

# NORTHERN BORDER REGIONAL COMMISSION J-1 PROGRAM

State of Maine  
Rural Health and Primary Care Program  
Program Information and Guidelines

## INTRODUCTION

J-1 physicians are typically required to return home and use their skills in their home country for at least two years before they are able to return to the U.S. Instead of returning home, some physicians apply for a waiver of the two year requirement. Typically, each state is only allotted 30 J-1 (Conrad 30) Waivers each cycle. However, with the Northern Border Regional Commission's (NBRC) J-1 Waiver Program. Each state is allotted more J-1 Waivers.

The NBRC is committed to helping residents of Maine, New Hampshire, New York, and Vermont have access to quality, affordable health care. As part of this larger effort, the NBRC will consider recommending a waiver of the two-year home-country physical presence requirement on behalf of eligible physicians holding J-1 visas in Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA). These physicians must agree to work at least three years and 40 hours per week in a designated HPSA or MUA in the legislatively defined Northern Border Region.

Requests for waivers under the NBRC J-1 Visa Waiver Program must be sponsored by a state within the NBRC's region. The designated J-1 program specialist for Maine is the Maine CDC, Rural Health and Primary Care Program. To start this process, reach out to facilities that have open physician opportunities that you are interested in. The facility and their immigration lawyer will be able to assist you with starting this process.

J-1 waivers must be requested by the employing health care facility or an attorney acting for the health care facility on behalf of the J-1 physician. To contact the Rural Health and Primary Care Program (RHPCP) please reach out to Erica Dyer at [erica.dyer@maine.gov](mailto:erica.dyer@maine.gov) and Nicole Breton at [nicole.breton@maine.gov](mailto:nicole.breton@maine.gov) or 207-287-5562.

For more information regarding the NBRC J-1 Visa Waiver Program, please contact Liz Cross at [j1visa@nbrc.gov](mailto:j1visa@nbrc.gov).

## NBRC GUIDELINES

The Federal Co-Chair's policy is totally discretionary and voluntary and may be modified or terminated at any time without notice. The NBRC has the discretion to limit the number of waiver requests from health care providers who submit multiple applications in a federal cycle year. In all instances, the Federal Co-Chair reserves the right to recommend or decline to recommend any request for a waiver. Waiver recommendations will be sent to the US Department of State (DOS) and approval is at the sole discretion of US Citizenship and Immigration Services (USCIS).

These NBRC guidelines are minimum requirements, but each state may impose additional requirements it seems necessary to support its physician recruitment program.

- Physician requests must be sponsored by the State of Maine and will only be considered by the Federal Co-Chair upon written recommendation by the Governor, the NBRC State Alternate, or, a letter from the Director of the designated State Department of Public Health or its alternate.
- The physician must agree to provide primary care in a designated primary care HPSA or MUA, or psychiatric care in a Mental Health HPSA as designated by the Health Resources and Services Administration (HRSA). The Physician will work in primary care or psychiatry within the legislatively defined NBRC's service area for at least 40 hours per week, for a minimum of three year. The NBRC service area for Maine includes all counties EXCEPT for Cumberland, Lincoln, Sagadahoc, and York. Travel or on-call time may not be included in this requirement, except for obstetricians.
- The sponsor must demonstrate that it has made a reasonable good faith effort to recruit a US doctor for the job opportunity in the same salary range without success during the six months immediately preceding the request for a waiver. The sponsor will show, with such supporting documentation as the Federal Co-Chair may require, that it has undertaken such recruitment through a reasonable number of appropriate resources. This may include but is not limited to: advertisements in newspapers and medical journals of national and statewide circulation, and job opportunity notices placed in appropriate medical schools including all medical schools in the State in which the clinic is located.

- The Employment contract between the physician and the sponsor may not contain a restrictive covenant or non-compete clause, which prevents or discourages the physician from continuing to practice in any HPSA/MUA after the period of obligation under this policy has expired. The physician, prior to employment, must be licensed by the State where they will practice primary medical care in a designated primary care HPSA or designated MUA or psychiatric care in a designated Mental Health HPSA.
- The physician must not have been “out of status” (as defined by the US Citizenship and Immigration Services of the US Department of Homeland Security (DHS)) for more than 180 days since receiving a visa under 8 U.S.C. 1182(j) of the Immigration and Nationality Act, as amended. The physician shall provide the Federal Co-Chair all copies of their Certificates of Eligibility for Exchange Visitor (J-1) Status, form DS-2019 and every other document needed to verify status.
- The facility or practice sponsoring the physician must agree to provide health services to individuals without discriminating against them because (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare and Medicaid. The sponsor may charge no more than the usual and customary rate prevailing in the HPSA/MUA in which services are provided. Charges must be discounted on a sliding fee scale for persons at or below 200 percent of the federal poverty level (FPL). Persons with third party insurance may be charged the full fee.
  - A notice must be posted in a conspicuous location in the patient waiting area at the practice site notifying patients of the charges for service as required.
  - Sponsors seeking a placement in a special population HPSA or MUA placement must demonstrate their recent record of serving Medicare, Medicaid, and medically indigent patients as well as their continuing intentions to serve such individuals.
- The physician must sign and have notarized the Federal Co-Chair’s “J-1 Visa Policy Affidavit and Agreement” ([Appendix A](#)) prior to the consideration by the Federal Co-Chair of the request and must comply with the terms and conditions set forth in that document.

