



J-1 Visa Waiver Application Checklist

Physician's Name: _____ **State:** _____
Specialty/Sub-Specialty: _____
Practice Site Name(s): _____
Address(es): _____
County: _____
HPSA Name/ID # (for all sites): _____

ARC USE **Current # of ARC Placements:** _____ **HPSA FTE:** _____ **HPSA Population:** _____
Physician/Population Ratio with this Placement: _____:1

State Letter:

_____ Written recommendation by the Governor, ARC Alternate or, at the State's option, a high-ranking state public health official

Employer Letter:

- _____ Addressed to 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)
- _____ States employer identity/type of practice (i.e., for profit, not-for-profit, FQHC)
- _____ Includes federally designated HPSA name(s) and ID(s) of practice location(s)
- _____ States medical care is provided to Medicare/Medicaid eligible and medically indigent patients
- _____ Asserts physician will practice for a minimum of 40 hours/week in the HPSA indicated
- _____ Includes statement of site's need for the physician and description of sponsor's record of serving the target population
- _____ If a Special Population HPSA 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 exactly worded statement "I hereby certify that I have read and fully understand and will comply with the ARC Federal Co-Chairman'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."

Additional documentation for specialist placement:

- _____ impact of specialty placement -make the case
- _____ closest location of specialty available
- _____ service area demographics
- _____ community support letters of need – mayor, county commissioner, etc.
- _____ letters of evidence from primary care physicians or centers (not from requesting facility)

Contract:

- _____ Includes name and specialty of physician
- _____ Specifies name(s) and address(es) of practice site(s)
- _____ Includes federally designated HPSA name(s) and ID(s) of practice location(s)
- _____ Specifies position is at least 40 hours per week for a minimum of three years
- _____ Specifies salary -cannot be below prevailing wage
- _____ Contains exactly worded ARC J-1 Visa Liquidated Damages Clause
- _____ Does not contain restrictive covenant or non-compete clause
- _____ Does not include a non-solicitation clause beyond three-year commitment

Other Items:

- _____ **Evidence of Good Faith Recruitment Efforts** (including notices sent to all pertinent residency programs in state)
- _____ **Subscribed and duly sworn and notarized ARC J-1 Visa Waiver Affidavit and Agreement**
- _____ **Evidence of Sliding Fee Schedule**
- _____ **Sample Posting - Notice of Policies for Charges for Health Care Services**
- _____ **J-1 Visa Waiver Recommendation Application** - DS 3035—including 3rd Party Barcode and IGA
- _____ **Case Number** (appears on each page of application)
- _____ **Certificates of Eligibility for Exchange Visitor Status** - DS 2019s (for all years in training)
- _____ **Copy of Physician's Current CV**
- _____ **Copy of Physician's Work Schedule** (only if more than one site is involved)
- _____ **Notice of Entry of Appearance as Attorney** - Form G-28