

# THE J-1 VISA WAIVER 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 J-1 physicians apply for a waiver of the two-year requirement. One of the ways J-1 physicians can be considered for a waiver of this two-year requirement is by requesting a waiver from a designated state public health department. For Maine, the Rural Health and Primary Care Program processes these requests.

For consideration of a J-1 Waiver recommendation, a facility, or an immigration attorney on behalf of a facility, must submit a request for waiver and complete package conforming with program requirements as outlined in this guide.

Another way J-1 physicians can be considered for a waiver is by requesting a waiver from a designated federal U.S. federal government agency, such as the Department of Health and Human Services (HHS). Since Maine's J-1 Waivers are limited, ***those that would qualify for an Clinical Care waiver must use that process, show notice of denial or provide evidence of a delay of over three months until such time the program ends.*** More information regarding Clinical Care Waivers may be obtained at the following website: <https://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/visitor-exchange-program/supplementary-b-clinical-care.html>

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. Applicants are encouraged to carefully review the application guidelines as changes have been made to ensure fairness and distribution of the 30 available waivers throughout Maine.

Facilities, attorneys and applicants are encouraged to monitor RHPCP's website for updates and information throughout the process: [www.mainepublichealth.gov/ruralhealth](http://www.mainepublichealth.gov/ruralhealth)

## DOCUMENTATION REQUIRED

The Applicant must submit an application package that includes documentation regarding both the facility and the candidate. **A checklist is provided in Appendix A and should be used to ensure the application package is complete and in the correct order.**

### Facility Information

- The Facility must provide a letter from the head of the health care facility that wishes to hire the J-1 Candidate requesting a waiver recommendation on the J-1 Candidate's behalf This letter must include:
  - A request that the Maine Department of Health and Human Services recommend a waiver for the J-1 physician;
  - The name of the J-1 physician and a brief description of their qualifications, including the field of residency and date of completion, and proposed responsibilities;
  - A brief statement describing how the J-1 physician's employment will satisfy important unmet needs that address health problems prevalent in the community and/or service population;
  - The number and name of the qualifying Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) of the physical location(s) of the applicant's employment site(s) or a request for one of the 10 available Flex spots. To find locations: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>;
  - A statement that the J-1 physician has entered into a contract and will be employed a minimum of forty hours per week as a direct-care physician at the site(s) described above for at least three years after the J-1 Waiver status is approved and the J-1 physician begins employment;
  - A statement agreeing that the J-1 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. \*Age is not an applicable discriminatory factor for pediatric, geriatric, or obstetrics/gynecology sites;
  - A statement indicating how the community would be affected if the waiver were to be denied;
  - A statement that the facility will comply with all information and reporting requests from the Rural Health and Primary Care Program;

## Facility Information (continued)

- A statement that the facility will report any material changes to the information provided as part of this application to the Rural Health and Primary Care Program within 10 days of the change. This includes, but is not limited to, proposed changes to employment location and terms of the J-1 physician's contract; and
- A signature of an authorized official.
- A description of the health care facility including the nature and extent of its medical services (limit 10 pages);
- Designation status of the health care facility and employment location(s). Use HPSA Find and print results: <https://data.hrsa.gov/tools/shortage-area/by-address>. Facility HPSAs should use: <https://data.hrsa.gov/tools/shortage-area/hpsa-find> (see example - Appendix D);
- A copy of a sliding fee scale or discount policy for those at or below 200% of the current Federal Poverty Guidelines as posted in the Federal Register. Please indicate the way(s) in which it is prominently displayed to the public. Free clinics, correctional and tribal facilities are exempt from this request but must include a statement that no one is charged or billed for services, and individuals are not denied health services because of inability to pay;
- One meaningful letter of support for the J-1 physician from a member of the local community;
- Evidence of recruitment and retention efforts during the past six months made to American candidates for the same position that the health facility intends to fill with a foreign applicant physician (e.g., copies of advertisements, agreements with placement services, flyers for health fairs, etc., all with dates clearly identified);
- A detailed description of the facility's recruitment strategy and plan that includes the facility's strategy for short and long-term retention (see Appendix C); and
- A G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, if the facility chooses to be represented.



