregate data may be submitted if the J-1 physician will work at multiple sites.

| Year                      |  |  |  |
|---------------------------|--|--|--|
| # Unduplicated Patients   |  |  |  |
| % Medicare                |  |  |  |
| % Medicaid                |  |  |  |
| % Private Insurance       |  |  |  |
| % Self Pay / No Insurance |  |  |  |

Percentage of patients residing in the same county in which the practice site is located: \_\_\_\_\_%

**ADDITIONAL PRACTICE SITES**

Practice Site Name: \_\_\_\_\_ Hours/week<sup>1</sup>: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ HPSA/MUA ID#: \_\_\_\_\_

Practice Site Name: \_\_\_\_\_ Hours/week<sup>1</sup>: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ HPSA/MUA ID#: \_\_\_\_\_

Practice Site Name: \_\_\_\_\_ Hours/week<sup>1</sup>: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ HPSA/MUA ID#: \_\_\_\_\_

Practice Site Name: \_\_\_\_\_ Hours/week<sup>1</sup>: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ HPSA/MUA ID#: \_\_\_\_\_

<sup>1</sup> List the total number of hours per week the J-1 physician will provide direct patient care at each practice site.



### PLACEMENT VERIFICATION FORM

J-1 Visa Waiver Approval Date: \_\_\_\_\_

GA Medical License Number: \_\_\_\_\_

H-1B Visa Approval Date: \_\_\_\_\_

Physician Medicaid Number: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

**PHYSICIAN NAME:** \_\_\_\_\_ Specialty: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_

Employer Point of Contact (Name, Title): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

| PRACTICE SITE NAME & ADDRESS(ES): | HPSA / MUA ID# |
|-----------------------------------|----------------|
| 1) _____                          | _____          |
| 2) _____                          | _____          |
| 3) _____                          | _____          |
| 4) _____                          | _____          |
| 5) _____                          | _____          |

I hereby certify that I provide medical care services for a minimum of forty (40) hours per week (or 80 hrs/2-wks) at the location(s) and in the discipline listed above and that all information contained in this report is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of J-1 Physician

\_\_\_\_\_  
Date

I hereby certify that the aforementioned physician provides medical care services for a minimum of forty (40) hours per week (or 80 hrs/2-wks) at the location(s) and in the discipline listed above and that all information contained in this report is true to the best of my knowledge and belief.

\_\_\_\_\_  
Employer Signatory (Type/Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

**Please return this completed form to SORH within thirty (30) days following employment commencement, along with 1) copy of the physician's H-1B visa approval notice from USCIS and 2) copy of Georgia medical license. It is the responsibility of the J-1 physician to notify SORH of any changes to the information above.**



### SEMIANNUAL REPORT

\_\_\_\_\_  
Reporting Period

**PHYSICIAN NAME:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_

Employer Point of Contact (Name, Title): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PRACTICE SITE NAME & ADDRESS(ES):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1) Number of hours per week J-1 physician provided direct patient care during this reporting period: \_\_\_\_\_

2) Number of days J-1 physician was absent due to leave of absence in excess of accrued paid time off: \_\_\_\_\_

3) Number of unduplicated patients during this reporting period (NOT number of patient visits): \_\_\_\_\_

4) Patient breakdown by primary payer source for this reporting period (total should equal 100%):

a. Medicare \_\_\_\_\_%

b. Medicaid (include CHIP/PeachCare/CMOs) \_\_\_\_\_%

c. Private Insurance \_\_\_\_\_%

d. Self-Pay / No Insurance \_\_\_\_\_%

5) Number of self-pay patients utilizing sliding fee schedule during this reporting period: \_\_\_\_\_

6) Percentage of patients residing in the same county in which the practice site is located: \_\_\_\_\_%

I hereby certify that I provided medical care services as described in this report and that all information contained in this report is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of J-1 Physician

\_\_\_\_\_  
Date

I hereby certify that the aforementioned physician provided medical care services as described in this report and that all information contained in this report is true to the best of my knowledge and belief.

\_\_\_\_\_  
Employer Signatory (Type/Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date