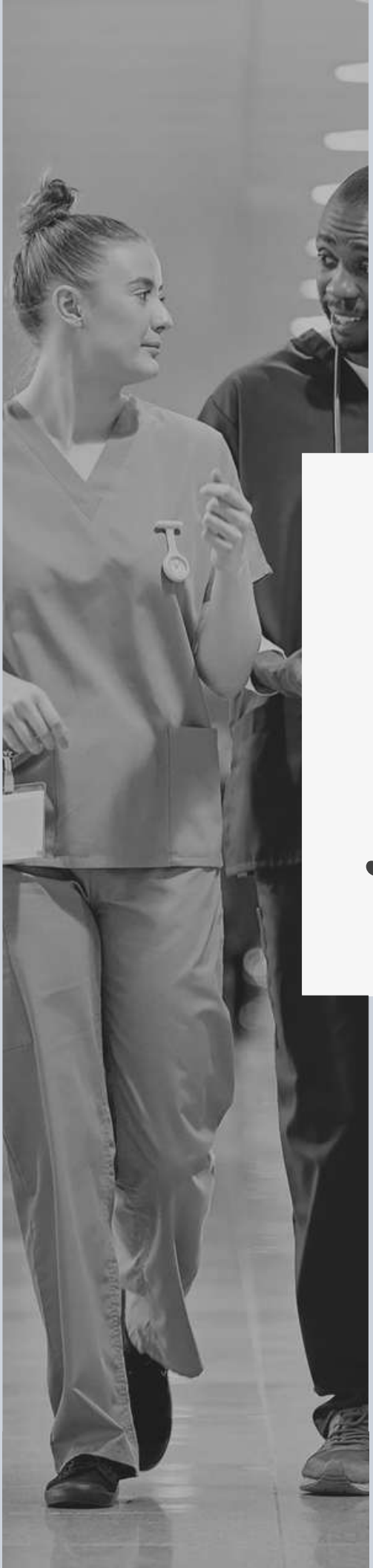

STATE OF MAINE

2026-2027

Guide to J-1 Waivers

PREPARED BY

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https://www.maine.gov/dhhs/mecdc/healthy-living/rural-health/rural-health-systems

Rural Health and Primary Care Program

a Division of the Maine Department of Health and Human Services

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CONTENTS

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 way 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 to ensure compliance with guidelines, including changes for the upcoming 2026-2027 J-1 Waiver Cycle.

Facilities, attorneys and applicants are encouraged to monitor the Rural Health and Primary Care Program's website for updates and information throughout the process: https://www.maine.gov/dhhs/mecdc/healthy-living/rural-health/rural-health-systems

Selection

Limits and Types

- Thirty J-1 Waivers will be issued for each program year. In order to ensure distribution throughout the state, a maximum of 11 waivers will be granted to any single facility for the October 2026- September 2027 cycle.
- If all 30 waivers are not claimed by November 1st, additional waiver requests will be accepted without limitation at the discretion of the Rural Health and Primary Care Program.
- Applicants must submit a request for a Flex waiver if the physician will be practicing in one or more locations that are not federally designated.
- Of the 10 waivers allowed in the Flex category, a maximum of three waivers will be granted per facility. Additional waiver requests will be accepted without limitation at the discretion of the Rural Health and Primary Care Program after November 1st.

Selection Order

- Applications will be accepted electronically via a pre-selection form starting at 9:00 a.m. on October 1, 2026 in the order that they are received. The link to the pre-selection form will be available at the RHPCP's website: https://www.maine.gov/dhhs/mecdc/healthy-living/rural-health/rural-health-systems
- A single facility may submit multiple applications, subject to the above limitations.

Application Review

- Applications will be reviewed to ensure it is complete and in compliance of Program rules. Please ensure that all information requested is complete and accurate.

- The Rural health and Primary Care Program will send a request to the point(s) of contact on file should additional information be necessary. Please be advised that the application will not receive placement until it has been deemed complete.

Notification

- Applications deemed complete and in compliance with Program rules will receive placement.