## J-1 Physician's Information

- A copy of the J-1 physician's endorsed contract and addendum (Appendix B) verifying full-time (40 hours per week for at least 45 weeks each service year) providing direct patient care at the sites noted in the facility's request for a minimum of three years. 20 of the 40 hours must served at the J-1 physician's primary site;
- Proof that the J-1 physician has passed parts I, II and III of the United States Medical Licensing Examination (USMLE) or the Federation Licensing Examination parts I and II.
- Evidence of current status as a medical resident or completion of medical residency program.
- Proof that the J-1 physician has a pending or active Maine license at the MD or DO level. This documentation must be printed from the Office of Professional and Occupational Regulation's official database:  
<https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/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 DS-2019s, Certificates of Eligibility for Exchange Visitor (J-1) Status;
- Copies of the J-1 physician's I-94s, Arrival/Departure Records;
- Copies of the J-1 physician's family member's I-94s, Arrival/Departure Records (if applicable);
- A current curriculum vitae;
- Three signed letters of recommendation dated within one year of the waiver request;
- Form DS-3035: Physician Data Sheet and Third Party Bar Code Page; and
- A statement, signed and dated by the applicant that declares s/he has not filed and will not file any competing application for waiver with any other state or federal entity.

## SUBMISSIONS



### 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.
- Case numbers assigned by the Department of State must be recorded on the corner of every sheet submitted.
- Documents should be submitted in checklist order (see Appendix A)
- Applicants will submit one original and one copy of the complete application. Note: In response to the COVID-19 pandemic, the USCIS announced that electronically reproduced original signatures would be accepted for documents that previously required an original signature for the duration of the National Emergency. To mirror federal guidance, the RHPCP will not hold incomplete or deny based upon photocopied signatures. Please note that all applications undergo further review by the US Department of State. The final determination rests with US Citizenship and Immigration Services.
- Please do not include documents that are not required by the US Department of State or the Rural Health and Primary Care Program.



## Selection Procedure

### Limits and Types

- Thirty J-1 Waivers will be issued for each program year October - September.
- In order to ensure distribution throughout the state, a maximum of eight waivers will be granted per facility in this category. If all 30 waivers are not claimed by November 1st, additional requests will be accepted at the discretion of the Rural Health and Primary Care Program.
- Up to 10 of the waivers may be used for practice sites not located in federal shortage areas (Flex). A maximum of three waivers will be granted per facility in the Flex category.

### Selection Order

Waiver requests will be accepted on a first-come, first-served basis. An electronic form will open to facilities at 9:00 a.m. on October 1st. You must use a separate form for each J-1 physician. Please contact the Rural Health and Primary Care Program for access. Access will also be available at our [website](#). Multiple submissions will be accepted from each facility, subject to the above limits. Applicants should be prepared to disclose the information that is listed in Appendix E.

### Application Submission

After review, Rural Health and Primary Care staff will invite successful applicants to send two complete copies of the application package by UPS or Fed Ex within three days of notification. Hand-delivered applications will not be accepted. Applicants should ensure that their contact information is current and accurate. All applicants are encouraged to monitor Rural Health and Primary Care's [website](#) for status updates.

Please note that submission of an application request indicates that both the facility and the J-1 physician agree to comply with all rules and requests for information from the Rural Health and Primary Care Program. 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.

### Notification

Upon determination, Rural Health and Primary Care staff will send the application package and a letter of support to the U.S. Department of State for additional review and approval. A copy of the letter will be sent to the attorney of record and the applicant. Candidates can check their status at the Department of State's J-1 Portal: <https://j1visawaiverrecommendation.state.gov/>. Waiver recipients must agree to begin their assignments within 90 days of Waiver approval.