- All requests approved initially by the Federal Co-Chair and approved subsequently by the US Citizenship and Immigration Services of the US DHS will be subject to review by a relevant federal compliance official for compliance with this policy statement and other applicable laws. A sponsor's failure to comply in good faith with this waiver policy will be considered in the evaluation of other applications involving the same sponsor.

## **NBRC J-1 VISA WAIVER APPLICATION INSTRUCTIONS**

All information listed in the NBRC “Waiver Application Checklist” ([Appendix B](#)) must be included in your application to be considered for a J-1 visa waiver recommendation. If documentation required on the checklist is omitted or does not meet the NBRC guidelines, the application will be returned to the applicant.

The completed waiver packet (plus a copy) must first be sent to the State of Maine CDC Rural Health and Primary Care Program for review. Please see the section of this guide for State of Maine requirements. If the State of Maine approves the request, your application will be sent to the NBRC for final review.

Once NBRC receives the application, they will notify the applicant of receipt. If all information requested is received, the applicant can expect a determination within 60 days. The time period may be extended to allow for additional review if documentation is omitted from the application packet or found to be insufficient.

If approved, a recommendation will be sent from the NBRC Federal Co-Chair to the US DOS for consideration. NBRC and the applicant will receive notification from the US DOS if our waiver recommendation is approved and is being sent to USCIS. USCIS has the sole authority to grant or deny a waiver request. The applicant will receive notification directly from USCIS of the final determination, but the NBRC will not.

The applicant must notify the NBRC and the RHPCP once they receive an official determination from USCIS.

## **NBRC Required Documents**

Along with all of the below, the DOS Case Number must appear on each page of the application.

### **State Letter**

- Written Recommendation by the Governor or approved State Official

### **Employment Letter**

- Addressed to the Federal Co-Chair
- Includes Sponsor name, address phone number and email address
- Includes name and specialty of physician
- Includes address(es) of practice site(s)
- State employer identity/type of practice
  - E.g. for profit, not for profit, FQHC, etc.
- States that the facility is located in a designated HPSA/MUA and includes HPSA/MUA name(s) and ID(s) of practice location(s).
- States the the facility and the physician provides medical care to Medicare/Medicaid eligible and indigent uninsured patients.
- Asserts that the physician will practice for a minimum of 40 hours per week in the HPSA/MUA indicated.
- Includes statement of the site's need for the physician and description of sponsor's record of serving the target population.
- If a Special Population HPSA/MUA designation, documents the sponsor's record of serving the Medicare/Medicaid eligible and medically indigent patients. Data should be representative of site(s) and state percentage.
- Includes the statement "I Hereby certify that I have read and fully understand and will comply with the NBRC Federal Co-Chair'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."
- The statement should also include the Federal Information Processing Standards county code and census tract or block numbering area number (assigned by the Bureau of Census) or the 9 digit zip code of the area where the facility is located.
- A signature of an authorized official.

## **Contract**

- Includes Name and Specialty of the physician
- Specified name(s) and address(es) of practice site(s)
- Includes federally designated HPSA/MUA name(s) and ID(s) of practice locations(s)
- Specified position is at least 40 hours per week for a minimum of three years.
  - The term of the contract must be listed in specific dates. I.e. June 1, 2024 - May 31, 2027.
- Verifies that 20 of the 40 hours will be served at the primary employment site.
- Specified salary
  - The salary cannot be lower than the prevailing wage
- Contains exactly worded NBRC J-1 Visa Waiver Liquidated Damages Clause (Appendix D)
- Does not contain a restrictive covenant or non-compete clause
- Does not include a non-solicitation clause beyond the three-year commitment.
- Does not contain a no cause termination clause.
- States that the physician agrees to begin their assignments within 90 days of Waiver approval.
- Signed by both the physician and the facility.