- The Rural Health and Primary Care staff will send the application package and the required letter to the U.S. Department of State for additional review and approval.

- A copy of the letter will be sent via e-mail 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.

Submission

Format

- ***One*** original application is to be submitted for each applicant. Please do not use staples, paper clips, tabs or two-sided documents as the application will be scanned and sent to the Department of State electronically.

- The required documentation should be submitted in checklist order. Separate sections with a blank page.

- Case numbers assigned by the Department of State and country of origin must be recorded on the corner of every sheet in the file.

- Please do not include documents that are not required by the US Department of State or the Rural Health and Primary Care Program and adhere to page minimums.

Documentation

An application 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

- 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 and J-1 Waiver recipient will comply with all information and reporting requests from the Rural Health and Primary Care Program. This includes reports, PRISM surveys to be completed by both the J-1 Waiver recipient and the facility's point of contact and a brief meet and greet to be held via Zoom within the first three months of service.
- 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 examples - Appendix B & C).
- 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;

- 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 E); and
- A G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, if the facility chooses to be represented.

➤ J-1 Waiver Candidate

- A copy of the J-1 physician's endorsed contract and addendum (Appendix D) 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. Please note a slight change to the addendum
- Evidence 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.
- Evidence 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 (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.
    -

Appendix A

Checklist of Required Documents

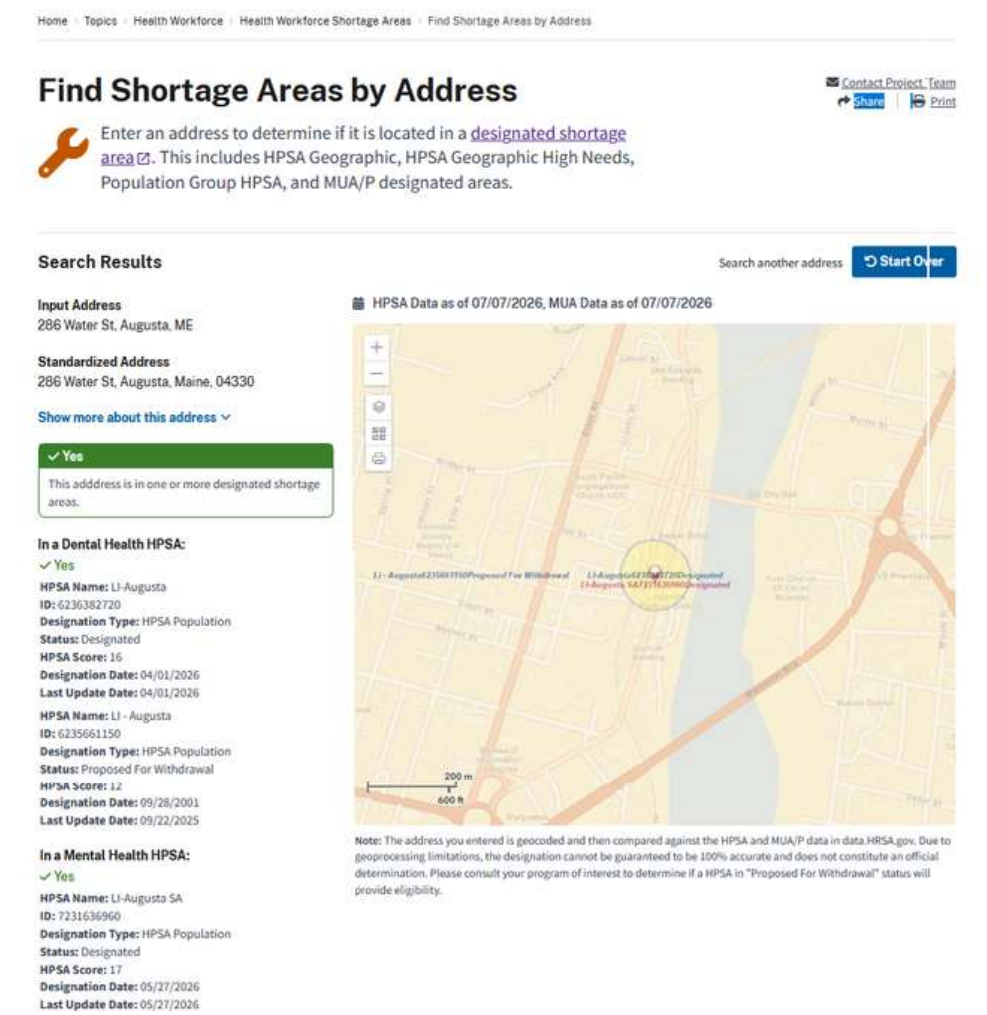
- Letter from Employer
- Evidence of designated area or facility
- Employment Contract
- Employment Addendum
- DS-2019 forms for the Physician and Family Members, if applicable
- I-94s and copies of Visas of the Physician and Family members, if applicable
- Curriculum Vitae
- Exchange Visitor Attestation/Foreign Medical Graduate Statement (No Objection Letter)
- Form G-28/Letter of Representation
- DS-3035 and Supplementary Applicant Information Pages
- Statement of Reason
- Third Party Barcode Page
- Waiver Division Barcode Page
- Three letters of recommendation
- Declaration verifying no competing applications have been filed
- Description of facility (10 page maximum)
- Sliding fee scale or discount policy
- Form with evidence of six months of recruitment efforts
- Retention policy
- Evidence of current Maine licensure or pending application
- Evidence of passage of each examination required by USCIS
- Evidence of current status as a medical resident or completion of a residency

