



State of Utah Department of Health and Human Services
Conrad State-30 J-1 Visa Waiver Program

Office of Primary Care and Rural Health
Utah Department of Health and Human Services
195 N 1950 W
Salt Lake City, Utah 84116
Telephone: 801.201.9462 Email: opcrh@utah.gov
Website: ruralhealth.health.utah.gov



Pursuant to the requirements of Public Law 103-416, of October 25, 1994, foreign medical graduates who have an offer of full-time employment at a health facility in a designated health professional shortage area, and Medically Underserved Areas/Populations (MUA/P) *agree to begin employment at such facility within 90 days of receiving such waiver* and sign a contract to continue to work at the health care facility for a total of 40 hours per week and not less than three years, may obtain a waiver.

The Utah Department of Health and Human Services may request 30 waivers per year. The federal year for waivers begins each October 1 and extends through September 30 of the following year. The Utah Department of Health and Human Services will not support waivers for J-1 visa waiver physicians who wish to work at the following sites:

1. Sites where the owner/employer is in default of the National Health Service Corps or any state scholarship/loan repayment program.
2. Sites where the physician will be in a supervisory position to the owner/employer.
3. Sites where the owner/employer has breached the terms of the contract with a J-1 visa waiver physician within the last two (2) years.

The following is needed if you choose to pursue a J-1 visa waiver through this program.

PROCEDURES FOR WAIVER APPLICATION

STEP 1. To apply for a recommendation for a waiver of the two-year home residence requirement under any of the above bases, applicants must complete a J-1 Visa Waiver Recommendation Application (available via the Internet at <https://j1visawaiverrecommendation.state.gov/> or directly at <https://j1visawaiverrecommendation.state.gov/Common/Agreement/Application>) and send the completed J-1 Visa Waiver Recommendation Application, Form DS-3035, **with barcode** that you printed; legible copies of every/all Form DS-2019/IAP-66 ever issued to you; **two** self-addressed, stamped, legal-size envelopes (S.A.S.E.); and a cashier's check or money order for \$120.00 U.S. dollars per application, payable to the United States Department of State to:

If via **Postal Service:**

Department of State J-1 Waiver
P.O. Box 979037
St. Louis, MO 63197-9000

If via **Courier Service:**

Department of State J-1 Waiver
P.O. Box 979037
1005 Convention Plaza
St. Louis, MO 63101-1200

PLEASE NOTE:

1. Please write on the cashier's check or money order the applicant's full name, date of birth and Social Security Number, if any.
2. Remittances must be drawn on a bank or other institution located in the United States and made payable in U.S. currency to the United States Department of State.
3. If the applicant resides outside the United States at the time of application, remittance may be made by bank international money order of foreign draft drawn on an institution in the United States and made payable to the United States Department of State in U.S. currency.

STEP 2. Once the Waiver Review Division has received your J-1 Visa Waiver Recommendation Application, they will use your self-addressed, stamped, legal-size envelope to send you a case number and instruction sheet on how to proceed with your application under the basis you designated on your J-1 Visa Waiver Recommendation Application. This information will include a list of documents that you must submit to complete your waiver review application. After you have received your case number, you must write the full case number on any documentation you submit as well as on the outside envelope of all future



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correspondence with this office. If you do not write the case number on all correspondence and on the outside of the envelope, the documents you submit will be returned to you.

STEP 3. In order for the Office of Primary Care and Rural Health to submit a waiver request package on your behalf, a package of required information must be sent to:

Anna West
Office of Primary Care and Rural Health
Utah Department of Health and Human Services
195 N 1950 W
Salt Lake City, Utah 84116

Telephone: 801.201.9462
Email: awest@utah.gov
Website: <https://ruralhealth.health.utah.gov/workforce-development/primary-care-office-pco/j-1-visa-waivers/>

NOTE:

- ◆ **Use ONLY 8 ½-inch by 11-inch paper.**
 - Requested documentation should be provided on **one side of each page**, when possible.
 - We request that you send **ONLY** one original set of paperwork.
- ◆ **DO NOT Bind, Staple, Loose Leaf Bind, Spiral Bind, OR Use Glued Binders.**
- ◆ **DO NOT Write, Type, or Code with Page Numbers.**
- ◆ **DO NOT Write, Stamp, Type, or Code with CASE NUMBER or FILE NUMBER.**
 - Please secure with paper clips, binder clips, or rubber bands **ONLY**.

Checklist of required information that must be contained in the package submitted to the Utah Department of Health and Human Services:

Required information to be completed and supplied by the J-1 physician for the package:

1. A copy of the letter with your case number from the United States Department of State.
2. Legible photocopies of all of all DS-2019 or IAP-66 forms, covering every period of your participation in an exchange visitor program.
3. Photocopies of any I-94 Entry and Departure cards (front and back on the same page).
4. A letter with an explanation for any period spent:
 - in some other visa status,
 - out of status, or
 - outside of the United States.
5. A personal statement regarding the J-1 physician's reasons for not wishing to fulfill the two-year country residence requirement that he or she agreed to at the time exchange visitor status was accepted.
6. The J-1 physician's curriculum vitae/resume.
7. A copy of the J-1 physician's:
 - Utah medical license, or
 - demonstration that all medical licensure requirements are met for the State of Utah.
8. A copy of the J-1 physician's:
 - Educational Commission for Foreign Medical Graduates (E.C.F.M.G.) certification, and
 - United States Medical Licensing Examination (U.S.M.L.E.) Step 1, Step 2, and Step 3 Score Report.
9. A signed statement (See Signed Statement Document).
10. If foreign government funding was provided to the J-1 physician for the exchange visitor program, you must also request a "no objection" statement from the country to which you are otherwise obliged to return. The "no objection" statement must be sent directly to the Waiver Review Division from the Embassy and must be on Embassy letterhead and stationery. When you request this statement, be sure to request that the Embassy print your waiver case file number on the **LOWER RIGHT** of the envelope or the information will not be included in your file. The Embassy must state that the



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exchange visitor's government has no objection to his or her a) not returning to the home country to satisfy the two-year foreign residence requirement and b) remaining in the United States if he or she chooses. When the "no objection" statement originates from the exchange visitor's government in the home country, that government must forward it directly to the American Consul at the United States Embassy or Consulate, which in turn will transmit the statement to Visa Services. Again, you will need to provide your waiver file case number so that the home country government can print this number on the outside of the envelope containing the "no objection" statement.

Required information to be completed and supplied by the sponsoring agency for the package:

11. A letter from the head of the sponsoring agency with whom the physician will be employed requesting that the Utah Department of Health and Human Services acts as an "Interested Government Agency" and recommends a waiver for the J-1 physician.
 - ◆ The letter must include the actual address of the facility (location that the physician will be practicing at), including the nine digit zip code.
 - ◆ The letter must also *describe the physician's*:
 - qualifications,
 - proposed responsibilities, in detail,
 - actual work site(s), and
 - how the J-1's employment will satisfy important unmet needs.
12. A contract for **no less than 40 hours a week for three years** between the sponsoring agency and the J-1 physician, *signed by both the head of the sponsoring agency and the J-1 physician*. The contract **must include** a statement that the J-1 physician agrees to *begin employment at such facility within 90 days of receiving the visa waiver*. Contract **cannot include** any type of non-complete clause.
13. A detailed description of the sponsoring employer including:
 - when the sponsoring agency was established and/or incorporated;
 - if the agency is run by a board, committee, corporation, partnership, etc.;
 - a detailed description of the facility, including handicapped accessibility, types of offices the physician would have use of, waiting rooms, etc.; and
 - a list of support personnel that would support the activities of the J-1 physician (billing clerks, scheduling clerks, nurses, and other practicing physicians that will back up and provide coverage for the J-1 physician)
14. A statement signed by the head of the sponsoring agency at which the J-1 physician will be employed stating that the facility:
 - is located in a designated HPSA or MUA area;
 - provides medical care to both Medicaid and Medicare eligible patients, and indigent uninsured patients; and
 - uses a sliding fee schedule for services provided at the facility (copy of sliding fee schedule must be included).
15. The statement should also include the:
 - Federal Information Processing Standards county code and census tract or
 - block numbering area (assigned by the Bureau of Census) or
 - Nine (9) digit zip code of the area where the facility is located.
16. A statement detailing plans for retaining the physician during and beyond the 3-year obligation.

17. The sponsoring agency must meet the criteria established by the Utah Department of Health and Human Services to be determined eligible for the Flex Slots. Flex Slots may **ONLY** be granted to agencies that are **NOT**



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located in federally designated Health Professional Shortage Areas (HPSA) or Medically Underserved Areas/Populations (MUA/P) . The criteria used to determine eligibility includes the following:

- a) Serve medically underserved individuals that come from federally designated primary care health professional shortage areas (HPSAs) or Medically Underserved Areas/Populations (MUA/P)
- b) Have in place an established charitable policy and sliding fee schedule that provides services regardless of clients ability to pay; and
- c) Information that supports the need for the J-1 physician that includes the annual number of clients turned away and the length of time clients must wait in order to get an appointment for health care services.

Documented evidence **must** be supplied for the criteria listed above.

18. Please provide this checklist with your application package. If all items are included, this will assure you and the J-1 physician that all information has been supplied for us to begin the process of submitting a waiver request package on your behalf. Please note that you should allow at least forty- five (45) days for the waiver request to be processed.

All information must be submitted **AT THE SAME TIME**. *Some letters (such as a "No Objection" statement from your government) must be submitted directly to the Waiver Review Division by the Embassy.* In that case, you, as the applicant must request that the Embassy write your full name and case number on the "No Objection" statement and also on the outside of the envelope to be sent to the Waiver Review Division. The Office of Primary Care and Rural Health, Utah Department of Health and Human Services, will forward your entire package to the Waiver Review Division.

STEP 4. When the Waiver Review Division receives ALL of the documentation listed above, your case will be adjudicated. The United States Department of State will forward their recommendation directly to the U.S. Citizenship and Immigration Service and you will receive a copy of that recommendation letter at the address you listed on your J-1 Visa Waiver Recommendation Application.

To check on the status of your application, you must have your waiver case file number and call 1-202-663-1225, or check the web site at <https://j1visawaiverstatus.state.gov/>

To review current processing times, please refer to the United States Department of State's Internet website: <https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/how-to-apply-waiver.html>