## **Other Items**

- Evidence that unsuccessful efforts were made to recruit a US citizen physician for the position.
  - E.g. medical journal advertisements; labor certification; or language in a cover letter, written by job board staff or journal staff, stating efforts to recruit a US Citizen physician have been unsuccessful and includes the dates the advertisements were posted.
- Subscribed and duly sworn and notarized NBRC J-1 Visa Waiver Affidavit and Agreement (Appendix A)
- Evidence of a Sliding Fee Schedule up to 200% FPL
  - Also include a sample posting of the Notice of Policies for Charges for Health Care Services
- J-1 Visa Waiver Recommendation Application - DS 3035 - including 3rd party bar-code page and IGA.
- Certificates of Eligibility of for Exchange Visitor Status - DS 2019s for all years in training.
- A copy of the physician's current CV

- Copy of the Physician's work schedule (only if more than one site is involved)
- Notice of Entry of Appearance as attorney - Form G-28, if you have designated an attorney to represent you.
- Evidence that the clinic/facility is located in a US HHS designated HPSA/MUA.
  - This must come from: <https://data.hrsa.gov/tools/shortage-area/by-address> or for FQHCs: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.
  - Each facility where the provider will work, must have evidence provided.
- A statement signed and dated by the physician that reads exactly as follows:  
“I, \_\_\_\_\_(your name) hereby declare and certify, under penalty of the provisions of 18USC.1001, that: (1) I have sought or obtained the cooperation of \_\_\_\_ (enter the name of the US Government agency which will submit/is submitting an Interested Government Agency Waiver request on your behalf to obtain a waiver of the two-year home-country physical presence requirement); and (2) I do not now have pending nor will I submit another request to any US Government department or agency or its equivalent, to act on my behalf in any manner relating to a waiver of my two-year home residence requirement.”
- **A statement that is signed by the facility that it will cooperate with all reporting requests from the NBRC and/or the RHPCP and that the facility will report any and all material changes of the J-1 physician to the NBRC and the RHPCP within 10 days of such change.**
  - This may include but is not limited to proposed changes to employment location and terms of the J-1 physician's contract.

## **RHPCP Required Documents**

Along with all of the requirements from the NBRC, the RHPCP also requires the below.

### **Facility Letter**

- A request that the Maine Department of Health and Human Services (DHHS) recommend a waiver for the J-1 Physician
- A brief description of the physician's qualifications including the field of residency and date of completion, and proposed responsibilities.
- A brief statement regarding how the J-1 physician's employment will satisfy important unmet needs that address health problems prevalent in the community and/or service population.
- A statement agreeing that the physician will serve all patients regardless of their ability to pay and to provide services without regard to a persons race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.
  - Age is not a discriminatory factor for pediatric, geriatric, or OBGYN sites.
- A statement indicating how the community would be affected if the waiver were to be denied.

### **A Brief Description of the Health Care Facility**

- This includes the nature and extent of its medical services
- Limited to 10 pages.

### **Community Letter of Support**

- A letter from someone within the community of which the physician will be working.
- This letter must describe how the community will welcome the physician to the community. I.e. showing them grocery stores, churches, or schools, etc.
- The individual from the community must be separate from the facility where the physician will be working.

### **Detailed Recruitment Strategy**

- Must include the facility's strategy for short and long term retention (Elements of Successful Recruitment and Retention can be found in [Appendix E](#))



## **Addendum to the J-1 Physician's Contract (Appendix F)**

**Proof that the J-1 Physician has passed parts I, II, and III of the US Medical Licensing Examination (USMLE) or the Federation Licensing Examination Parts I and II**

**Evidence of Current status as a medical resident or completion of a medical residency program.**

**Proof that the J-1 physician has a pending or acting Maine License at the MD or DO level.**

- Must be printed from the Office of Professional and Occupational Regulation's official database:

<https://www.pfr.maine.gov/almsonline/almquery/welcome.aspx>

**A no objection letter from the J-1 physician's home government or a statement from the Candidate that states s/he is not contractually obligated to return to their home country.**

**Copies of the J-1 physician's I-94s, Arrival/Departure Records**

- Including copies of all of the J-1 physician's family members I-94s, and DS2019s, if applicable.

**Three different signed letters of recommendation dated within one year of the waiver request.**

# SUBMISSION REQUIREMENTS

## Format and Packaging

- Letter size (8 1/2" x 11") paper should be used for all documentation.
- The use of staples, paper clips, tabs, or two sided documents should be limited.
- You may separate sections using one piece of colored paper.
- Documents should be submitted in checklist order (Appendix B)
- Please do not include documents that are not required by the US DOS, the NBRC, or the RHPCP

## Limits

- Currently, the NBRC is only allowing applications for physicians in Primary Care and Mental Health specialties.
  - The NBRC has the right to expand this at any time.
- There is a limitation of 5 applications per facility per year.

