

# **Wyoming Conrad 30 J-1 Visa Wavier Program**

## **Guidelines and Application Information**

### **Program Contact:**

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## **J-1 VISA WAIVER INFORMATION SHEET FOR FOREIGN PHYSICIANS INTERESTED IN PRACTICING IN UNDERSERVED AREAS OF RURAL WYOMING**

Federal law requires that foreign physicians seeking to pursue graduate medical education or training in the U.S. must obtain a J-1 Exchange-Visitor Visa. The J-1 visa allows physicians to remain in the U.S. until their studies are completed. However, upon completion of their studies, the physicians must return to their home country for at least two (2) years before they will be able to return to the U.S.

Physicians who are subject to the two (2) year home country residence requirement may apply for a waiver of that requirement under any one of the four grounds provided by the U.S. Immigration law:

1. Exceptional hardship to his/her U.S. citizen or permanent resident spouse or child.
2. Persecution if forced to return to home country.
3. A statement in support of a waiver from an interested U.S. government agency.
4. A statement in support of a waiver from a state department of public health or its equivalent.

For additional information on eligibility and how to apply for a waiver, please visit <https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/how-to-apply-waiver.html>.

The Wyoming Department of Health will consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 visas who have been admitted to the U.S. under the following conditions:

1. A waiver request must be submitted to the Wyoming Department of Health from a U.S. healthcare facility on behalf of a J-1 physician and not directly from a J-1 physician.
2. The physician must demonstrate a bonafide offer of employment at a health facility and must agree to work 40 hours per week for at least three (3) years in a geographic area designated by the Secretary of the U.S. Department of Health and Human Services as having a shortage of healthcare professionals, and in a facility which accepts Medicare/Medicaid as well as medically indigent patients.
3. If a “No Objection Statement” is required of the physician, the physician must provide a copy of the “No Objection Statement” from the government of the physician’s home country. Please visit <https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/how-to-apply-waiver.html#noobjection> to determine if this is a requirement.
4. The physician’s status will be changed to that of a H1-b visa.
5. If the physician fails to fulfill the terms of the contract with the healthcare facility, they would not be eligible to apply for an immigrant visa or permanent residence unless they returned to

their home country for two (2) years.

6. There will be a limit of thirty (30) waiver requests per fiscal year; ten (10) of which may be used for specialists and/or non-designated shortage areas (referred to as Flex Waiver Requests).

## **J-1 VISA WAIVER REVIEW AND RECOMMENDATION PROCESS FOR THE STATE OF WYOMING**

The State of Wyoming is committed to assisting all residents of Wyoming in having access to quality, affordable healthcare. Therefore, the Wyoming Department of Health (WDH) is prepared to consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 visa status under certain conditions.

The WDH's policy is completely discretionary, voluntary, and may be modified or terminated at any time. The submission of a complete waiver package to the WDH does not ensure the WDH will recommend a waiver. In all instances the WDH reserves the right to recommend or decline any request for a waiver.

A waiver request to the WDH must come from a U.S. healthcare facility on behalf of a J-1 physician and not directly from a J-1 physician.

All required information and documentation must be submitted in a single package with documents presented in the order set forth. Waiver requests that do not comply with these requirements will not be considered.

## **DESCRIPTION OF THE WAIVER REVIEW PROCESS**

Requests for a waiver of the two (2) year home country residence requirement must be made by local medical facilities directly to the Wyoming Department of Health (WDH). Upon request, an information packet is sent detailing the information/documentation needed to prepare an appropriate case file for review.

Each case is reviewed by WDH staff. A recommendation is made, and the case file is sent to the Director of the WDH, or his designee, for final determination. Only thirty (30) waivers can be granted per state per year. Each case file is assigned a priority number. After thirty (30) case numbers are assigned, the remaining cases will be assigned a priority number and carried over to the next fiscal year for processing.

The WDH makes the decision as to whether they recommend a request that the residence requirement be waived. If the decision is positive, the case file, along with the necessary cover memos, is sent to the U.S. Department of State, Visa Services, Waiver Review Division.

The U.S. Department of State, Visa Services, Waiver Review Division will verify with the organization(s) that issued the IAP-66 Certificate of Eligibility for Exchange Visitor (J-1) Status, which allowed the physician to enter the U.S, whether the organization (this can also be the country of origin) has no objections to the physician being granted the waiver. If the organization(s) have no objection and the case has all the necessary documentation, the Waiver Review Division will forward the package to the U.S. Citizenship and Immigration Services (USCIS) with their recommendation.

The USCIS makes the final decision on whether a waiver shall be issued to the physician and will inform the requestor and the WDH of their decision.

