



USCIS National Interest Waiver letter of support submission checklist

Please use these instructions to make sure all required information is enclosed in your request for a letter of support from the Utah Department of Health and Human Services for a Physician National Interest Waiver. The Office of Primary Care and Rural Health (PCRH) requires up to 30 days to screen and process your request.

You must first complete required steps from the [U. S. Citizenship and Immigration Services](#). PCRH only provides letters of support for physicians working in federally-designated shortage areas, including Health Professional Shortage Areas and Medically Underserved Areas/Medically Underserved Populations.

Submit requests for a letter of support, including the following required information, in order, via email to:

- Anna West, awest@utah.gov
- Amanda De Lucia, ade@utah.gov

Definitions

- 1) **Department:** the Utah Department of Health and Human Services.
- 2) **Health care facility:** a doctor's office, local health department, clinic, or licensed health care facility where a National Interest Waiver physician may work under the supervision of the sponsoring physician.
- 3) **HPSA:** federally-designated health professional shortage area.
- 4) **MUA/MUP:** federally-designated medically underserved area or medically underserved population.
- 5) **National Interest Waiver:** a waiver allowing foreign physicians to apply for a green card without a job offer or a labor certification. The program addresses the shortage of qualified doctors in federally-designated shortage areas.
- 6) **PCRH:** the Office of Primary Care and Rural Health in the Utah Department of Health and Human Services.
- 7) **Primary care physician:** a physician who specializes in general internal medicine, family medicine, general pediatrics, obstetrics and gynecology, or psychiatry.
- 8) **Specialty care:** according to the Centers for Medicare and Medicaid Services, health services that focus on a specific area of medicine or a group of patients with specific types of symptoms and conditions.
- 9) **USCIS:** United States Citizenship and Immigration Services.

Request Requirements

The physician must submit a written request to the Department for a Physician National Interest Waiver letter of support.

- A. The request must include the following facility information:
 1. The address of the facility where the physician will practice medicine.
 2. A statement that the physician has agreed to work an annual full-time equivalency of 40 hours in patient care per week for 5 years.
 3. A copy of the physician's CV which includes a statement of:
 - a. all advanced degrees, including name and location of each institution;
 - b. description of prior medical employment including skills, specialties, and years of experience; and
 - c. status of state medical licensure(s).
 4. An assurance letter from the health care facility that the health care facility and its principals are not under investigation for, under probation for, or under restriction for:
 - a) Children's Health Insurance Program, Medicaid, or Medicare fraud;
 - b) violations of Division of Occupational and Professional Licensing statute or rules;
 - c) default on any federal or state scholarship or loan repayment program offered by the National Health Service Corps or by the state under Section 26B-4-703, Rural Physician Loan Repayment Program; or
 - d) other violations of law that may indicate that a National Interest Waiver may not be in the public interest.
4. Assurance that the facility:
 - a) accepts Medicaid, Medicare, Children's Health Insurance Program, Primary Care Network and Utah Medical Assistance Program eligible patients; and
 - b) implements a sliding fee scale, payment schedule, or similar method that demonstrates that it provides discounts to medically indigent patients.

Public Interest Requirements

The Department may issue a state recommendation letter finding that the applicant's National Interest Waiver is in the public interest if the Department determines that the request satisfies the requirements above and the applicant meets the following additional criteria:

- A. If the applicant is a specialty care physician or primary care provider other than a psychiatrist, they will work as a primary care physician located within a federally designated **primary care** HPSA with a score of 7 or higher.
- B. If the applicant is a psychiatrist, they will work in a **mental health** HPSA with a score of 7 or higher.
- C. If the applicant is a specialty care physician or primary care provider located within a federally designated MUA/MUP.

Next Steps

PCRH will review your request for completeness and eligibility. If accepted, the program will then provide a letter of support for your National Interest Waiver application.

Contact Information

Office of Primary Care and Rural Health
Utah Department of Health and Human Services
195 N. 1950 W.
Salt Lake City, UT 84116
Telephone: 801-231-3044
Email: opcrh@utah.gov
Website: <https://ruralhealth.utah.gov/j-1-visa-waivers/>