## Selection Order

- Waiver requests will be accepted on a first-come, first-served basis. An electronic form is currently open for facilities or their immigration lawyers to submit an application for an NBRC Waiver.
- The RHPCP requires potential applicants to submit a pre-selection application. This can be submitted here:  
<https://app.smartsheet.com/b/form/3a99b17df8944f79a50d9f54120d9402>
  - The RHPCP will request for the copies of the application to be sent in. Do NOT send in an application until you have received communication from our office.
  - An example of the Smartsheet form can be found in Appendix H
- Please Note that submissions of an application request indicates that both the facility and the physician agree to comply with all rules and requests for information from the RHPCP. Failure to comply with rules and requests for information in a timely manner may result in loss of slots or eligibility to participate in the future at the discretion of the program.

## FOR MORE INFORMATION

For More Information please reach out to the Rural Health and Primary Care Program.

Erica Dyer - [erica.dyer@maine.gov](mailto:erica.dyer@maine.gov)

Nicole Breton - [nicole.breton@maine.gov](mailto:nicole.breton@maine.gov)

207-287-5562

[www.mainepublichealth.gov/ruralhealth](http://www.mainepublichealth.gov/ruralhealth)



A Division of the Maine Department of Health and Human Services

### NON-DISCRIMINATION NOTICE

The Department of Health and Human Services ("DHHS") does not discriminate on the basis of disability, race, color, sex, gender, sexual orientation, age, national origin, religious or political belief, ancestry, familial or marital status, genetic information, association, previous assertion of a claim or right, or whistleblower activity, in admission or access to, or the operation of its policies, programs, services, or activities, or in hiring or employment practices. This notice is provided as required by and in accordance with Title II of the Americans with Disabilities Act of 1990 ("ADA"); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Age Discrimination Act of 1975; Title IX of the Education Amendments of 1972; Section 1557 of the Affordable Care Act; the Maine Human Rights Act; Executive Order Regarding State of Maine Contracts for Services; and all other laws and regulations prohibiting such discrimination. Questions, concerns, complaints or requests for additional information regarding the ADA and hiring or employment practices may be forwarded to the DHHS ADA/EEO Coordinators at 11 State House Station, Augusta, Maine 04333-0011; 207-287-4289 (V); 207-287-1871(V); or Maine Relay 711 (TTY). Questions, concerns, complaints or requests for additional information regarding the ADA and programs, services, or activities may be forwarded to the DHHS ADA/Civil Rights Coordinator, at 11 State House Station, Augusta, Maine 04333-0011; 207-287-3707 (V); Maine Relay 711 (TTY); or ADA-CivilRights.DHHS@maine.gov. Civil rights complaints may also be filed with the U.S. Department of Health and Human Services, Office of Civil Rights, by phone at 800-368-1019 or 800-537-7697 (TDD); by mail to 200 Independence Avenue, SW, Room 509, HHS Building, Washington, D.C. 20201; or electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA/Civil Rights Coordinator. This notice is available in alternate formats, upon request.

## Appendix A

### **J-1 Visa Waiver Affidavit & Agreement**

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

1. I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the Northern Border Regional Commission (NBRC), the Federal Co-Chair, any and all NBRC 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 NBRC Federal Co-Chair's voluntary policy and desire to improve the availability of primary medical care in regions designated by the Health Resources and Services Administration (HRSA) as Health Professions Shortage Areas (HPSA) and Medically Underserved Areas (MUA) in Maine, New Hampshire, New York and Vermont. I understand NBRC only provides J-1 visa waiver recommendations for physicians practicing at work sites located within NBRC's congressionally-designated footprint, and I agree to practice therein.
3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary medical care to patients, including the indigent, for a minimum of forty (40) hours per week within a HRSA designated HPSA or MUA located in the NBRC jurisdiction. Such service shall commence not later than 90 days after I receive approval by the United States Citizenship and Immigration Services (USCIS) of my waiver request and shall continue for a minimum of three (3) years or longer, as a specific State policy may require. Any subsequent change in location must be reported immediately to NBRC for concurrence.

4. I agree to incorporate all the terms of this J-1 Visa Waiver Affidavit and Agreement into any and all employment agreements I enter pursuant to paragraph 3 and to include in each such agreement the NBRC liquidated damages clause, of \$250,000 payable to the employer. (A copy of all employment agreements are attached to this request) This damages clause shall be activated by 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.

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

6. I also agree to incorporate all terms of this J-1 Visa Waiver Affidavit and Agreement into any employment agreement I enter pursuant to paragraph 3.

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

8. I have read and fully understand the “NBRC Federal Co-Chair’s J-1 Visa Waiver Policy,” a copy of which is attached to this request.