## APPENDIX A

### Checklist and Order of Documents Required

- Letter
- Description of facility
- Sliding Fee Scale or discount policy for those at 200% or below of FPL
- Designation status documents
- Evidence of recruitment efforts
- Letter of support
- Retention policy
- Employment contract
- Employment contract addendum
- Licensure documentation
- Examination documentation
- Residency documentation
- Curriculum vitae
- Three letters of recommendation
- Certificate(s) of Eligibility for Exchange Visitor (J-1) Status (DS-2019)
- Arrival/Departure Form(s) (1-94) for J-1 physician and family (if applicable)
- No objection letter
- Form DS-3035: Physician Data Sheet and Third Party Bar Code Page
- Declaration verifying no competing applications have been filed
- Notice of Entry of Appearance as Attorney or Accredited Representative (G-28)



## APPENDIX B

### 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 (3) years;
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 C

### 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 D

## Example: Evidence of Designation Status

### Address

286 water street, augusta, ME

[Start Over](#) [Print](#)

### Standardized address

286 Water St, Augusta, Maine, 04330

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

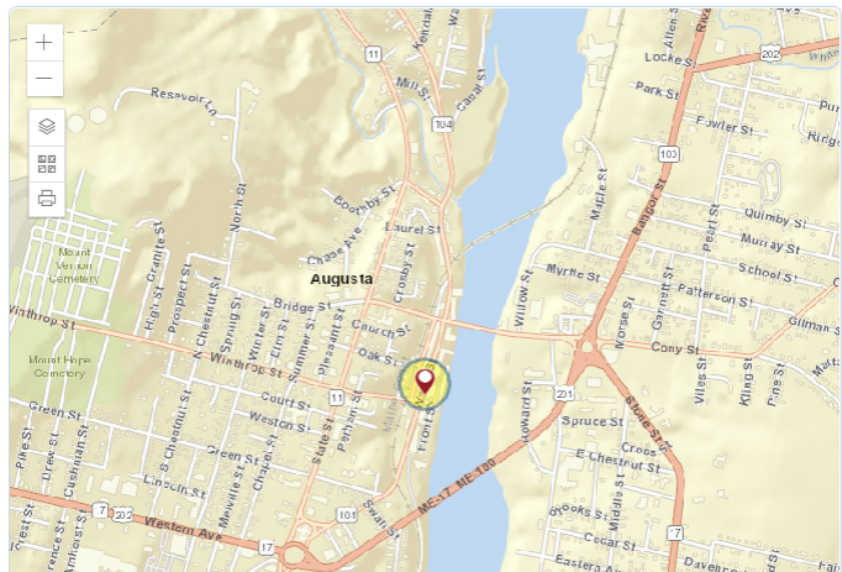
[+] More about this address

**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



## J-1 Request Form

### J-1 Conrad 30 2021 Pre Selection 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 30 J-1 Conrad 30 slots that are available. 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 J-1 Guide located on our website at [www.mainepublichealth.gov/ruralhealth](http://www.mainepublichealth.gov/ruralhealth). Please complete the form in its entirety as everything is required. If you have any questions while completing the form please reach out to Erica Dyer at 207-287-5524 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 a J-1 Conrad 30 waiver in the past? \***

Required Documents include:

- \*Letter from the facility requesting the waiver (see J-1 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 unless the request is for a flex slot.
- \*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 6 months.
- \*Retention Plan and Policy
- \*A detailed description of the facility's recruitment strategy and plan for short and long-term retention.
- \*A G-28 Notice of Entry of Appearance as Attorney or Accredited Representative, if being represented.
- \*A statement that the facility will comply with all terms of the site agreement

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

Please see description box above for a full list

Yes  No

## J-1 Physician Information

**J-1 Physician's Name \***

**J-1 Physician's Country of Birth \***

**What is the J-1 Physician's specialty? \***

**J-1 Physician's Sites of Practice \***

List the locations (and HPSA scores if applicable) and the percentages at each. Please include the physical address for the locations. Note: J-1 Physicians must practice at the main location for at least 20 hours per week.

Required J-1 Physician's Documents include:

- \*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's DS-2019s
- \*Copies of the J-1 Physician's/family members I-94s
- \* A current curriculum vitae
- \*Three recent letters of recommendations
- \*Form DS-3035 with physician data sheet with 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 J-1 Physician's documents ready? \***

Please see list above for all required documents

- Yes     No

**The 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

**The site agrees to submit all reports requested? \***

By the required due date. This includes semi-annual and final reports.

- Yes

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

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

## FOR MORE INFORMATION

### RURAL HEALTH AND PRIMARY CARE PROGRAM

286 Water Street, 5th Floor  
11 State House Station  
Augusta, ME 04333-0011

Main Telephone: (207) 287-5524  
Fax: (207) 287-5431

[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.