Appendix B

Federal Designation Status (Areas)

HPSA Find By Address

https://data.hrsa.gov/topics/health-workforce/shortage-areas/by-address

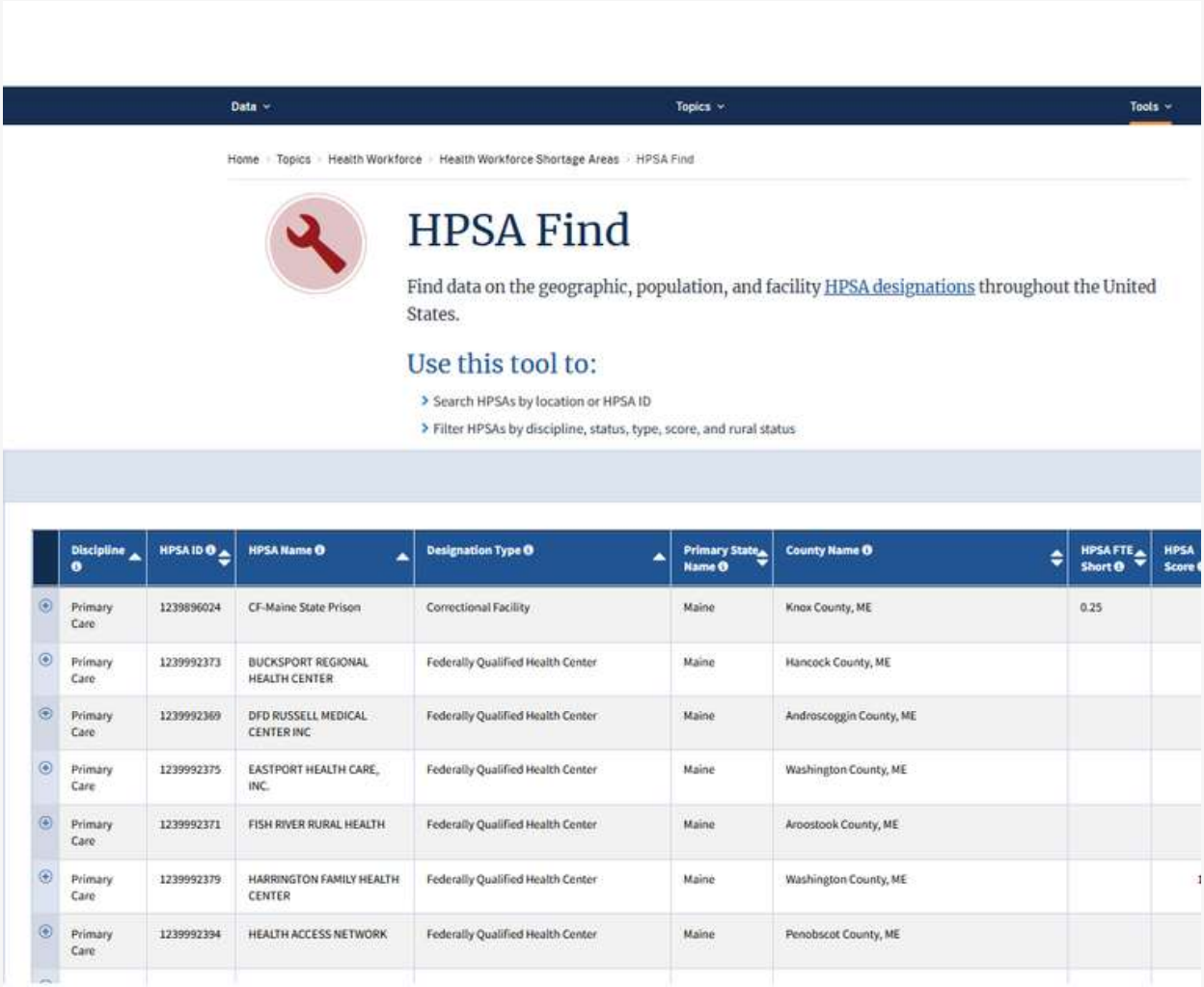


Appendix C

Federal Designation Status (Facilities)

HPSA Find

https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find



Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score
Primary Care	1239896024	CF-Maine State Prison	Correctional Facility	Maine	Knox County, ME	0.25	
Primary Care	1239992373	BUCKSPORT REGIONAL HEALTH CENTER	Federally Qualified Health Center	Maine	Hancock County, ME		
Primary Care	1239992369	DFD RUSSELL MEDICAL CENTER INC	Federally Qualified Health Center	Maine	Androscoggin County, ME		
Primary Care	1239992375	EASTPORT HEALTH CARE, INC.	Federally Qualified Health Center	Maine	Washington County, ME		
Primary Care	1239992371	FISH RIVER RURAL HEALTH	Federally Qualified Health Center	Maine	Aroostook County, ME		
Primary Care	1239992379	HARRINGTON FAMILY HEALTH CENTER	Federally Qualified Health Center	Maine	Washington County, ME		
Primary Care	1239992394	HEALTH ACCESS NETWORK	Federally Qualified Health Center	Maine	Penobscot County, ME		

