

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 HHS waiver must use that process, show notice of denial or provide evidence of a delay of over three months until 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-exchangeprogram/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

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 slots. 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 40 hours per week as a direct-care physician at the site(s) described above for at least three years after the J-1 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 OBGYN 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 RHPCP;

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 the authorized official.
- A description of the health care facility including the nature and extent of its medical services (limit 10 pages)
- Designation Status documents 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. This letter's purpose is **not** to describe how having the physician in the area will benefit the community. This letter is meant to come from someone in the community (not from the facility) that will take the physician under their wing and assist them with finding schools, churches, housing, etc.
- 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**;

FACILITY INFORMATION (CONTINUED)

- 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 be served at the J-1 physician's primary site. If there are more than one site in the application, please include a tentative schedule for the physician;
- 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 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 for every year the physician was in training. Include the family member's DS-2019s, Certificate of Eligibility for Exchange Visitor (J-2) status (if applicable);
- Copies of the J-1 physician's I-94s, Arrival/Departure Records. Include the family member's I-94s, Arrival/Departure records (if applicable). Also include images of the physician's most current visa;
- A current Curriculum Vitae and three signed letters of recommendation dated within one year of the waiver request.

J-1 Physician's Information Continued

- 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 PROCEDURES

Limits and Types

- 30 J-1 Waivers will be issued for each program year October - September.
- In order to ensure distribution throughout the state, a maximum of 11 waivers will be granted per facility in this category.
- If, on November 1st, there are still slots available, facilities who have used all 11 of their slots are welcome to submit additional applications until all 30 slots are filled.
- Up to 10 of the waivers may be used for practice sites not located in federal shortage area (flex). Note: If even one of your physician's sites listed is not in a federal shortage area, the entire application will be designated as a 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. Do not submit a preselection form unless you have ALL required documents ready to be mailed.



SELECTION PROCEDURES

Application Submission

After review, Rural Health and Primary Care Program staff will invite successful applicants to send in two complete copies of the application package by UPS or Fed Ex within three business 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 the Rural Health and Primary Care Program's website for J-1 Waiver 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 Program Staff will send the application package and a letter of support to the US 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 from Employer
- HPSA/MUA Evidence Documents
- Employment Contract
- Employment Contract Addendum
- DS2019s of the Physician and Family Members if Applicable
- I-94s and copies of Visas of the Physician and their Family, if applicable
- Curriculum Vitae
- Three Letters of Recommendation
- Exchange Visitor Attestation/Foreign Medical Graduate Statement (No Objection Letter)
- Form G-28 - Notice of Entry of Appearance as Attorney or Accredited Representative
- DS-3035: Physician Data Sheet and Third Party Bar Code Page
- Statement of Reason
- Third Party Barcode Page
- Waiver Division Barcode Page
- Declaration Verifying no Competing Applications have been filed

- Description of Facility
- Sliding Fee Scale or Discount Policy for those at 200% or below of FPL
- Evidence of Recruitment Efforts showing at least 6 months of active recruitment
- Retention Policy
- Community Letter of Support
- Licensure Documentation
- Examination Documentation
- Residency Documentation



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 _____(site location(s)) for not less than three years from _____(Anticipated start date) to _____(Anticipated end date) subject to USCIS approval; and,
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 form the US 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 lifetime 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 St. , Augusta, ME

Start Over

Print

Standardized address

286 Water St, Augusta, Maine, 04330

HPSA Data as of 08/26/2024

MUA Data as of 08/26/2024

[+] More about this address

In a Dental Health HPSA: **✓ Yes**

HPSA Name: LI - Augusta

ID: 6235661150

Designation Type: HPSA Population

Status: Designated

HPSA Score: 12

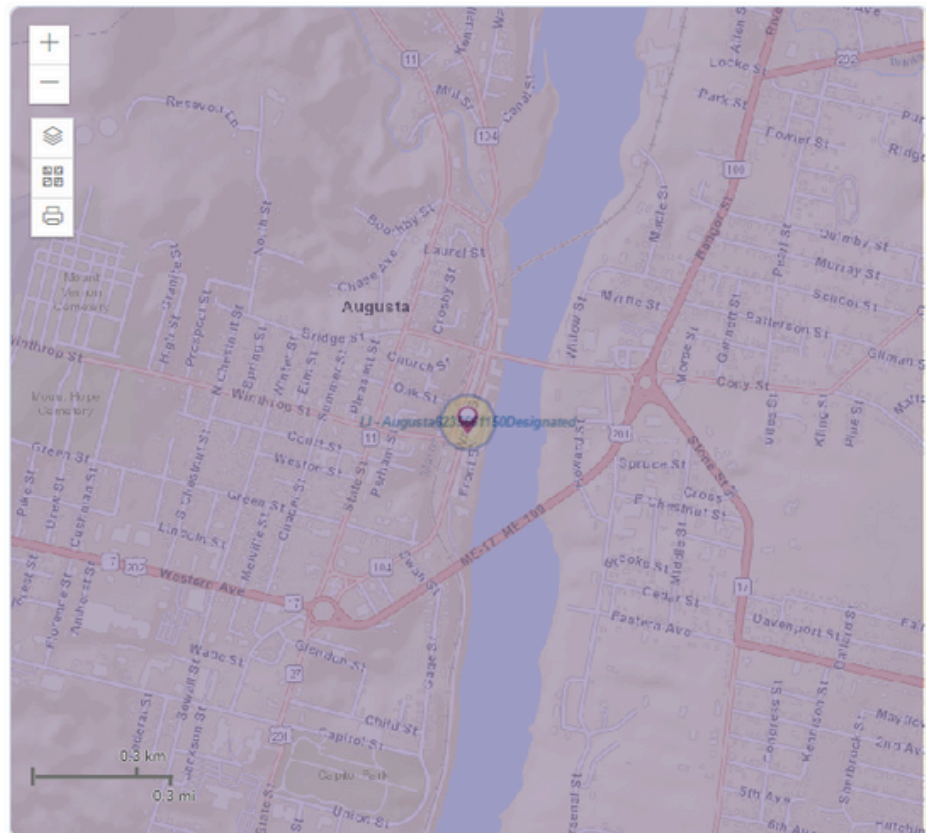
Designation Date: 09/28/2001

Last Update Date: 09/07/2021

In a Mental Health HPSA: **✗ No**

In a Primary Care HPSA: **✗ No**

In a MUA/P: **✗ No**



Note: The address you entered is geocoded and then compared against the HPSA and MUA/P data in data.HRSA.gov. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination. Please consult your program of interest to determine if a HPSA in "Proposed For Withdrawal" status will provide eligibility.

APPENDIX E

J-1 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 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 Erica Dyer at 207-287-5524 or erica.dyer@maine.gov.

Date Created *

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

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 *

What is the J-1 Physician's Specialty? *

Is the J-1 Physician Eligible for an HHS waiver? * [Logic](#)

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

I have the required proof mentioned above? * [Logic](#)

- ☐ 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.

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 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? *

- ☐ 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 F

PRISM

We know recruitment is daunting and can be difficult. Loan repayment, scholarship and other workforce programs are just some of the tools health care recruiters use to not only attract but also retain providers. Are participants satisfied with these programs? How effective are they? That is what the Rural Health and Primary Care Program needs to know.

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. Approximately twenty-two states participate across the country.

Why Participate?

Awardees of the National Health Service Corps and the State Loan Repayment Program, holders of J-1 waivers and 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. **Awardees of the State Loan Repayment Program, holders of J-1 Waivers and their facility points of contact are required to participate.**

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