9. I expressly understand that this waiver of my foreign residence requirement must ultimately be approved by the USCIS, and I agree to provide written notification of the specific location and nature of my practice to the NBRC and the State contact at the time I receive notification from USCIS and I commence rendering services in the NBRC jurisdiction.

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

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

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

\_\_\_\_\_  
Signature

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

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

## **Appendix B**

### **NBRC and RHPCP Visa Waiver Application Checklist**

Submit all documents in this order

#### **State Letter:**

\_\_\_ Written recommendation by the governor or approved State Official

#### **Employer Letter:**

\_\_\_ Addressed to the Federal Co-Chair

\_\_\_ Includes the sponsor name, address, phone number and email address

\_\_\_ Includes name and specialty of the physician

\_\_\_ Includes address(es) of practice site(s)

\_\_\_ States Employer identity/type of practice

\_\_\_ States the facility is located in a designated HPSA/MUA and provides medical care to Medicare/Medicaid eligible and indigent uninsured patients.

\_\_\_ Includes federally designated HPSA/MUA name(s) and ID(s) of practice location(s)

\_\_\_ Asserts the physician will practice for a minimum of 40 hours/week in the HPSA/MUA indicated

\_\_\_ Includes statement of site's need for the physician and description of the sponsor's record of serving the target population.

\_\_\_ If a Special Population HPSA/MUA designation, documents the sponsor's record of service the Medicare/Medicaid eligible and medically indigent patients.

\_\_\_ Includes the Federal Information Processing Standards county code and census tract or block numbering area number (assigned by the Bureau of Census) or the 9-digit zip code of the area where the facility is located.

\_\_\_ Includes the exactly worded statement:

“I hereby certify that I have read and fully understand and will comply with the NBRC Federal Co-Chair'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.”

\_\_\_ A request that the Maine DHHS recommend a waiver for the physician.

\_\_\_ A brief description of the physician's qualifications including the field of residency and date of completion, and proposed responsibilities.

\_\_\_ Statement describing how the physician's employment will satisfy important unmet needs that address health problems prevalent in the community and/or service population

- \_\_\_ Statement agreeing that the physician will serve all patients regardless of their ability to pay and to provide services without regard to a person's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.
- \_\_\_ A statement indicating how the community would be affected if the waiver were to be denied.
- \_\_\_ Signed by an Authorized Official

### **Employment Contract and Addendum**

- \_\_\_ Includes name and specialty of the physician
- \_\_\_ Specifies name(s) and address(es) of the practice site
- \_\_\_ Includes the federally designated HPSA/MUA name(s) and ID(s) of practice location(s)
- \_\_\_ Specifies the position is at least 40 hours per week for a minimum of three years.
- \_\_\_ Includes specific dates of the proposed three year agreement
- \_\_\_ Specifies Salary - cannot be below the prevailing wage
- \_\_\_ Contains the exactly worded NBRC J-1 Visa Waiver Liquidated Damages Clause
- \_\_\_ Does not contain a restrictive covenant or non-compete clause
- \_\_\_ Does not contain no cause termination clause
- \_\_\_ Specifies the physician's schedule
- \_\_\_ Signed by both the physician and the facility
- \_\_\_ Includes a signed contract addendum

### **Other Items:**

- \_\_\_ Evidence of 6 months of unsuccessful recruitment of a US physician - dates are included
- \_\_\_ A copy of the facility's retention plan for the physician
- \_\_\_ Subscribed and duly sworn and notarized NBRC J-1 Visa Waiver Affidavit and Agreement
- \_\_\_ Evidence and a copy of the Sliding Fee Schedule including a sample posting.
- \_\_\_ J-1 Visa Waiver Application - DS-3035 including the 3rd party barcode, physician statement of reason and IGA (including family members as applicable).
- \_\_\_ Case Number appears on each page of the application
- \_\_\_ Certificates of Eligibility for Exchange Visitor Status - DS-2019s for all years in training (including family members as applicable)



- \_\_\_ Copy of Physician's Current CV
- \_\_\_ Three letters of recommendation
- \_\_\_ Notice of Entry of Appearance as Attorney - Form G-28, as applicable
- \_\_\_ Designation Status of the health care facility
- \_\_\_ A statement Signed and dated by the physician that says I am seeking a J-1 and I have not submitted another request to another state or agency.
- \_\_\_ A description of the health care facility
- \_\_\_ Community Support Letter
- \_\_\_ Evidence that the physician has passed parts I, II, and III of the USMLE or the Federation Licensing Examination parts I and II.
- \_\_\_ Evidence of current status as a medical resident or completion of medical residency
- \_\_\_ Evidence that the J-1 physician has a Pending or Active Maine License
- \_\_\_ A No Objection Letter from the physician or their home government

