

## J -1 VISA WAIVER PROGRAM GUIDELINES

***Notice - The following document contains the J-1 Visa Waiver Program Guidelines that applies for Federal Fiscal Year (FFY) 2007. Applications will be accepted beginning November 1, 2006. The Nevada State Health Division will continue to accept J-1 Visa Waiver applications until all slots are filled according to program guidelines, or until September 10, 2007, whichever comes first. Federal legislation authorizes each state to support 30 J-1 physicians for waivers. The Nevada State Health Division may support up to 30 slots, but has discretion regarding the number of actual selections that it deems appropriate.***

### I. BACKGROUND

Federal legislation gives each state authority to review and support requests from foreign medical graduates with J-1 visas for a waiver of the J-1 visa requirement to return to their home country for two years. In exchange for a state supporting a J-1 physician for a waiver of the 2-year foreign residence requirement, the physician agrees to provide medical care to medically underserved people in that state for a minimum period of three years. The law refers to "Waivers of Foreign Country Residence Requirement with Respect to International Medical Graduates." The Waiver Review Branch at the Department of State (DOS) is responsible for reviewing J-1 visa waiver applications sent to them from the states. The DOS then makes a recommendation to the Bureau of Citizenship and Immigration Services (BCIS), formerly the Immigration and Naturalization Services (INS). The BCIS makes a final determination on the J-1 physician's immigration status.

Section 220 of the Immigration and Nationality Technical Corrections Act of 1994 (L. 103-416) amended section 212(e) of the Immigration and Nationality Act (8 U.S.C. 1182(c)) and added a new subsection (k) to section 214 of that Act (8 U.S.C. 1184) regarding a waiver of the two-year foreign residence requirement as it applies to foreign medical graduates. Final Federal regulations were issued effective October 12, 1995 (60 Fr 53122). In November 2002, the Justice Authorization Bill (L. 107-273) was enacted and contained the Law Enforcement Tribute Act (section 11018). Section 11018 of this legislation extended previous J-1 legislation and increased the number of J-1 waivers each state could support from 20 to 30 for a period of two years. On December 3, 2004 Public Law 108-441 extended the J-1 legislation to May 31, 2006 to improve access to physicians in medically underserved areas. This legislation also allows states to place up to five of its J-1 visa waiver physicians in areas not currently designated as shortage areas.

The Nevada State Health Division (hereafter Health Division) is committed to providing medically underserved communities with access to quality, affordable health care. Accordingly, the Administrator will consider recommending a waiver of the two-year foreign resident requirement on behalf of physicians holding J-1 visas, hereafter referred to as "Candidates," seeking waiver under terms of the above referenced federal regulations. By federal statute the Health Division may recommend up to 30 waivers each Federal Fiscal Year (FFY). However, the Health Division is not required to recommend any waivers.

**The submission of a complete waiver package to the Health Division does not ensure that the Health Division will recommend a waiver. The Health Division reserves the right to recommend or decline to recommend any request for a waiver.**

Under the J-1 Visa Waiver Program the Health Division will consider a waiver request from a physician who has a qualifying employment offer from a primary care clinic. The practice site must be located in a federally designated Primary Care Health Professional Shortage Area (HPSA) or Medically Underserved Area / Population (MUA/P) or a site approved by the State as a geographic exception. Psychiatrists are also eligible for placement at practice sites that are located in a federally

designated Mental Health HPSA. The Health Division will review each application and determine which, if any, are to be forwarded to the appropriate federal agencies. Such forwarding constitutes a recommendation that the waiver is in the public interest.

The Health Division will not be responsible for adding **any** information to incomplete application packets. Should additional information be required, the entire packet may be returned to the applicant. Application packets will be considered incomplete if all the information outlined in this guideline is not provided. The requested information is required by the Health Division, the United States Department of State, or the BCIS (formerly the INS) and must be complete when the Health Division receives the application. The application format is delineated in Section V of these guidelines. The content of each application component is described and often a template is provided to ensure completeness. With the exception of clinics that are Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), or Primary Care Clinics in Rural Hospitals, clear documentation that the practice site meets the prerequisites for placement of a J-1 physician must be provided.

## **II. MISSION**

The mission of this activity is to improve the availability and distribution of primary care physicians in the State of Nevada and to reduce the geographic and financial barriers to primary care and preventive services that are experienced by people living in federally designated Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas / Populations (MUA/Ps). Consistent with the federal mission, waivers are recommended by the Health Division for candidates to work as primary care providers only. Rare exceptions to this may occur at the discretion of the Health Division when the Division determines there is a critical need for a specialty provider in a specific area.

The Health Division considers "Primary Care Physician" to mean a physician who: 1) Provides initial and primary health care services to a person; 2) Maintains the continuity of care of the person; and 3) May refer the person to a specialized provider of health care. Physicians qualifying as a "Primary Care Physician" are limited to those named by the U.S. Department of Health and Human Services as follows: family/general practice, pediatrics, general internal medicine, obstetrics/gynecology and psychiatry. Primary care physicians must work in Primary Care HPSAs or MUA/Ps. J-1 psychiatrists also have the option to work in a federally designated Mental Health HPSA.

In some cases to meet critical staffing needs, at the discretion of the Health Division, a J-1 Visa application may be held in reserve for an applicant who will not complete residency training until June/July of the subsequent year and is ineligible to receive the required Board of Medical Examiner's (BME) letter until completion of their residency. Candidates who have completed their residency and are eligible for receipt of the BME letter must include the BME letter in their application or their application will be considered incomplete. The Health Division will give positive consideration to physicians who complete a fellowship in geriatrics after completion of a primary care residency. Physicians who complete a fellowship in another specialty may apply for a waiver to work as a primary care provider as long as they completed a residency in one of the primary care categories listed above and agree to provide a minimum of 40 hours per week of primary care.

## **III. EMPLOYER / HEALTH CARE FACILITY CRITERIA**

A health care facility located in a federally designated Primary Care Health Professional Shortage Area (HPSA) or federally designated as a Medically Underserved Area / Population (MUA/P), hereafter to be referred to as a "Site," may recruit and request waiver processing from the Health Division for all primary care physicians as described above. A health care facility located in a federally designated Mental Health HPSA may request State support for a psychiatrist.

Primary care clinics are facilities that provide primary care, i.e. at which patients can receive regular health care maintenance for chronic health problems and general on-going wellness care and preventive services as well as referrals for specialty care. All sites must have a sliding fee scale that slides to zero (\$0.00) fee at 100% of Federal Poverty Level and a written policy stating the site accepts all patients regardless of their ability to pay. The Site must accept Medicare assignments and participate in the Nevada Medicaid and Nevada Check-Up programs. Examples of such sites include hospitals with outpatient primary care clinics and primary care or community health centers whether for profit or not for profit.

With the exception of sites that are Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, or Primary Care Clinics in Rural Hospitals, the number of J-1 waivers supported for any single clinic entity will be limited to three (3) during each Federal Fiscal Year. The limit applies to the parent organization.

Any clinic that submits a request for a J-1 waiver physician and receives approval will be subject to an unannounced random audit. The audits will be directed to confirm compliance with the requirement that J-1 physicians provide 40 hours a week of primary care in a shortage area. During random, unannounced audits, physician and clinic billing records will be subject to review as well as documentation of what salary a physician is receiving compared with the salary that is stated in the contract. If a clinic audit reveals discrepancies from expectations as stated in these Guidelines, the State may report the findings to the appropriate federal authorities and/or withhold support for a National Interest Waiver request for physicians at the clinic.

Employers at clinics staffed by a J-1 physician will receive "confirmation forms" twice a year to verify that the J-1 physician is practicing 40 hours a week of primary care at clinics located in areas with underserved designations. In addition, "confirmation forms" will be sent to all state sponsored J-1 physicians for their signatures affirming that they are practicing 40 hours a week of primary care in underserved clinic locations. The "confirmation forms" will be sent from the PCDC at the Health Division. Return of the signed letters to the PCDC will be required within 20 days of receipt. In the event the signed confirmation forms from the J-1 physician and the employer are not returned within 20 days of receipt, the appropriate federal officials and the Nevada State Board of Medical Examiners may be notified that the State of Nevada is unable to verify that the physician is working in compliance with the waiver requirements. Employers who do not comply with the requirement to submit the confirmation form may not receive support for future J-1 physician requests. Non-compliant physicians may also be denied National Interest Waiver (NIW) support by the State.

**There is no guarantee that the Health Division will forward a physician's application or will recommend any waiver.**

#### **IV. REVIEW PROCEDURE**

To accomplish the mission stated above, the Health Division has adopted a set of prerequisites for the site requesting a waiver and a scoring scale (see following table) for the J-1 Candidate. An application sponsored by a Tribal Health Center (THC), Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Primary Care Clinic affiliated with a rural hospital located in a HPSA automatically satisfies the prerequisites required for sites. All other applications will be reviewed to confirm whether each satisfies the prerequisites. Every application will be scored for candidate criteria based upon the information received in the application. Every application including those from a FQHC, THC, or Rural Hospital Primary Care Clinic must contain the information requested in section V "Waiver Application Components." An application from a FQHC or RHC must include a copy of a currently active notice of acceptance as a FQHC by Centers for Medicare and Medicaid Services or as a RHC by the Secretary of the Department of Health and Human Services. Submit a copy of the applicable notice under Tab A of the waiver application components.

After Primary Care Development Center's office review to ensure completeness of the application, candidates who have complete applications will be scored. Those candidates whose applications receive the highest scores as defined in the following table may be recommended for approval to the U.S. Department of State. The State of Nevada will give priority consideration to the primary care needs of Nevada in selecting applicants. When application scores tie, Health Professional Shortage Area (HPSA) scores will be considered for the candidate's proposed practice site. The candidate contracted at the site with the highest HPSA score will be given preference. In the event both the application and HPSA scores are equal, the candidate with the oldest visa will be selected to receive the State of Nevada's support.

J-1 Visa Waiver recommendations may be awarded in relation to the needs of the medically underserved in Nevada. A maximum of 70% of the J-1 Visa Waiver slots allotted to the State of Nevada may be awarded in Clark County. Up to five (5) of the slots may be reserved for staffing emergencies. With the exception of Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, or Primary Care Clinics in Rural Hospitals, a maximum of three (3) slots may be awarded to any one clinic entity during each Federal Fiscal Year.

The program will be closed when all the slots are filled and/or held in reserve (up to five). Each candidate must submit two (2) complete copies of their application in the format described below. For candidates selected for State support, one copy of the application will be retained at the Health Division and one copy will be forwarded to the U.S. State Department. For candidates not selected, one copy of the candidate's application will be retained by the Health Division for contact in the event of future need or withdrawal by a selected applicant and the other application may be returned to the contact designated in Tab C.

**The following prerequisites must be satisfied for sites that are not Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, or Primary Care Clinics in Rural Hospitals.**

### **Nevada J-1 Visa Waiver Prerequisites**

Section V. Waiver Application Components Tab A describes required documentation in relation to satisfying the following prerequisites.

Yes	No	Evidence that the site accepts Medicare, Medicaid assignments, and Nevada Check-Up.
Yes	No	Site policy and evidence that the site offers a sliding fee scale based on family size and income that slides to zero (\$0.00) fee at 100% of the Federal Poverty Level.
Yes	No	Site policy stating all patients, regardless of their ability to pay for services, will receive treatment.
Yes	No	The clinic site(s) must be located in a federally designated Primary Care Health Professional Shortage Area (HPSA), Medically Underserved Area or Population (MUA/P) or a site approved by the State as a geographic exception.
Yes	No	Unless the State has granted an exception, the candidate must agree to provide primary care services for 40 hours each week of his/her three-year waiver obligation.

### Criteria for Scoring

Candidate Criteria:	Number of Points	Total
Has the candidate completed a fellowship in a specialty care discipline (other than Geriatrics)?	If no = 1	
Did the candidate complete his/her residency in the state of Nevada?	If yes = 2	
Has the candidate either completed a residency in a primary care discipline or will he/she be finished with a primary care residency program by the following June?	If yes = 3	
	<b>Total</b>	

## V. WAIVER APPLICATION COMPONENTS

**NOTE:** Every page of the application is required to be identified with the number assigned by the Department of State (DOS) for the candidate.

### Tab A:

\_\_\_\_\_ Federally Qualified Health Centers and Rural Health Clinics must provide a copy of their federal designation notice. Tribal Health Centers and Primary Care Clinics in Rural Hospitals must identify their status and claim their exemption from submitting the documentation listed below.