Appendix D

Contract Addendum

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 E

Recruitment and Retention

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

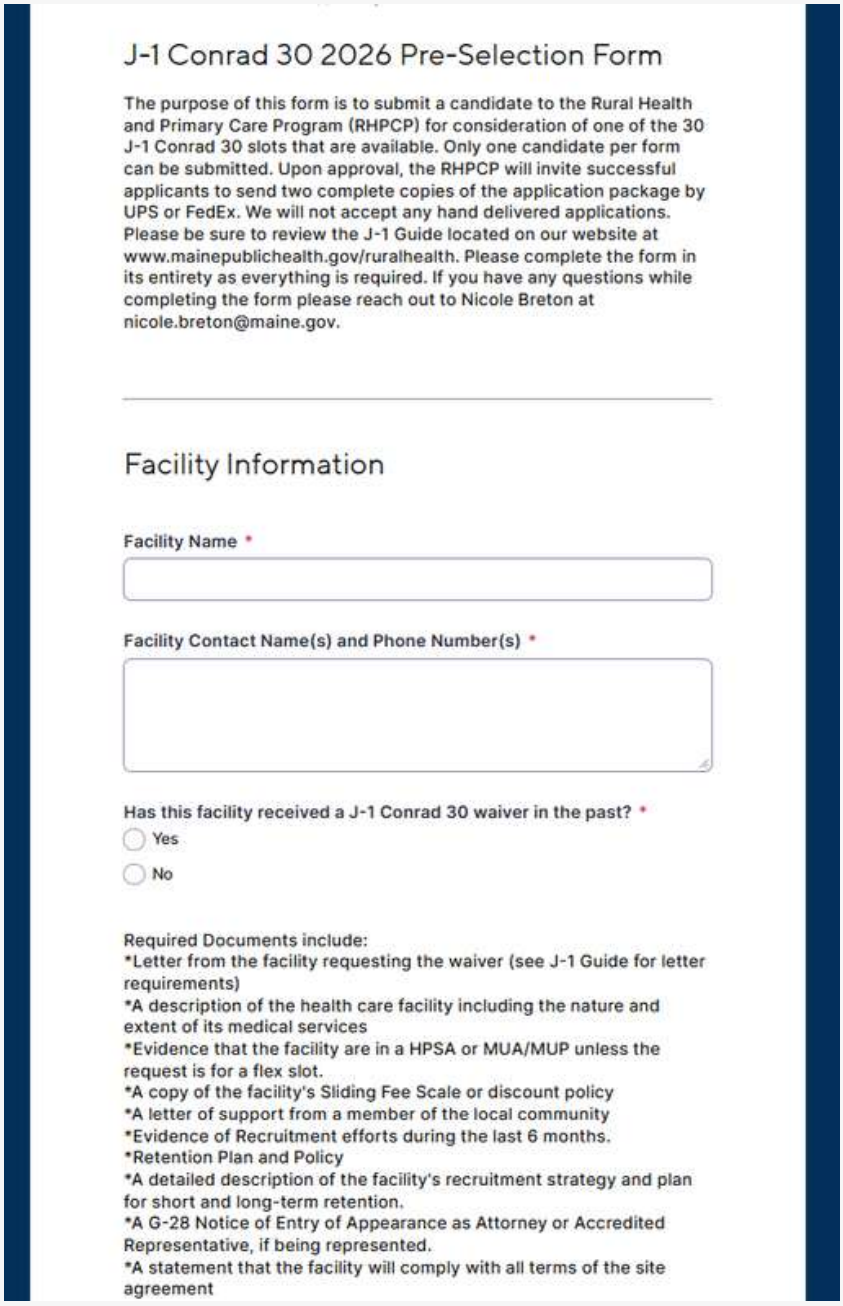
- Availability of medical colleagues
- Staff and professional support
- Adequate call coverage
- Quality facilities, equipment and personnel
- Access to referral physicians
- Access to continuing medical education

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

Pre-Selection Form



J-1 Conrad 30 2026 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. Please complete the form in its entirety as everything is required. If you have any questions while completing the form please reach out to Nicole Breton at nicole.breton@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? *