## Appendix C

### NBRC Sample Employer Letter

Please note, that this sample letter may not include all required elements. Please review the employer letter requirements and the checklist in Appendix B to ensure full compliance

#### **DATE:**

#### **ADDRESS TO:**

The Honorable Chris Saunders, Federal Co Chair  
Northern Border Regional Commission  
James Cleveland Federal Building, Suite 1501  
53 Pleasant Street Concord,  
New Hampshire 03301

#### **INCLUDE THE FOLLOWING:**

- Name of doctor and medical specialty
- Address of the practice location or locations. Supply a schedule if multiple locations.
- A statement by the head of the health care facility at which the physician will be employed, that the physician will practice 40 hours a week for at least three years at a facility located in an area designated by the Secretary of Health and Human Services as a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) and provides medical care to both Medicaid or Medicare eligible patients and indigent uninsured patients. The statement shall also list primary care Health Professional Shortage Area, or Medically Underserved 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) and the 9-digit zip code of the area where the facility is located.
  - If the HPSA designation is based on a special population, the request for waiver should include the sponsoring State Medicare, Medicaid and no ability to pay percentages and the sponsor's record over the previous three years of serving Medicare, Medicaid and the medically indigent patients including the percentage of patients served by the practice who are provided health services at a reduced, or no charge because of an inability to pay, as outlined. Such demonstrations will not be required for Community Health Centers (CHC) and other Federally Qualified Health Centers (FQHC) that are otherwise required to serve the target population. Such sponsors should submit a copy of their Notice of Grant Award, instead.

- The percentage of patients served by the practice who are providing health services at a reduced, or no charge because of an inability to pay for services is equal to or greater than the percentage of the patients unable to pay for services in the State in which the practice is located; and
- The percentage of patients under Medicare for whom assignment is accepted is not less than 80 percent of the percentage of patients under Medicare in the State in which the practice is located; and
- The percentage of patients under Medicaid for whom assignment is accepted is not less than the percentage of patients under Medicaid in the State in which the practice is located
- Employer identity (ie. CHC, FQHC, for-profit, not-for-profit)
- Must include statement as follows: "I hereby certify that I have read and fully understand and will comply with the NBRC Federal Co-Chair'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."

## Appendix D

### NBRC Liquidated Damages Clause

Any breach or non-fulfillment of conditions will be considered a substantial breach of this agreement by you. If there is such a breach (NAME OF EMPLOYER) may, at its option, terminate this agreement immediately. In addition, it is agreed that (NAME OF EMPLOYER) will be substantially damaged by your failure to remain at (NAME OF EMPLOYER) in the practice of medicine for a minimum of three years and that, considering that precise damages are difficult to calculate, you will agree to pay to (NAME OF EMPLOYER) the sum of \$250,000.00 for failure to fulfill your minimum three-year contract. In addition to liquidated damages, (NAME OF EMPLOYER) will recover from you any other consequential damages, and reasonable attorney's fees, due to the failure to provide services to (NAME OF EMPLOYER) for a minimum of three years, EXCEPT THAT, the full-time practice of medicine at another licensed medical facility, in a Health Professional Shortage area or Medically Underserved Area (as defined by the Health Resources and Services Administration) within the Northern Border Region (as defined by NBRC) shall be considered the same as fulltime practice of medicine at (NAME OF EMPLOYER) for purpose of this paragraph. In the event of a dispute under this paragraph, either party may submit this matter to binding arbitration.

### **Additional Liquidated Damages Clauses**

Any other clause mandating consequential or liquidated damages being paid to the employer must be separate from the NBRC clause. NBRC takes no position with respect to the inclusion of such an additional contractual agreement.

## **Appendix E**

### **Elements for Successful Recruitment and Retention**

Successful retention is more than offering competitive pay and completing an orientation and evaluation program. It is a formal process that should be consistently monitored, reviewed and updated. The facility should consider establishing a recruitment/retention committee and seek support from government, business and community members.

Both the professional environment and lifestyle issues should be considered. Just a few ideas are listed below.