\_\_\_\_\_ For all sites that are not Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, or Primary Care Clinics in Rural Hospitals the following **PREREQUISITES** must be satisfied before an application will receive further consideration:

1. Provide a copy of information requested for the table provided in Tab G to document the following requirement. Evidence that the site accepts Medicare, Medicaid assignments, and Nevada Check-Up.
2. Provide a copy of the Site's sliding fee scale policy and the number of patients who have availed themselves of this payment option within the last three months (use the same months as in Tab G). The sliding fee scale should be based on family size and income that slides to zero (\$0.00) fee at 100% of the Federal Poverty Level.
3. Provide a copy of the policy and the notice displayed in the waiting room of the clinic to document that all patients, regardless of their ability to pay for services, will receive treatment.
4. Provide the name and address of the clinic site to include the physical street address, city, and zip code. Indicate the clinic site(s) HPSA number or the MUA/P number for each clinic site where the J-1 will practice to accomplish the required minimum 40 hours per week of primary care.

5. Provide a copy of that portion of the contract specifying that, unless the State has granted an exception, the candidate agrees to provide primary care services for 40 hours each week of his/her three-year waiver obligation.

**The prerequisites listed above must be demonstrated before an application will receive further review except for clinic sites specifically exempted from the requirements.**

**An exempted clinic site must provide documentation reflecting the appropriate federal designation/recognition of its status.**

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## **ALL APPLICATIONS**

**All** applications must contain the components as described in the following outline. Each component of the State J-1 Visa Waiver application must be included with tabs corresponding to those listed below.

**The Candidate/Director at employment site shall supply the following components in the application packet:**

### **Tab B:**

\_\_\_\_\_ A request that the Health Division act as an interested government agency and forward a waiver application to the U.S. Department of State for the Candidate. Provide the name and title of a person to contact at the prospective employment site including a telephone number, fax number, and e-mail address for questions or concerns using the following format:

- Name of Employment Site
- Name and title of contact person at the Employment Site
- Employment Site mailing address
- Telephone number
- Fax number
- E-mail address for contact person

### **Tab C:**

\_\_\_\_\_ Provide an official contact for the candidate. Include the contact's name, mailing address, e-mail address, telephone and facsimile number. This contact person will be used for all official contact between the State Health Division and the Candidate.

### **Tab D:**

\_\_\_\_\_ Provide the Candidate's full name, date of birth, place of birth, and country of citizenship. Identify the Candidate's Department of State case number. State the name and physical address of the proposed facility / clinic practice site and provide the appropriate HPSA or MUA/P identification number assigned to the clinic's location.

Describe the Candidate's training. Indicate residency training specialty. Provide date residency training started and completion date or date completion anticipated. List any specialty training with corresponding time frames.

### **Tab E:**

\_\_\_\_\_ A description of the Candidate's qualifications, proposed responsibilities and how this employment will satisfy important unmet health care needs within the HPSA.

**Tab F:**

Documentation that the Site accepts Medicare/Medicaid/Nevada Check-Up eligible patients and medically indigent (uninsured) patients, regardless of their ability to pay. Documentation of a sliding fee scale based upon income and family size (that slides to zero (\$0.00) fee at 100% of Federal Poverty Level [FPL]).

Provide copies of the policies described above and a copy of the sliding fee scale that the clinic utilizes.

**Tab G:**

Provide documentation from the site to demonstrate the number and percentage of patients billed to Medicare, Medicaid, Nevada Check-Up and Sliding Fee Scale for a three-month period prior to the application deadline. Please use the most recent three month period for which data is available. Present the documentation in the following format: identify the three months; provide the total number of patients treated during those three months; describe the number of patients for each month by payment source / reimbursement—Medicare, Medicaid, Nevada Check-Up, Sliding fee scale, indigent, or other insurance.

	Identify Month 1	Identify Month 2	Identify Month 3	Total number of visits for the 3 month period	Percent of total visits for the 3 month period
Total Number of patient visits					100%
Medicare Visits					
Medicaid Visits					
NV Check-Up visits					
Sliding fee scale visits					
Indigent visits / charity care					
Total for Other— i.e. insurance not listed above					

**Tab H:**

Describe and document recruitment/retention efforts by the Site seeking to employ the Candidate. It must be clearly demonstrated that a suitable U.S. physician cannot be found through recruitment or any other means for at least six months prior to the submission of the application. Copies of advertisements, agreements with placement services, etc. must be provided.

Provide an outline describing the Site's long-range plans for retention of the physician beyond the three-year obligation.

