



**J-1 Visa Waiver
Program Guidance 2022**

Iowa Department of Public Health
Protecting and Improving the Health of Iowans





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Definitions

1. **Health Professional Shortage Area (HPSA):** An area, population group, or facility designated by the U.S. Department of Health and Human Services as having an acute shortage of primary health care professionals. Please refer to the resource at <https://data.hrsa.gov/tools/shortage-area> for more information on HPSAs.
2. **Medically Underserved Area (MUA):** An area designated by the U.S. Department of Health and Human Services as meeting scoring criteria under the Index of Medical Underservice (IMU) which considers the ratio of primary medical care physicians to population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Please refer to the resource at <https://data.hrsa.gov/tools/shortage-area> for more information on MUAs.
3. **Medically Underserved Population (MUP):** A designation by the U.S. Department of Health and Human Services which involves application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group. Please refer to the resource at <https://data.hrsa.gov/tools/shortage-area> for more information on MUAs.

General Information

This guidance provides information about eligibility for the Conrad 30/J-1 Visa Waiver Program.

Statutory Authority

The federal government authorizes the IDPH to sponsor physicians for a waiver who are subject to the 2-year home residency requirement upon completion of their exchange visitor program (see Section 214(I) of the Immigration Nationality Act (INA)).

Program Overview

The State of Iowa is committed to improving access to health care in underserved areas of the state. The Conrad 30 waiver program, framed by Senator Kent Conrad of North Dakota in 1994, is one way to address the shortage of physicians in rural and urban areas. The Iowa Department of Public Health, Bureau of Policy and Workforce Services, Primary Care Office receives requests and makes recommendations for waivers on behalf of physicians holding J-1 visas in accordance with the Conrad 30 waiver program.

Waiver requests are accepted for physicians who agree to a 3-year, full-time service commitment to provide primary care or specialty care in a designated primary care health professional shortage area or a medically underserved area or population; or provide psychiatric care in a mental health professional shortage area. There are currently 30 available spots annually, 10 of which may be considered as “non-designated requests” for physicians who agree to work in non-designated areas, yet still serve patients who reside in federally designated shortage area(s). The IDPH issues letters of recommendation to the U.S. Department of State. The U.S. Citizenship and Immigration Services approves and issues the waivers.

Candidate Requirements and Documentation

Requirements are listed numerically in the following table. The requirements include a description, as appropriate, and the corresponding documentation required as part of the waiver request packet.

Requirement 1: Health care facility must submit a statement on behalf of the physician.

Description

- 1.1. Include the following on health care facility/employer statement
 - 1.1.1. A request that the IDPH act as an interested government agency
 - 1.1.2. Employer legal name and physical address
 - 1.1.3. Employer point of contact name, business address, email, phone, and fax
 - 1.1.4. Type of request (designated or non-designated)
 - 1.1.5. Provider legal name, date of birth, and country of origin
 - 1.1.6. Provider discipline
 - 1.1.7. A statement that waiver request would be in the public interest
 - 1.1.8. An explanation of the detrimental effect that would result if the exchange visitor is unable to continue his or her involvement with the program or activity of interest to

the requesting agency or if the requesting agency is unable to employ the exchange visitor

- 1.1.9. A statement that services are provided to Medicaid- and Medicare-eligible, uninsured, and indigent persons
- 1.1.10. A statement that services are provided to all individuals, regardless of ability to pay.
- 1.1.11. A list of all practice sites where the provider will be fulfilling the service commitment specifying the following:
 - 1.1.11.1. Practice site legal name(s) and physical address(es)
 - 1.1.11.2. FIPS county code and census tract or block numbering area number, or the 9-digit zip code for each practice site
 - 1.1.11.3. For a designated request, Health Professional Shortage Area name and ID#, Mental Health Professional Shortage Area name and ID#, or Medically Underserved Area/Population name and ID# for each practice site
 - 1.1.11.4. For a non-designated request, a statement that physician will only be working at a facility that serves patients who reside in a federally designated shortage area(s), medically underserved area(s), or medically underserved population(s)

Documentation

- Signed and dated statement by head of healthcare facility/employer on letterhead

Requirement 2: Employer must have attempted to recruit a U.S. citizen for the position being filled by the J-1 visa waiver requestor.

Description

- 2.1. Provide the following information from employer
 - 2.1.1. How long the position has been vacant
 - 2.1.2. That recruitment is specifically for the position being filled by the J-1 visa waiver requestor
 - 2.1.3. Specific method/s used to facilitate recruitment
 - 2.1.4. The number of inquiries received as a result of recruitment methods
 - 2.1.5. The number of physicians identified as a result of recruitment methods
 - 2.1.6. How many interviews were conducted and if an offer was made

Documentation

- J-1 Visa Waiver Recruitment Form

Requirement 3: Attorney or accredited representative must submit completed G-28 Form, if applicable.

- 3.1. **Description:** Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative is used to establish the eligibility of an attorney or accredited representative to represent a client (applicant, petitioner, requestor, beneficiary or derivative, or respondent) in an immigration matter before U.S. Department of Homeland Security (DHS)

Documentation

- Copy of completed Form G-28, Notice of Entry of Appearance as Attorney/Representative Form

Requirement 4: Physician must provide proof of identity.