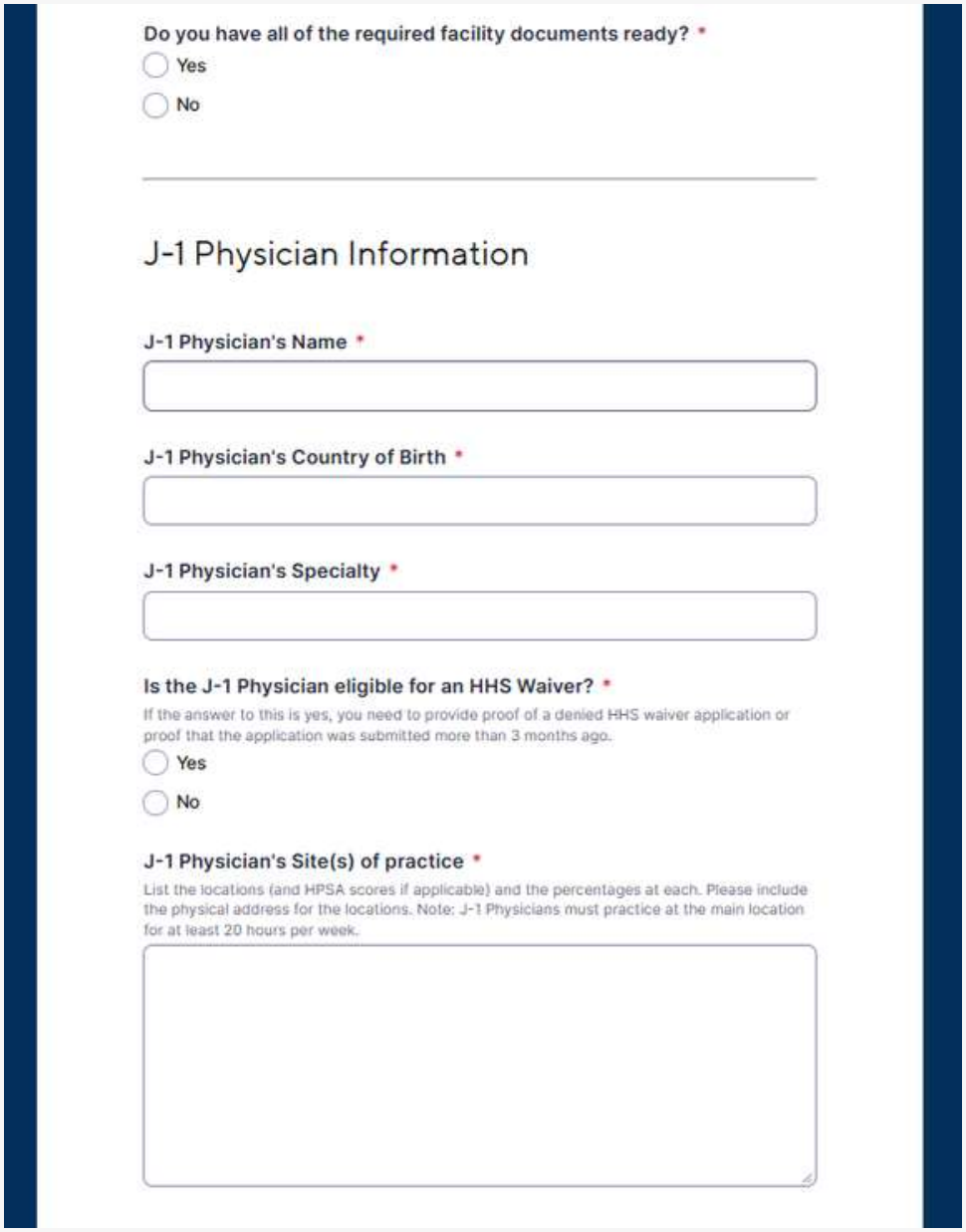
Yes

No

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

Appendix F

Pre-Selection Form



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

- Yes
- No

J-1 Physician Information

J-1 Physician's Name *

J-1 Physician's Country of Birth *

J-1 Physician's Specialty *

Is the J-1 Physician eligible for an HHS Waiver? *

If the answer to this is yes, you need to provide proof of a denied HHS waiver application or proof that the application was submitted more than 3 months ago.