**Tab I:**

The Candidate shall demonstrate a bona fide offer of full-time employment at a HPSA Site. A copy of the complete contract must be included. The contract must specify the following:

1. Agreement to work at the Site stated in the application for a total of not less than three years.
2. Agreement to practice Primary Care medicine a minimum of 40 hours per week excluding travel or "on-call" time at the described HPSA Site. Candidates are advised to also set maximum limits on the number of hours they are contractually obligated to work per week. Candidates and Sites are encouraged to anticipate issues that might arise in seeking hospital privileges should the need arise to obtain these privileges at a hospital outside of a HPSA. Also, while the use of restrictive covenants is permitted in the Nevada J-1 Visa Waiver Program, a Candidate should be aware of the implications of such a clause.
3. Agreement to begin employment at the stated Site within 90 days of receiving a waiver from the Bureau of Citizenship and Immigration Services (BCIS), formerly known as Immigration and Naturalization Service (INS).
4. Agreement to accept Medicare assignment, participate in the Medicaid/Nevada Check-Up program, and provide care on a sliding fee scale (that slides to zero (\$0.00) fee at 100% of Federal Poverty Level) to low-income, uninsured patients.

**Tab J:**

The Candidate shall supply a copy of the letter produced by the State Board of Medical Examiners (BME) acknowledging that the Board has approved the Candidate's application for medical licensure. The letter **must** state that an investigation has been conducted by the BME into the applicant's background, education and training and that the BME are allowed to issue a license upon receipt of documentation and verification from the United States Department of State and the U.S. Department of Homeland Security, Bureau of Citizenship and Immigration Services that the applicant is lawfully entitled to remain and work in the United States.

Physicians, who have completed a primary care residency and are eligible to receive a BME letter, must include a BME letter in their application. If a candidate who is eligible for a BME letter does not submit a BME letter, the application is incomplete and cannot receive further consideration.

Since the BME requires that J-1 physicians complete a residency before a BME letter (as described above) is issued, an applicant who will not complete the residency requirement until the following June is ineligible to obtain a BME letter until then. In this case, the application may be held pending receipt of the BME letter. When the State of Nevada places an application in reserve, the application must satisfy all the prerequisites delineated in this policy and the candidate must meet all specified criteria as evidenced by the inclusion of all required documentation with the exception of the BME letter. The BME letter will complete the application and must be received by August 15, 2007, for FFY 2007 Nevada State J-1 Visa Waiver slots.

**Note:** The Board of Medical Examiners does not issue a medical license until the physician receives an H1-B Visa from the Bureau of Citizenship and Immigration Services (BCIS).



**Tab K:**

\_\_\_\_\_ Provide the Candidate's complete *curriculum vitae*.

**Tab L:**

\_\_\_\_\_ INS Form G-28 or letter from a law office if the candidate has an attorney or a statement that the applicant does not have an attorney.

**Tab M:**

\_\_\_\_\_ The request shall include copies of all DS 2019 "Certificate of Eligibility for Exchange Visitor (J-1) Status" (formerly 1AP-66) forms for the Candidate, INS form(s) I-94 for the candidate and any family members, and proof of passage of examinations required by BCIS.

**Tab N:**

\_\_\_\_\_ The request shall include a copy of the "no objection" letter from the home government, if applicable, or a statement signed by the candidate that the letter is not necessary because the home government did not provide financial support. This letter is pursuant to Public Law 103-416. (see Attachment A)

**Tab O:**

\_\_\_\_\_ The Candidate shall complete and sign the State J-1 Visa Waiver Policy Affidavit and Agreement form. (see Attachment B).

**Tab P:**

\_\_\_\_\_ The Employer will affirm and acknowledge Site assignment and that deviation from Site of record may result in notification to applicable federal agencies. (see Attachment C)

**Tab Q:**

\_\_\_\_\_ The request shall contain a copy of the U.S. Department of State's J-1 Visa Waiver Review Application (DS-3035; 03-2005) completed by the Candidate. (see Attachment D)

**Each page of the J-1 waiver request application must include the DOS number assigned to the candidate.**

**Tab R:**

\_\_\_\_\_ A completed Self-Disclosure Form (Attachment E).

Omission of any component described above will result in an incomplete application, a copy of which may be promptly returned to the Candidate, requiring a "new" application. The Health Division will retain one copy of the incomplete application until the close of the Federal Fiscal Year (FFY) for which it was submitted. The Health Division may not supplement incomplete applications with the exception of the Board of Medical Examiner's letter when it is issued and only for candidates who are in the process of completing their residency and, therefore, ineligible for the BME letter when the application was initially submitted.