#### **Professional Environment**

- Availability of medical colleagues
- Staff and professional support
- Adequate call coverage
- Quality facilities, equipment and personnel
- Access to referral physicians
- Access to continuing medical education

#### **Lifestyle Issues**

- Support for spouse, including employment
- Support for children, including welcoming schools
- Recreational and cultural opportunities
- Adequate housing and referrals to professional services

## Appendix F

### Addendum to J-1 Physician Employment Agreement

Notwithstanding any appropriate provision to the contrary in the Employment Agreement between \_\_\_\_\_ (J-1 physician) and \_\_\_\_\_ (organization), made \_\_\_\_\_ (date), the following terms and conditions shall apply:

1. J-1 physician agrees to remain employed by and provide services for \_\_\_\_\_ (organization) at \_\_\_\_\_ (all site locations) for not less than three years from \_\_\_\_\_ (anticipated start date) to \_\_\_\_\_ (anticipated end date) subject to USCIS approval.
2. J-1 physician's Employment Agreement with \_\_\_\_\_ (organization name) shall not become effective unless or until Physician has received both a waiver of his/her J-1 return to home country requirement from the U.S. Department of State, and approval by the Bureau of Citizenship and Immigration Services for an H-1B visa;
3. J-1 physician agrees to begin employment at \_\_\_\_\_ (organization) within 90 days of receiving a waiver of the J-1 obligation.

The parties specifically agree and intend for this Addendum to more fully detail the Employment Agreement between \_\_\_\_\_ (J-1 physician) and \_\_\_\_\_ (organization) made \_\_\_\_\_ (Date).

Failure to comply with this agreement may result in legal action.

\_\_\_\_\_  
(J-1 physician)

\_\_\_\_\_  
(authorized representative)

# Appendix G

## Example: Evidence of Designation Status

Please Note: One of these sheets is required for EACH Facility that the physician will be employed at.

You are able to use any of the below links for this evidence:

- Auto-HPSA Facilities: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- Other Facilities: <https://data.hrsa.gov/tools/shortage-area/by-address>
- MUA/MUP Facilities: <https://data.hrsa.gov/tools/shortage-area/mua-find>

**Address**  
286 water street, augusta, ME

**Standardized address**  
286 Water St, Augusta, Maine, 04330

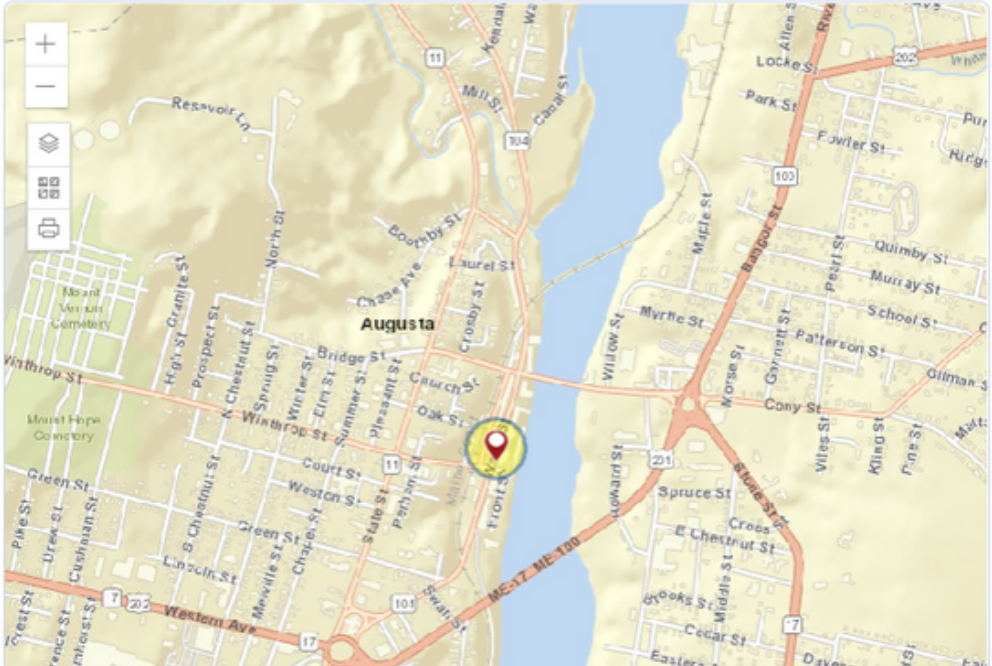
[+] More about this address

**In a Dental Health HPSA:** ✓ Yes  
**HPSA Name:** Low Income - Augusta  
**ID:** 6235661150  
**Designation Type:** HPSA Population  
**Status:** Designated  
**Score:** 10  
**Designation Date:** 09/28/2001  
**Last Update Date:** 10/28/2017

**In a Mental Health HPSA:** ✗ No  
**In a Primary Care HPSA:** ✗ No  
**In a MUA/P:** ✗ No

**Start Over** **Print**

HPSA Data as of 06/20/2021  
MUA Data as of 06/21/2021



## Appendix H

### Example: J-1 Request Form

Please Note: The below images are examples of the pre-selection form which is required BEFORE any applications are sent to our office.