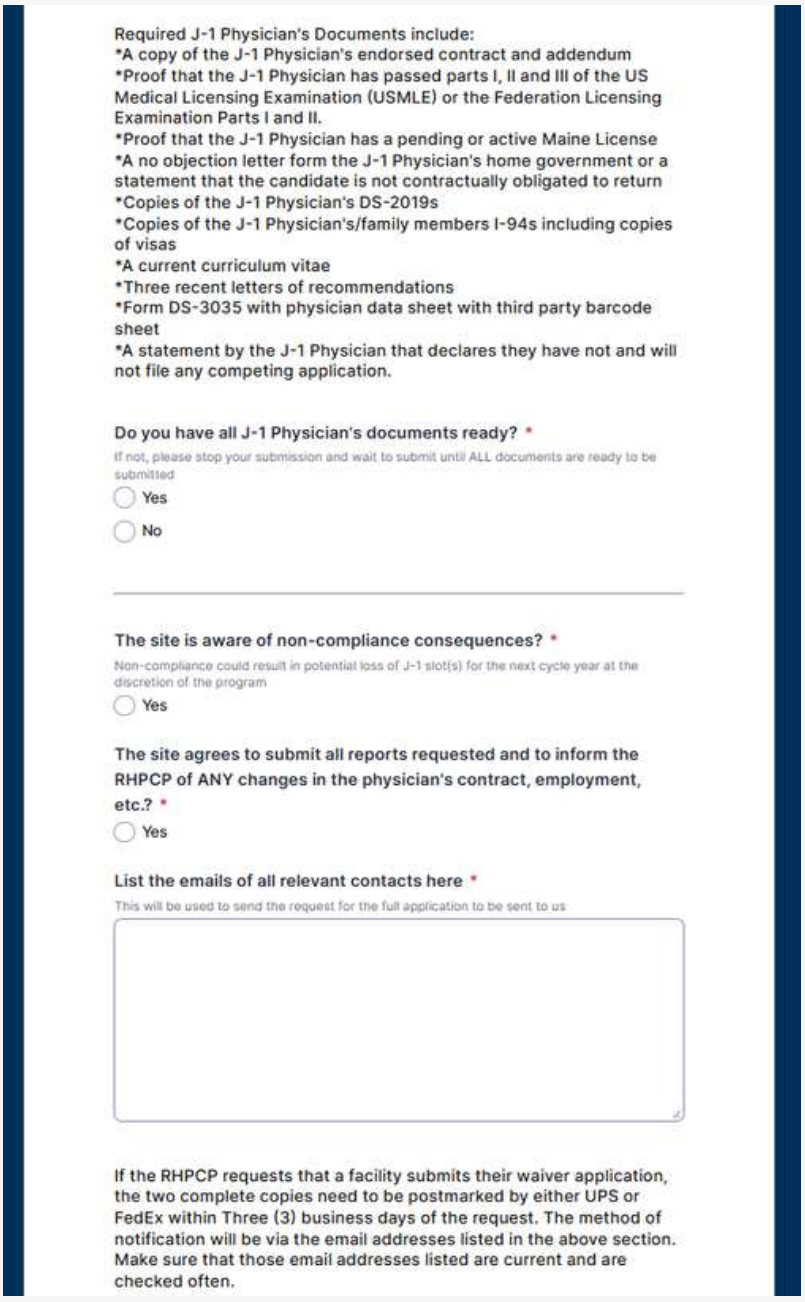
- Yes
- No

J-1 Physician's Site(s) 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.

Appendix F

Pre-Selection Form



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 form 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 including copies of visas
*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? *

If not, please stop your submission and wait to submit until ALL documents are ready to be submitted

- ◯ 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 and to inform the RHPCP of ANY changes in the physician's contract, employment, etc.? *

- ◯ Yes

List the emails of all relevant contacts here *

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

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 G

Roles and Responsibilities

Submission of an application indicates that the facility and J-1 Waiver recipient will fullfill all information and reporting requests from the Rural Health and Primary Care Program. This includes semi-annual reports, PRISM surveys to be completed by both the J-1 Waiver recipient and the facility's point of contact and a brief meet and greet to be held via Zoom within the first three months of service.

What is PRISM?

PRISM is a partnership between state organizations, the Cecil G. Sheps Center for Health Services Research at the University of North Carolina and 3RNET. PRISM uses a collaborative approach to collect real-time information about current health workforce program participants and alumni.

Why Participate?

Awardees of the National Health Service Corps and the State Loan Repayment Program, holders of J-1 waivers and their administrators will be receiving surveys by email. These emails are legitimate and recipients of these emails should complete the surveys. The questionnaire is simple and straightforward, and should take less than 10-15 minutes to complete. The information that is collected will enable the Rural Health and Primary Care Program to monitor, continuously improve and demonstrate the effectiveness of these programs to stakeholders and the legislators who fund them.

What Can You Do?

As Maine's State Office of Rural Health and Primary Care Office it is our privilege to work with health care facilities of all types throughout Maine. We hope that you will reach out to us if you have any questions or need additional information about this project.


Riviere du Loup
Rimouski
Brunsw
Edmundsto
Presque Isle
Frederic
Maine
St.John
Bangor
Augusta
Lewiston
Yarmouth
Golf