Submit the original waiver request (or a "new" application, when required,) with one, tabbed original and one copy of the entire application package to:

Douglas A. Schrauth  
Health Resource Analyst II  
Primary Care Development Center  
3427 Goni Road, Suite 108  
Carson City, NV 89706

## LETTER OF NO OBJECTION FROM THE HOME GOVERNMENT

The Waiver Review Branch will require this document from state health departments if the Candidate received funding from the home country.

If applicable, include a copy of a "No Objection" letter from the Candidate's home government. This is a letter from the Candidate's home government stating there is no objection to the Candidate remaining in the United States to practice medicine. Include the "No Objection" letter or the Candidate's signed statement that the letter is not required in Tab N.

If applicable, the Candidate needs to contact his/her home government embassy in the United States and request that they write a letter of "No Objection," on their behalf to the address indicated on the U.S. Department of State's website – <http://www.travel.state.gov>.

The Candidate should request a copy of the "No Objection" letter and must include a copy of that document with the other waiver request documentation required.

The Waiver Review Branch requests that the "No Objection" letter contain the following (reference Public Law 103-416, i.e., pursuant to Public Law 103-416) the government of (Name of Country) has no objection to (Name of Candidate, Date of Birth, and candidate's address) remaining in the United States to practice medicine.

## **J-1 VISA WAIVER AFFIDAVIT AND AGREEMENT**

### **Paragraph 1**

I, \_\_\_\_\_, being duly sworn, hereby request the Nevada State Health Division to review my application for the purpose of recommending waiver of the foreign residency requirement set forth in my J-1 visa, pursuant to the terms and conditions as follows:

### **Paragraph 2**

I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the State of Nevada, the Health Division, any and all State of Nevada employees, agents, and assigns, from any action or lack of action made in connection with this request.

### **Paragraph 3**

I further understand and acknowledge that the entire basis for consideration of my request is to improve the availability of primary health care in Nevada's medically underserved areas and that selections are at the discretion of the Health Division.

### **Paragraph 4**

I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary medical care services to patients, including the medically indigent, for a minimum of forty (40) hours per week within a U.S. Public Health Service designated Health Professional Shortage Area (HPSA) or Medically Underserved Area or Population (MUA/P) or a site approved by the State as a geographic exception. Such service shall commence no later than 90 days after I receive notification of approval by both the U.S. Bureau of Citizenship and Immigration (BCIS) and the U.S. Department of Labor and shall continue for a period of at least three (3) years.

### **Paragraph 5**

I agree to incorporate all the terms of this "State J-1 Visa Waiver Affidavit and Agreement" into any and all employment agreements I enter pursuant to paragraph 4 (above).

### **Paragraph 6**

I further agree that any employment agreement I enter pursuant to paragraph 4 (above) not contain any provision which modifies or amends any of these terms of this "State J-1 Visa Waiver Affidavit and Agreement."

### **Paragraph 7**

I understand and agree that my primary medical care services rendered pursuant to paragraph 4 (above) shall be in a Medicare and Medicaid certified site that has an open, non-discriminatory admissions policy. My practice site will use a sliding fee scale for low-income, medically indigent patients.

Paragraph 8

I have read and fully understand the "J-1 Visa Waiver Program Guidelines," a copy of which is attached hereto and is specifically incorporated by reference.

Paragraph 9

**I expressly understand that this waiver must ultimately be approved by the BCIS. Furthermore, I agree to provide written notification of the specific location and scope of my practice to the Nevada State Health Division at the time that I commence rendering services and a copy of the BCIS approval form upon receipt. I will notify the Health Division of any change in the location and scope of my practice within three working days of the change or prior to the change.**

Paragraph 10

I understand and acknowledge that if I willfully fail to comply with the terms of this "J-1 Visa Waiver Affidavit and Agreement," the Health Division may notify BCIS. Additionally, any and all other measures available to the Health Division may be taken in the event of non-compliance.

Paragraph 11

I declare under the penalties of perjury that the foregoing is true and correct.

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**Signature**

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**Date**

**NOTICE OF COMPLIANCE WITH FEDERAL REGULATIONS**  
**(To be completed by employer)**

I, \_\_\_\_\_, intend to employ \_\_\_\_\_ as a physician in my practice. I understand that the ability to employ this physician is dependent on compliance with federal statutes and regulations that cover the ability of an employer to hire a skilled foreign worker who has received a waiver to requirements of a J-1 visa and who possesses an H1-B visa. I understand that these regulations include the requirement that a physician in this status practices primary medical care for at least 40 hours a week in a federally designated health professional shortage area or a geographic exception approved by the State and receives a salary that is commensurate with a salary paid to a U.S. citizen who performs similar work. I understand that because these statutes are federal, the State of Nevada does not make decisions concerning their applicability or judge an employer's compliance. I understand that any allegations of non-compliance with these statutes and regulations may be communicated to and investigated by the appropriate federal agency.

