

Virginia Conrad 30 Waiver Program - Application Checklist

- All Virginia Conrad 30 Waiver applications must be submitted to VDH electronically through the online application portal.
- The U.S Department of State (DOS) assigned number shall be affixed to each form on the bottom right corner.
- Incomplete applications will be returned and will not be reviewed.
- Alphabetical placement headers are required to identify each section. *

Note: Please see the Conrad 30 Waiver Program Guidelines for clarifications.

DOS Number: _____	Physician Name: _____	NPI Number: _____	Date of Birth: _____
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Tab	Item	Check <input style="width: 10px;" type="checkbox"/>
A	Form G-28 and Letter of Representation from Attorney	☐
B	DS-3035 and Supplementary Applicant Information Pages	☐
	Third Party Barcode Page and Waiver Division Barcode Page	
	Statement of Reason	
C	Letter from the employer to VDH. A letter requesting that VDH act as a "Public Interest" that the visitors remain in the US.	☐
D	Employment Contract* Contract between employer and J-1 Physician shall include the following:	☐
	A term of three years or longer. Starting _____ and ending _____	
	A clause requiring the J-1 physician to provide direct patient care for a minimum of 4 days and 40 hours per week or for surgical specialists and hospitalists 160 hours per month. Please select the number of hours that is reflected in your contract.	
	Please select: ☐ minimum 4 days and 40 hours per week or ☐ 160 hours per month (pick only one)	
	Employer/Sponsor and practice site's physical address, phone number and email address (include for EACH eligible practice sites).	
	Compensation based on prevailing wage \$ _____	
	Vacation/Leave/Disability leave and other Total _____	
	Agreement to begin employment at an approved practice site within 90 days of receipt of the waiver.	
	Provide list of Benefits and Insurance	
	Termination (shall not contain at will policy and can only be for cause not mutual agreement.)	
	Non-compete clauses cannot be included.	
	A statement from the employer indicating that the employer and its principals, such as owners, administrators, or medical directors are not under investigation, indictment or conviction for violations of federal, state, or local laws, J-1 visa waiver requirements, or ordinances related to the medical practice.	

	If included, liquidated damage clause cannot exceed \$250,000	
E	Exchange Visitor Attestation/Foreign Medical Graduate Statement agreeing to the contractual requirements set forth in Section 214(l)(1) and (a) of the Immigration and Nationality Act	☐
F	Legible copies of the applicant's D-2019/IAP-66 forms, covering every period the applicant was in J-1 status. They must be submitted in chronological order. I-94 Entry and Departure Cards and/ or Passport documentation	☐
G	For designated slots, proof of HPSA, MUA/MUP federal ID must be included. For discretionary slots, the specific community need is listed on VDH's website For flex and discretionary slots, a copy of the facilities official Employee Identification Number (EIN) and a notarized affidavit supporting documentation that at least 30% of the patient encounters for a period of one year reside in a primary care HPSA/MUA/MUP must be included. Please select the type of slot you are applying for: ☐ Designated ☐ Discretionary ☐ Flex	☐
H	Curriculum Vitae and Diplomas/ECFMG Certificate/Certificates of J-1 Physician Please enter description of the applicant's discipline and specialty: _____ United States Medical Licensing Examination (USMLE) or equivalent and show proof of all three scores If the applicant is still in a residency program, please indicate the anticipated completion date: _____	☐

Additional Documents		Check ☒
Tri-Party Agreement between the J-1 physician, employer, and VDH		☐
Virginia Conrad 30 Waiver Program Guidelines Signature Page		☐

Important: This document must be completed by a licensed attorney or law firm.

Please note: Recruitment materials should not be included with Conrad 30 applications. Any such documentation, or other additional materials, will result in the application being rejected.

***An example attachment is provided on VDH-OHE website.**