Form Can be found here:

<https://app.smartsheet.com/b/form/3a99b17df8944f79a50d9f54120d9402>



## NBRC Waiver Request Form

The purpose of this form is to submit a candidate to the Rural Health and Primary Care Program (RHPCP) for consideration of one of the Northern Border Regional Commission's (NBRC) J-1 Waiver Slots. Only one candidate per form can be submitted. Upon approval, the RHPCP will invite successful applicants to send two complete copies of the application package by UPS or FedEx. We will not accept any hand delivered applications. Please be sure to review the NBRC J-1 Waiver Guide posted on our website at [www.mainepublichealth.gov/rural health](http://www.mainepublichealth.gov/rural%20health). Please complete the form in it's entirety as everything is required. If you have any questions or issues completing the form, please reach out to Erica Dyer at 207-287-5562 or [erica.dyer@maine.gov](mailto:erica.dyer@maine.gov).

### Facility Information

Facility Name \*

Facility Contact Name(s) and Phone Number(s) \*

Has this Facility received an NBRC Waiver in the Past? \*

- Yes  
 No



## Required Facility Documents Include (see guide for specific requirements):

- \*A letter from the facility requesting the waiver (see guide for letter requirements)
- \*A description of the health care facility including the nature and extent of its medical services
- \*Evidence that the facility are in a HPSA or MUA/MUP
- \*A copy of the facility's sliding fee scale or discount policy
- \*A letter of support from a member of the local community
- Evidence of Recruitment efforts during the last six months
- Retention plan and policy
- A G-28 Notice of Entry of Appearance, as necessary
- A statement that the facility will comply with all terms of the site agreement

**Do you have all of the required facility documents ready? \***

- Yes
- No

---

## J-1 Physician Information

**Physician's Name \***

**Physician's Country of Birth \***

**What is the Physician's Specialty \***

Must be in either a Primary Care or Mental Health Specialty

**Physician's Site(s) of Practice \***

## Required Physician Documents (See Guide for More Details):

- \*A copy of the J-1 Physician's endorsed contract and addendum
- \*Proof that the J-1 physician has passed parts I, II, and III of the US Medical Licensing Examination (USMLE) or the Federation Licensing Examination parts I and II
- \*Proof that the J-1 physician has a pending or active Maine License
- \*A no objection letter from the J-1 physician's home government or a statement that the candidate is not contractually obligated to return
- \*Copies of the J-1 Physician and Family members, if applicable, I-94s and DS-2019s
- \*A Current Curriculum Vitae and three letters of recommendation
- \*Form DS-3035 with physician data sheet and third party barcode sheet
- \*A statement by the J-1 physician that declares they have not and will not file any competing application.

### Do you have all of the Physician's Documents Ready? \*

- Yes
- No

### This Site is aware of non-compliance consequences? \*

Non-compliance could result in potential loss of J-1 slot(s) for the next cycle year at the discretion of the program.

- Yes

### This site agrees to submit all reports requested \*

- Yes

### List the emails of all relevant contacts here \*

This will be used to send the request for the full application to be sent in.



# If the RHPCP requests that a facility submits their waiver application, the two complete copies need to be postmarked by either UPS or FedEx within three (3) business days of the request. The method of notification will be via the email addresses listed in the above section. Make sure that those email addresses listed are current and are checked often.



# Appendix I

## Example: J-1 Placement Verification Form

Example of a J-1 Report that you will be required to fill out and return to the NBRC and the RHPCP.

Physician Name: \_\_\_\_\_

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

NBRC Commitment Employment Start Date: \_\_\_\_\_ (within 90 days of USCIS approval of NBRC J-1 Visa Waiver request)

Home Address of the Physician:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Type of Medical Practice: \_\_\_\_\_

Location of Medical Specialty:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_

HPSA/MUA: \_\_\_\_\_

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

Additional locations (if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT I, THE UNDERSIGNED, DO PROVIDE PRIMARY HEALTH CARE SERVICES AT THE ABOVE STATED LOCATION(S) A MINIMUM OF 40 HOURS PER WEEK.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Notary)

I HEREBY CERTIFY THAT DOCTOR \_\_\_\_\_ PROVIDES A MINIMUM OF 40 HOURS PER WEEK OF PRIMARY HEALTH CARE IN THE ABOVE LISTED NBRC HPSA/MUALOCATION(S).

\_\_\_\_\_  
Sponsor Signature      Date      Phone      Email  
(Notary)

\_\_\_\_\_  
Printed Name

RETURN THIS FORM TO:

Liz Cross, Rural Healthcare Coordinator, [j1visa@nbrc.gov](mailto:j1visa@nbrc.gov)

SEND COPY TO THE RHPCP

Erica Dyer, Planning and Research Associate, [erica.dyer@maine.gov](mailto:erica.dyer@maine.gov)