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Signature

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Date

## CANDIDATE DATA SHEET

The U.S. Department of State (DS-3035) form entitled J-1 Visa Waiver Recommendation Application may be obtained at the Department of State's Bureau of Consular Affairs website <http://www.travel.state.gov>.

**The State of Nevada requires that the Department of State case number be placed on each page of the candidate's J-1 Visa Waiver application.**

**SELF-DISCLOSURE FORM**

Please check the correct response for each question and provide information as requested.

1. Is the site a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Tribal Health Center (THC), or primary care clinic affiliated with a rural hospital located in a HPSA?

☐ YES ☐ NO

Provide name and address of site(s).

2. Does the site accept Medicare? ☐ YES ☐ NO

3. Does the site accept Medicaid and Nevada Check Up assignments? ☐ YES ☐ NO

4. Does the site offer a sliding fee scale, based on family size and income that slides to \$0.00 fee at 100% of the Federal Poverty Level? ☐ YES ☐ NO

5. Does the site agree to treat all patients, regardless of their ability to pay for services?

☐ YES ☐ NO

6. Is the site located in a Primary Care Health Professional Shortage Area (HPSA), Medically Underserved Area or Population (MUA/P)? ☐ YES ☐ NO

Provide HPSA or MUA/P ID# \_\_\_\_\_

7. Has the candidate completed a residency in a primary care discipline? ☐ YES ☐ NO

If yes, indicate type of residency.

8. Has the candidate completed a fellowship in a specialty care discipline (other than Geriatrics)?

☐ YES ☐ NO

If yes, indicate specialty training and time spent.

9. Does the candidate agree to provide primary care services for a minimum of 40 hours per week of his/her three-year waiver obligation? ☐ YES ☐ NO

10. Did the candidate complete their residency in the state of Nevada? ☐ YES ☐ NO

If yes, where was the residency?

The above statements are true and correct to the best of my understanding:

Name and title (Please Print or Type) \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Nevada State Health Division  
Primary Care Development Center (PCDC)  
National Interest Waiver (NIW) Request Procedure**

The Nevada State Health Division will respond routinely to requests for an attestation in support of a National Interest Waiver (NIW) only for those physicians who have previously been recommended for a J-1 visa waiver under the Nevada J-1 Visa Waiver Program. The Bureau of Citizenship and Immigration Service (BCIS) regulations require that the entity determining that the physician's work is in the public interest has knowledge of the physician's skills and experience in making similar attestations.

Whereas the Health Division does not possess such knowledge for physicians who have not previously been recommended for a waiver, attestations cannot be made by the state until the physician and employer submit information to the state similar to an initial J-1 application for support. This would apply to those J-1s who received support from the United States Department of Agriculture (USDA) or entity other than the State of Nevada. For the above described J-1s who desire National Interest Waiver support from the State, please contact the PCDC office to discuss your situation and identify yourself as receiving initial support from the USDA or source other than the State of Nevada.

To request NIW attestation, please submit a letter to the Health Division including the physician's name, country of birth, date of birth, and the facility that employs the physician. Provide documentation indicating the date employment commenced and account for all the subsequent employment time frames prior to the NIW request. Provide the employing clinic's physical address to include street address, city name, and zip code. Identify the clinic employment site as a Health Professional Shortage Area (HPSA) or Medically Underserved Area / Population (MUA/P) and provide the shortage area federal Identification number, if known. Include a signed copy of the portion of the employment contract documenting that the length of work at the clinic in the underserved area will be extended to a total of five years. This information may be faxed to the PCDC office at 775-684-4046.

For questions regarding NIW support, please contact Douglas A. Schrauth at 775-684-4220 or e-mail to [dschrauth@nvhd.state.nv.us](mailto:dschrauth@nvhd.state.nv.us).

Letters may be addressed to:

Douglas A. Schrauth  
Nevada State Health Division  
Bureau of Family Health Services  
Primary Care Development Center  
3427 Goni Road, Suite 108  
Carson City, NV 89706