

J-1 Visa Waiver Application Checklist

The forms and documents listed below are required by US Citizenship & Immigration and Services (USCIS) in order to approve a state-based J-1 Visa Waiver application submitted by the Vermont Department of Health (State) on behalf of international medical graduates (IMG's).

It is the responsibility of the potential employer (Facility) to ensure that all required documents are included in the IMG's application. Incomplete applications will be returned to the Facility.

Most primary care physicians or medical specialists approved for J-1 Visa waivers will be required to work within federally designated health professional shortage areas (HPSA) or medically underserved area (MUA, MUP). A limited number of "flexible slots" are available each year for primary care physicians or medical specialists employed outside designated areas.

Vermont prioritizes primary care sub-specialties, including geriatricians and hospitalists; then medical specialties, such as: psychiatry, surgery, anesthesiology, neurology, pathology, etc.

Information and forms for J-1 Visa Waivers are available online at:

http://travel.state.gov/visa/temp/info/info_1296.html

Application Document Order (Check List) (see details on page 2)

- 1. **Third Party Barcode Page** (* generated online)
- 2. **Cover Letter from the State** (will be provided by VDH)
- 3. **Signed Employment Contract**
- 4. **Evidence of Shortage Area designation / Medical Underservice** (print out)
- 5. **Letter From Facility** (intent to hire physician)
- 6. **Signed Statement from Physician** (agreeing to Sect 214(1) of I&NA)
- 7. **Curriculum Vitae** (maximum 4 pages)
- 8. **Vermont Medical License** (or proof of application and paid fee)
- 9. **Copy of Application Fee** (cashier's check for \$120)
- 10. **Copy of Form DS-3035** (page 1-2)

*These documents should be placed in the order listed and separated by a colored divider page appropriately labeled with the number and name of the document behind it.

*Please do NOT use staples, binders, tabs, two-sided copies or pages larger or smaller than 8.5 x 11 inches.

Return completed documents, listed above with this checklist, to:

Rachel Green, Rural Health Program Coordinator
State Office of Rural Health & Primary Care
Vermont Department of Health
108 Cherry Street, PO Box 70
Burlington, VT 05401-0070
Rachel.Green@state.vt.us
(802) 859-5921

Other documents, fee and envelopes (as described on Form DS-3035) **should be submitted to:**

US Dept of State, Waiver Review Division, PO Box 952137, St. Louis, MO 63195-2137 (on page 3).

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Application Document Order (Details) – to be sent to the VT Dept. of Health

1. **Third Party Barcode Page** (* generated online)
2. **Cover Letter from the State** (will be provided by VDH)
3. **Signed Employment Contract** between the Facility and the IMG physician, at minimum:
 - a. Dated and counter-signed by the IMG physician and Facility hiring official
 - b. A minimum of 40 hours weekly to provide patient care only
 - c. A minimum employment term of three (3) years
 - d. A description of the specific geographic area(s) in which the IMG will practice medicine
4. **Evidence of Health Professional Shortage Area designation or Medical Underservice Area**
Provide a print out of HPSAs from <http://hpsafind.hrsa.gov/HPSASearch.aspx> and/or MUA/Ps from <http://muafind.hrsa.gov/>. If no federal designations exist for facility's service area, contact our office to identify other documentation of services to local or regional underserved patients. (1-3 pages max)
5. **Letter From Facility** to the State indicating their intent to hire the IMG physician:
 - a. requesting the waiver on behalf of the international medical graduate (IMG), including physician's full name, country of origin, and case number;
 - b. documenting need for position
 - c. documenting that the IMG meets the credentialing process of the Facility;
 - d. that an offer of employment has made or is being considered;
 - e. that the IMG physician will provide patient care on a full-time basis (40 hrs/week);
 - f. will start work within 90 days of the approval of the waiver by USCIS.
6. **Signed Statement from Physician** agreeing to the contractual requirements set forth in Section 214 (1) of the Immigration and Nationality Act, follows:

--The alien demonstrates a bona fide offer of "full-time" (40 hrs.) employment at a health facility and agrees to begin employment at such facility within 90 days of receiving such waiver and agrees to continue to work in accordance with paragraph (2) at the health care facility in which the alien is employed for a total of not less than 3 years (Unless the Attorney General determines that extenuating circumstances such as the closure of the facility or hardship to the alien would justify a lesser period of time).

--The alien agrees to practice medicine in accordance with paragraph (2) for a total of not less than 3 years only in the geographic area or areas, which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals. **

**Unless specifically approved by the State to be using one of the State's ten "flexible" slots for non-primary care or non-designated shortage areas.

7. **Curriculum Vitae** (maximum 4 pages).
8. **Copy of Vermont Medical License** (or proof of application and paid fee) from the Vermont Board of Medical Practice.
 - a. Credentialed physicians can obtain a Vermont medical license application directly from the Vermont Board of Medical Practice by calling (800)745-7371 (toll-free from within Vermont), 802-657-4220 or via email at: medicalboard@ahs.state.vt.us. This process usually takes 1-2 months.
 - b. The State cannot submit your application to the USCIS until we have documentation of an approved (or paid application for) Vermont medical license. Please start these processes as early as possible to avoid delay.
9. **Copy of Application Fee** (We only need a copy of the cashier's check that was sent directly to Dept of State, St. Louis, MO, as directed on Form DS-3035.)
10. **Copy of Form DS-3035 J-1 Visa Waiver Recommendation Application** (pages 1-2)

===== End of documents to be sent to VT Department of Health =====

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Supporting documents, Application Fee and return envelopes (as described on Form DS-3035) should be submitted directly by the applicant (or representing lawyer) to:

U.S. Dept. of State
Waiver Review Division
PO Box 952137
St. Louis, MO 63195-2137

- a. **Waiver Review Division Barcode Page** (generated online)
- b. **Form DS-3035 J-1 Visa Waiver Recommendation Application**
Online submission required: http://travel.state.gov/visa/temp/info/info_1296.html
- c. **Supplementary Applicant Information Pages**
- d. **Copy of data page of applicant's current passport**
- e. **Copies of all forms DS-2019 Certificates of Eligibility for Exchange Visitor (J-1) Status** (formerly IAP-66 form), submitted in chronological order with the "Beginning a new program" first.
- f. **Statement of Reason** (* generated online) from IMG regarding his/her reasons for not wishing to fulfill the two-year home country residence requirement to which the IMG agreed at the time of acceptance of exchange visitor status (maximum of 1 page).
- g. **Form G-28 – Notice of entry of Appearance of Attorney or Representative** if applicant and/or facility is represented by attorney.
- h. **Two (2) Stamped Envelopes Self-Addressed** to the hiring facility or lawyer.
- i. **Explanation for being Out-of-Status** is only applicable if the IMG has spent any period of time in some other visa status, out of status, or outside of the US.
- j. **No Objection** Statement from the visitor's home government only applicable if foreign government funding is involved.