## WAIVER REQUEST GUIDELINES

Submit waiver request with one (1) original and one (1) copy of the entire package to:

Keri Wagner  
Healthcare Workforce and Primary Care Office Manager  
Office of Rural Health  
Public Health Division  
Wyoming Department of Health  
122 West 25<sup>th</sup> Street, Suite 102E  
Cheyenne, WY 82002

**NOTE:** *All documents submitted must include the case number assigned by the U.S. Department of State on the bottom right of each page.*

1. The request must be accompanied by a letter from the Administrator/CEO of the medical facility at which the physician will be employed that:
  - A. Requests the Wyoming Department of Health act as an interested government agency and recommend a waiver for the J-1 physician.
  - B. Summarizes how the medical facility has attempted to locate qualified U.S. physicians.
  - C. Describes the physician's qualifications, proposed responsibilities, and how their employment will satisfy important unmet health care needs of a medically underserved rural community.
  - D. States unequivocally the medical facility is offering the physician at least three (3) years of employment.
  - E. Acknowledges the medical facility accepts Medicaid/Medicare eligible patients and medically indigent patients.
  - F. Summarizes the effect on the area if the waiver is denied.
2. The request must include a detailed description of the medical facility which includes the nature and extent of its medical services.
3. The physician must demonstrate a bonafide offer of full-time employment at a medical facility (a copy of the complete contract). The contract must specify the following:
  - A. The physician must agree to work at the medical facility in which he/she is employed for a total of not less than three (3) years.
  - B. The physician must practice medicine a minimum of 40 hours per week in the geographic area which is designated by the Secretary of Health and Human Services as having a shortage of healthcare professionals.

- C. The physician must agree to begin employment at such facility within ninety (90) days of receiving a waiver.
  - D. Prior to employment, the physician must meet all medical licensure requirements for the State of Wyoming.
4. If a “No Objection Statement” is required of the physician, the request must include a copy of the “No Objection Statement” from the government of the physician’s home country. Please visit <https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/how-to-apply-waiver.html#noobjection> to determine if this is a requirement.
  5. The request must include copies of physician’s immigration documents: DS-2019/IAP-66 “Certificate of Eligibility for Exchange Visitor (J-1) Status” forms for the physician; DHS forms I-94 for the physician and any family members; and proof of passage for examinations required by USCIS.
  6. Recruitment/retention efforts must be described. It must be clearly demonstrated a suitable replacement for the physician cannot be found through recruitment or any other means. Copies of advertisements, agreements with placement services, etc., should be provided. If this information is not available, submit a strongly-worded, detailed statement that describes recruitment efforts. In addition, the medical facility’s long range plans for retention of the physician during and beyond the three (3) year obligation must be detailed.
  7. The request must contain a complete curriculum vitae of the physician and letters of recommendation.
  8. The physician must complete and sign the J-1 Visa Waiver Policy Affidavit and Agreement form (Attachment A).
  9. The facility must state they will not facilitate the process of acquiring permanent residence for the physician until he/she has been employed in accordance with these requirements for at least two (2) years, and the facility will provide semi-annual reports to the Wyoming Department of Health that will monitor the physician’s compliance with the three (3) year service obligation (Attachment B).
  10. The request must contain a Physician Data Sheet which must be completed by the physician (Attachment C).
  11. **Flex Waiver Requests.** In addition to the information required for primary care waiver applications, the following information must accompany a Flex Waiver request:
    - A. Documentation demonstrating the need for the physician in the facility where the physician will practice and that the facility has sufficient patients who live in a designated shortage area to support one Full Time Equivalent (FTE) physician of the physician applicant’s specialty.

- B. Documentation relating to past recruitment efforts should be for the same specialty as the physician applicant.
- C. Documentation demonstrating the existence of a shortage designation for each service area and the need for the physician within the designated underserved population/service area.

**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.

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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.

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Notary Signature

Seal:

**J-1 VISA PHYSICIAN REPORTING FORM**

*To be submitted on a semi-annual basis (every 6 months) during the three (3) year service obligation*

**Physician Statement**

**DATE:**

Physician Name:

Home Address:

City:

State:

Zip Code:

Personal E-mail Address:

Office Address:

City:

State:

Zip Code:

Office E-mail Address:

Type of Medical Practice:

Physical Address of Medical Practice:

City:

State:

Zip Code:

County:

I hereby certify that I, the undersigned, do provide primary healthcare services at the above stated address a minimum of forty (40) hours per week.

\_\_\_\_\_  
Physician's Signature

**Employer Statement**

**DATE:**

I, \_\_\_\_\_ do hereby certify  
Doctor \_\_\_\_\_, is employed by  
\_\_\_\_\_, and provides forty  
(40) hours of primary healthcare services per week.

\_\_\_\_\_  
Employer's Authorized Signature

\_\_\_\_\_  
Printed Name, Title

\_\_\_\_\_  
E-mail Address

Return Completed Form To:

Keri Wagner  
Office of Rural Health  
Public Health Division  
Wyoming Department of Health  
122 West 25<sup>th</sup> Street, Suite 102E  
Cheyenne, WY 82002  
[keri.wagner@wyo.gov](mailto:keri.wagner@wyo.gov)

**PHYSICIAN DATA SHEET**

Effective February 1, 2009, Form DS-3035, must be typed and completed online. Also, on this date, submissions of the downloaded and typed form will no longer be accepted by the Waiver Review Division. For information on how to complete Form DS-3035, please visit <https://j1visawaiverrecommendation.state.gov/>.