

J-1 VISA WAIVER POLICY AFFIDAVIT AND AGREEMENT

I, _____, being duly sworn, hereby request the Wyoming Department of Health 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:

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

I further understand and acknowledge the entire basis for the consideration of my request is the Wyoming Department of Health's voluntary participation and desire to improve the availability of primary medical care in medically underserved regions of Wyoming.

I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary medical services to patients, including the indigent for a minimum of forty (40) hours per week within a U.S. Public Health Services designated Health Professional Shortage Area or Medically Underserved Area. Such service shall commence no later than ninety (90) days after I receive notification of approval by both the U.S. Citizenship and Immigration Services (USCIS) and the U.S. Department of Labor and shall continue for a period of at least three (3) years.

I agree to incorporate all the terms of this J-1 Visa Waiver Policy Affidavit and Agreement into any and all employment agreements I enter pursuant to paragraph 3.

I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision which modifies or amends any of these terms of this J-1 Visa Waiver Policy Affidavit and Agreement.

I understand and agree that my primary medical care services rendered pursuant to paragraph 3 shall be in a Medicare and Medicaid certified facility which has an open, non-discriminatory admissions policy and will accept medically indigent patients.

I have read and fully understand the "Waiver Request Guidelines," a copy of which is attached and is specifically incorporated by reference.

I expressly understand that this waiver of my foreign service requirement must ultimately be approved by the USCIS, and I agree to provide written notification of the specific location and nature of my practice to the Wyoming Department of Health, at the time I commence rendering services and on a semi-annual basis thereafter.

I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Waiver Policy Affidavit and Agreement, the Wyoming Department of Health will notify the USCIS.

Additionally, any and all other measures available to the Wyoming Department of Health will be taken in the event of non-compliance.

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

Physician Signature

Date

Notary Acknowledgment

State of _____

County of _____

The foregoing instrument was acknowledged before me by _____

_____ this _____ day of _____, 20_____.

Witness my hand and official seal.

Notary Signature

Seal: