



J-1 Visa Waiver Application Checklist

Physician's Name: _____ **ARC State:** _____
Medical Specialty: _____
Practice Site Name(s): _____
Address(es): _____
County: _____
HPSA Name/ID # (for all sites): _____

ARC USE

Application and 1 copy required at submission

ARC State Letter:

_____ Written recommendation by the Governor, ARC Alternate or, at the ARC State's option, a high-ranking state public health official

Employer Letter:

- _____ Addressed to Federal Co-Chair
- _____ Includes employer name, address, phone number and email address
- _____ Includes name and medical specialty of physician
- _____ Includes address(es) of practice site(s)
- _____ States employer identity/type of practice (i.e., for profit, not-for-profit, FQHC)
- _____ Includes federally designated HPSA name(s) and ID(s) of practice location(s)
- _____ States medical care is provided to Medicare/Medicaid eligible and medically indigent patients
- _____ Asserts physician will practice for a minimum of 40 hours/week in the HPSA indicated
- _____ Includes statement of site's need for the physician and description of employer's record of serving the target population, including potential impact of physician placement -make the case; provide closest location of physician's medical expertise available; and service area patient demographics.
- _____ If a Special Population HPSA designation, documents the employer's record of serving the Medicare/Medicaid eligible and medically indigent patients. Data should be representative of site(s) and ARC State percentages.
- _____ Includes exactly worded statement "I hereby certify that I have read and fully understand and will comply with the ARC Federal Co-Chair's J-1 Visa Waiver Policy, and that all of the information contained in this letter is true to the best of my knowledge and belief."

Employment Contract:

- _____ Includes name and medical specialty of physician
- _____ Specifies name(s) and address(es) of practice site(s)
- _____ Includes federally designated HPSA name(s) and ID(s) of practice location(s)
- _____ Specifies position is at least 40 hours per week for a minimum of three years
- _____ Specifies salary - cannot be below prevailing wage
- _____ Contains exactly worded [ARC J-1 Visa Liquidated Damages Clause](#)
- _____ Does not contain restrictive covenant or non-compete clause
- _____ Does not include a non-solicitation clause beyond three-year commitment
- _____ Does not contain no cause termination clause
- _____ Incorporates [ARC J-1 Visa Waiver Affidavit and Agreement](#)

Other Items:

- _____ **Evidence of Good Faith Recruitment Efforts** (including notices sent to all pertinent residency programs in ARC State)
- _____ **Signed [ARC J-1 Visa Waiver Affidavit and Agreement](#)**
- _____ **Evidence of Sliding Fee Schedule**
- _____ **[Sample Notice - Policies for Healthcare Services Charges](#)**
- _____ **Department of State (DOS) J-1 Visa Waiver Recommendation Application** (Form DS-3035, including 3rd Party Barcode Page)
- _____ **DOS Case Number** (appears on each page of application)
- _____ **Certificates of Eligibility for Exchange Visitor Status** – Forms DS 2019s (for all years in training)
- _____ **Copy of Physician’s Current CV**
- _____ **Copy of Physician’s Work Schedule** (only if more than one site is involved)
- _____ **Notice of Entry of Appearance as Attorney** - Form G-28
- _____ **Letters of community support, including local physicians unaffiliated with the practice site, one of which must be a primary care physician; and community leaders or local elected officials**