Documentation:

- Copy of one of the following:
 - Birth Certificate
 - Passport

Requirement 5: Physician must not submit another request to any U.S. Government department or agency equivalent to act on their behalf in any matter relating to a waiver of the two-year home residence requirement.

Description

5.1. Physician does not have pending, nor will physician submit another application while this application is pending, to any U.S. Government department or agency equivalent to act on physician's behalf in any matter relating to a waiver of physician's two-year home residence requirement

Documentation

- J-1 Visa Waiver Program Affidavit and Agreement Form.

Requirement 6: Physician must provide federal J-1 visa and J-1 visa waiver documentation.

Description

- 6.1. J-1 Visa Waiver Recommendation Application Form DS-3035: this form includes a bar-coded document, supplementary physician information, and statement of reason. This document facilitates processing once a recommendation and waiver request has been forwarded to the Department of State
- 6.2. Certificate of Eligibility for Exchange Visitor (J-1) Status DS-2019: this is a document that is required to apply for a J-1 visa. A copy of this form is used to provide proof of J-1 visa eligibility
- 6.3. Form I-94: this is the DHS Arrival/Departure Record and is proof of legal entry into the United States

Documentation:

- Form DS-3035, including the 3rd Party Barcode Page.
- Copy of all DS-2019 Forms issued to the physician.
- Copy of Form I-94

Requirement 7: Physician must practice in an eligible discipline.

7.1. Primary Health Care provider disciplines are

- Family Practice
- General Internal Medicine
- General Pediatrics
- Geriatrics
- Obstetrics-Gynecology

**Primary care physicians providing services in an emergency department will be considered as primary health care.*

7.2. Mental Health Care provider disciplines are

- General Psychiatry
- Child/adolescent Psychiatry
- Geriatric Psychiatry
- Substance Use Disorders

7.3. Specialty Health Care are services provided by physicians in disciplines other than those of Primary Care or Mental Health Care

Documentation

- J-1 Visa Waiver Program Physician Form.

Requirement 8: Physician must have proof of eligible employment.

Description:

8.1. Specify the following information on employment contract

- 8.1.1. Physician legal name
- 8.1.2. Pertinent health care discipline of physician
- 8.1.3. Employer legal name and physical address
- 8.1.4. List of all practice sites where the provider will be fulfilling service commitment and must specify
 - 8.1.4.1. Practice site legal name(s) and physical address(es)
 - 8.1.4.2. FIPS county code and census tract or block numbering area number, or the 9-digit zip code for each practice site
 - 8.1.4.3. For a designated request, Health Professional Shortage Area name and ID#, Mental Health Professional Shortage Area name and ID#, or Medically Underserved Area/Population name and ID# for each practice site
 - 8.1.4.4. For a non-designated request, a statement that physician will be working at a facility that serves patients who reside in a federally designated shortage area(s), medically underserved area(s), or medically underserved population(s)
- 8.1.5. Physician salary must be the prevailing wage for the declared discipline and/or specialty.
- 8.1.6. Direct care services must be provided for a minimum 3-year term and not less than forty (40) hours per week starting the first day of employment
- 8.1.7. Employment will begin within 90 days from the date waiver was granted by the U.S. Citizenship and Immigration Services

- 8.1.8. Services must be provided at the practice site(s) specified in this application for the duration of the service obligation
- 8.1.9. The physician provides medical care to Medicaid- and Medicare-eligible, uninsured, and indigent persons
- 8.1.10. Services must be provided to all individuals, regardless of ability to pay
- 8.1.11. Indicate compliance with INA section 214(l)

Documentation:

- Signed employment contract that attests to all participant and practice site requirements
- J-1 Visa Waiver Program Employer Form
- Printed documentation of federally designated health professional shortage area(s), medically underserved area(s), or medically underserved population(s) for each practice site at which the physician will be providing services.

Requirement 9: Physician must provide a No-Objection Statement, if applicable.

Description:

- 9.1. If physician is contractually obligated to return to their home country. Physician home country must furnish, in writing, a statement of no objection to the waiver

Documentation:

- Copy of J-1 Visa Waiver No-Objection Statement, if applicable

Requirement 10: Physician must be appropriately credentialed and qualified to practice in the discipline that physician is applying for within the state of Iowa.

Documentation

- Curriculum vitae or resume
- Copy of Iowa full/provisional professional license/certificate or copy of proof of payment to the Iowa Board of Medicine
- Copy of specialty certificate, if applicable

Prioritization Criteria

Waiver requests are prioritized for recommendation in the following order:

Priority 1. Primary care or mental health care providers where service commitment will occur in a shortage designated area.

Priority 2. Primary care or mental health care providers where service commitment will occur in a rural, non-shortage designated area

Priority 3. Primary care or mental health care providers where service commitment will occur in an urban, non-shortage designated area.

Priority 4. Specialty care providers where service commitment will occur in a shortage designated area.

Priority 5. Specialty care providers where service commitment will occur in a rural, non-shortage designated area.

