

THE J-1 VISA WAIVER PROGRAM

State of Maine
Rural Health and Primary Care Program
Program Year October 2020 - September 2021

THE J-1 VISA WAIVER PROCESS

For consideration of a J-1 Waiver recommendation, a facility or an immigration attorney on behalf of a facility or applicant, must submit a waiver package conforming with the program guidelines. Submissions will be accepted for Program Year October 2020 - September 30, 2021 starting on October 1, 2020. Submissions received prior to this date will not be accepted.

Applicants are strongly encouraged to carefully review the Application Guidelines and to submit a complete waiver package at the time of submission. Only completed waiver request applications will be entered into the State's waiver review process and assigned a priority number.

Waiver packages will be reviewed in the order of receipt. Rural Health and Primary Care staff will endeavor to review each package and provide results to points-of-contact as soon as possible. We ask that facilities, attorneys and applicants avoid calling to check on their status.

A limit of thirty slots are available. Facilities, attorneys and applicants can track the number of slots available on the RHPCP's website:
www.mainepublichealth.gov/ruralhealth

WAIVER PACKAGES

A waiver package includes an original application and a copy.

Waiver packages should be submitted to:

Rural Health and Primary Care Program
Attn: Nicole Breton, Director
286 Water Street, 5th Floor
Augusta, ME 04333-0011

APPLICATION GUIDELINES

The documentation required for a complete application is outlined below. Applicants are encouraged to review the requirements carefully and follow the instructions closely in order to obtain a prompt response.

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.

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.

LETTER FROM FACILITY



A letter from the head of the medical facility that wishes to hire the J-1 physician, requesting a waiver recommendation on the J-1 physician's behalf is required. This letter must include:

- A brief statement of the applicant's qualifications and proposed responsibilities and schedule. If the provider will work in multiple approved sites, please describe the proposed responsibilities and schedule for each site.
- A detailed description of how the J-1 physician's employment will satisfy important unmet needs including the health care needs of the specific community and preventive programs the physician will initiate or continue that address health problems prevalent in the specific community.
- A statement that the applicant has entered into a contract and will be employed full-time with the facility for at least three years after J-1 status is approved;.
- 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.
- A statement that the facility will comply with monitoring and retention activities of the applicant and report any material changes to the information provided as part of this application to the RHPCP within 10 days. This includes but is not limited to proposed changes to employment location and terms of the J-1 physician's contract.

LETTER FROM FACILITY cont.

- 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 description of the effect on the community/population if the waiver were to be denied.

FACILITY INFORMATION

- A detailed description of the applicant's employer and employment location(s) -- this must not exceed 10 pages
- The facility's sliding fee scale based upon current Federal Poverty Guidelines as published in the Federal Register, sliding fee policy and sliding fee application
- The facility's recruitment and retention policy
- A detailed statement demonstrating the facility's due diligence and attempt to recruit a US citizen or a permanent resident physician for a period of at least six months prior to waiver sponsorship. This must include but is not limited to:
 - 1) The date upon which this position became vacant
 - 2) Reason for the vacancy (new position, incumbent moved from area, etc.)
 - 3) The efforts that have been made to fill this position to date. Copies of advertisements, any agreements with placement services and/or documentation of attendance at recruitment fairs, etc. inclusive of the previous six months must be included
 - 4) A description of the facility's plans for retaining this J-1 physician beyond the three-year commitment
- A statement that the facility must:
 - 1) Comply with semi-annual reporting procedures
 - 2) Respond to information requests by the RHPCP for purposes of monitoring compliance or support retention activities
 - 3) Report any material changes to the information provided as part of this application to the RHPCP within 10 days

- Form G-28 Notice of Entry of Appearance as Attorney or Accredited Representative (if applicable)

APPLICANT INFORMATION

- A copy of the applicant's endorsed contract and addendum (see sample) verifying full-time (40 hours per week for at least 45 weeks each service year) employment at the facility noted in the J-1 application for a minimum of three years. 32 of the 40 hours must be spent providing direct patient care
- A License verification showing active Maine licensure appropriate for the applicant's position or proof that the applicant has a pending Maine license appropriate for the applicant's position. This documentation may be obtained 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 home government, if applicable or a statement from the applicant that states s/he is not contractually obligated to return to their home country
- Copies of the applicant's DS-2019s, Certificates of Eligibility for Exchange Visitor (J-1) Status
- Copies of the applicant's and their family member's I-94s, Arrival/Departure Records
- Curriculum Vitae
- Three letters of recommendation dated within one year of the waiver request
- Form DS-3035: Physician Data Sheet and Third Party Bar Code Page
- 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

SAMPLE ADDENDUM TO J-1 PHYSICIAN EMPLOYMENT AGREEMENT

ADDENDUM TO J-1 PHYSICIAN EMPLOYMENT AGREEMENT

Notwithstanding any appropriate provision to the contrary in the Employment Agreement between _____(Physician) and _____(Facility), made _____(Date), the following terms and conditions shall apply:

1. Physician agrees to remain employed by and provide services at _____(Facility) within the federally designated area of _____(Location) for not less than three (3) years;
2. Physician agrees to practice medicine a minimum of forty (40) hours per week at _____(Site) in the geographic area designated by the federal Department of Health and Human Services as having a medically underserved population or health professional shortage area which is the location of the applicant facility;
3. Physician's Employment Agreement with _____(Facility) 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;
4. Physician agrees to begin employment at _____(Facility) 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 _____(Physician) and _____(Facility) made _____(Date).

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

(Physician)

(Authorized Facility Representative)