Priority 6. Specialty care providers where service commitment will occur in an urban, non-shortage designated area.

**Applications will be listed within each priority category by order of receipt until the 30 slots are filled. If additional slots are available beyond the six priority categories, the following factors may be considered and remaining slots filled at the discretion of the IDPH: whether or not a spousal application exists; number of slots given to flex spots; or number of applications by specialty, employer or county. Physicians requesting a non-designated spot will no longer be considered once the 10 non-designated spots are filled.*

Submission Timeframe

J-1 visa waiver requests are accepted annually starting the first Tuesday in September through the last Friday in October.

Late Submissions

Requests may be submitted after the last Friday in October but are considered late. Late submissions will only be considered if waiver slots are still available after making recommendations on requests submitted in the aforementioned September - October timeframe. *Late submissions will be processed in accordance with Prioritization Criteria noted in the previous section.*

Waiver Request Review

Waiver request review is based on the following considerations:

Review Consideration 1. Contents are tabbed in accordance with [Request Packet Instructions Section](#) of this document

Review Consideration 2. Requested information is sufficiently addressed

Review Consideration 3. Program requirements are satisfied

Waiver requests that do not meet requirements are designated as conditionally accepted pending submission of additional, requested materials within a specified date of return. If requested materials are not submitted in a timely manner, the waiver request will revert to a new submission, which may affect priority status.

Letter of Recommendation Decision

J-1 visa waiver physicians will be notified of a decision to provide a letter of recommendation on or before the **second Monday in January** for applications received within the submission timeframe.

J-1 Waiver Recipients must adhere to the following monitoring criteria while fulfilling their service commitment.

Monitoring Criteria

Monitoring Criteria 1. Submit a completed Commencement of Employment Status Form within 30 days after employment commences.

Monitoring Criteria 2. Physician must complete annual provider questionnaire.

Monitoring Criteria 3. Employer must complete and submit an annual report.

Request Packet Instructions

J-1 visa waiver requests must be submitted in accordance with the following criteria. Failure to submit as prescribed may result in a waiver recommendation denial.

- Submit the original and one copy of the request packet
- Use a table of contents and tab documents
- Submit the documents in the order indicated on the Documentation Checklist
- The DOS Case Number must be printed on the lower right hand corner of every page of the request packet
- Request packet contents must be single-sided
- Request packet contents must be on 8.5" x 11" paper
- Do **NOT** use staples or binders
- Do **NOT** include documents that are not required
- Send waiver request packet to:

Iowa Department of Public Health
Bureau of Policy and Workforce Services
J-1 Visa Waiver Program
321 E 12th St.
Des Moines, IA 50319

J-1 VISA WAIVER REQUEST DOCUMENTATION CHECKLIST

Use this checklist as an aid to submitting your request. Documents are linked to the Requirements and Documentation section of the J-1 visa waiver program guidance.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Contact information form |
| <input type="checkbox"/> | Signed and dated statement by head of healthcare facility on letterhead |
| <input type="checkbox"/> | J-1 Visa Waiver Recruitment Form |
| <input type="checkbox"/> | Copy of completed G-28 Form, if applicable |
| <input type="checkbox"/> | Copy of one of the following: <ul style="list-style-type: none"> ▪ Birth Certificate ▪ Passport |
| <input type="checkbox"/> | Printed online federal Form DS-3035 with barcode |
| <input type="checkbox"/> | Copy of federal Form DS-2019 |
| <input type="checkbox"/> | Copy of signed employment contract that attests to all participant and practice site requirements |
| <input type="checkbox"/> | J-1 Visa Waiver Program Physician Form |
| <input type="checkbox"/> | J-1 Visa Waiver Program Employer Form |
| <input type="checkbox"/> | Printed documentation of federally designated health professional shortage area(s), medically underserved area(s), or medically underserved population(s) for each practice site at which the physician will be providing services or for where patients who will be served by the physician reside |
| <input type="checkbox"/> | J-1 Waiver No-Objection Statement, if applicable |
| <input type="checkbox"/> | Curriculum Vitae or resume |
| <input type="checkbox"/> | Copy of Iowa full/provisional professional license or certificate, or copy of proof of payment to the Iowa Board of Medicine |
| <input type="checkbox"/> | Copy of professional specialty license/certificate, if applicable |

Resources

1. Health Resources and Services Administration (HRSA) Data: <https://data.hrsa.gov/>
2. HPSA by State and County: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
3. INA section 214(l): <https://uscode.house.gov/view.xhtml?req=granuleid%3AUSC-prelim-title8-section1184&num=0&edition=prelim>
4. MUA/P Find: <https://data.hrsa.gov/tools/shortage-area/mua-find>
5. Shortage by Address: <https://data.hrsa.gov/tools/shortage-area/by-address>
6. U.S. Department of Health and Human Services Exchange Visitor Program: <https://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/exchange-visitor-program/index.html>
7. U.S. Citizenship and Immigration Services (USCIS) Conrad 30 Waiver Program: <https://www.uscis.gov/working-united-states/students-and-exchange-visitors/conrad-30-waiver-program>
8. U.S Department of State Exchange Visitor Visa: <https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/how-to-apply-waiver.html>