



Utah Department of
Health & Human
Services

Conrad 30/J-1 visa waiver program submission checklist

Please use this checklist to make sure all required information is enclosed in your Conrad 30/J-1 visa waiver (J-1) packet. **Include this completed checklist with your application package.** PCRH requires up to 30 days to screen and process your waiver request.

All information must be submitted at the same time. The Utah Office of Primary Care and Rural Health (PCRH) processes waivers on a first-come, first-served basis. If multiple complete and eligible waivers are received at the exact same time, in excess of the number allowed, PCRH will draw using a random lottery system to determine which waivers to process. PCRH reserves the right to deny incomplete applications. This program is governed by Administrative Rule [R434-100](#), which takes precedence over all other documents.

You must first complete required steps from the U.S. State Department, available at <https://j1visawaiverrecommendation.state.gov/>.

Submit the following required information, in order, via email to:

Anna West, awest@utah.gov

Amanda De Lucia, ade@utah.gov

General eligibility

Pursuant to the requirements of Public Law 103-416, of October 25, 1994, J-1 visa waiver applicants must:

1. Have an offer of full-time employment at a health facility;
2. Agree to begin employment at such facility within 90 days of receiving a waiver;
3. Sign a contract to continue to work at the healthcare facility for a total of 40 hours per week and not less than 3 years;
4. Comply with [R434-100](#); and
5. Clearly indicate if you are applying for a FLEX or non-FLEX slot. Applicants for FLEX slots may be employed outside of a federally designated Health Professional

Shortage Area (HPSA), however, they must work with underserved populations. Non-flex slots may only be used by applicants who will work at a facility geographically located within a federally-designated HPSA.

The Utah Department of Health and Human Services will not support J-1 waivers for physicians who wish to work at sites where:

1. The owner/employer is in default of the National Health Service Corps or any state scholarship/loan repayment program;
2. The J-1 visa waiver physician will be in a supervisory position to the owner/employer;
3. The owner/employer has breached the terms of the contract with a J-1 visa waiver physician within the last 2 years; or
4. The healthcare facility and its principals are under investigation for, under probation for, or under restriction for Children's Health Insurance Program, Medicaid, or Medicare fraud; violations of Division of Occupational and Professional Licensing statute or rules; or other violations of law that may indicate that it may not be in the public interest that a waiver of the 2-year home residency requirement be granted.

Formatting requirements

- Use ONLY 8 ½-inch-by-11-inch paper;
- Do not include dividers or tabs;
- Do not include page numbers;
- Submit all required contents in the order listed; and
- Submit a single PDF via email rather than mailing a hard copy.

Physician information

- ☐ State Department J-1 Visa Waiver Recommendation Application (DS-3035).
- ☐ State Department third-party barcode page.
- ☐ State Department Certificate of Eligibility.
- ☐ All IAP-66/DS-2019 "Certificate of Eligibility for Exchange Visitor (J-1) Status" forms for the candidate and their spouse and children, if applicable.
- ☐ INS I-94 forms for the candidate and their spouse and children, if applicable.
- ☐ Any I-94 Entry and Departure cards.
- ☐ A letter with an explanation for any period spent:
 - ☐ In some other visa status;
 - ☐ Out of status; or
 - ☐ Outside of the United States.
- ☐ A personal statement regarding the J-1 physician's reasons for not wishing to fulfill the 2-year country residence requirement agreed to at the time exchange visitor status was accepted.
- ☐ Curriculum vitae/resume.
- ☐ Utah medical license, or demonstration that all medical licensure requirements are met for the state of Utah.
- ☐ Educational Commission for Foreign Medical Graduates (ECFMG) certification.
- ☐ United States Medical Licensing Examination (USMLE) Step 1, Step 2, and Step 3 Score Report.

- ☐ 3 professional references.
- ☐ "Signed statements" (provided in appendix), including:
 - ☐ Affirmation that the candidate will not apply for another visa waiver while this waiver is under evaluation unless DHHS has deferred processing the request; and
 - ☐ Affirmation verifying the physician is planning to work for the sponsoring agency and that the sponsoring agency is offering work to the physician.

Sponsoring agency information

- ☐ Letter from the head of the sponsoring agency. The letter shall:
 - ☐ Request the Utah Department of Health and Human Services act as an "interested government agency" and recommend a waiver for the J-1 physician;
 - ☐ Explain how the physician will serve medically underserved populations; and
 - ☐ Describe:
 - ☐ The physician's qualifications;
 - ☐ The physician's proposed responsibilities;
 - ☐ The physician's actual work site(s), addresses where the physician will practice, including affiliated 9-digit ZIP codes; and
 - ☐ Why their employment is needed to satisfy important unmet community needs.
- ☐ An assurance letter that the healthcare facility and its principals are not under investigation for, under probation for, or under restriction for:
 - ☐ Children's Health Insurance Program, Medicaid, or Medicare fraud;
 - ☐ Violations of Division of Occupational and Professional Licensing statute or rules; or
 - ☐ Other violations of law that may indicate that it may not be in the public interest that a waiver of the 2-year home residency requirement be granted.
- ☐ Signed employment contract. The contract shall:
 - ☐ Not contain non-compete clause(s) or their equivalents; and
 - ☐ Demonstrate that the physician shall:
 - ☐ Spend at least 3 years at the stated practice site;
 - ☐ Work at a facility in a federally designated Health Professional Shortage Area (HPSA), if applying for a non-FLEX spot;
 - ☐ Serve medically needy populations, if applying for a FLEX spot;
 - ☐ Meet the requirements set forth in Section 214(l) of the Immigration and Nationality Act, 8 USC 1184(l);
 - ☐ Practice medicine a minimum of 40 hours per week at the site(s); and
 - ☐ Indicate employment at the stated practice site will begin within 90 days of receiving a waiver.
- ☐ Detailed description of the sponsoring employer. The description shall state the:
 - ☐ Date of establishment/incorporation;
 - ☐ Management structure: board, committee, corporation, partnership, etc.;
 - ☐ Support personnel assigned to the physician, such as billing clerks, scheduling clerks, nurses, and other practicing physicians who shall ensure proper coverage.
 - ☐ Facility facts, including:
 - ☐ Handicapped accessibility;
 - ☐ Office access; and
 - ☐ Waiting rooms, etc.

- ☐ Sliding fee schedule utilized by the facility.
- ☐ Signed statement from the head of the sponsoring agency, proving the facility:
 - ☐ Is located in a designated HPSA or medically underserved area, for non-FLEX slots; or
 - ☐ Evidence that the J-1 physician and employer will be caring for underserved patients from HPSA or medically underserved areas, for FLEX slots;
 - ☐ Provides medical care to Medicaid- and Medicare-eligible patients;
 - ☐ Provides care for indigent uninsured patients;
 - ☐ Uses a sliding fee schedule for services provided at the facility; and
 - ☐ Federal Information Processing Standards county code and census tract, block numbering area (assigned by the Bureau of Census), or 9-digit ZIPcode.
- ☐ A statement detailing plans for retaining the physician during and beyond the 3-year obligation.

Next steps

PCRH will review your application for completeness, eligibility, and availability of a waiver slot. If accepted, the program will then submit your application to the State Department's Waiver Review Division. When the Waiver Review Division receives all of the documentation listed above, your case will be adjudicated. The State Department is expected to then forward its recommendation directly to the U.S. Citizenship and Immigration Service. You will receive a copy of that recommendation letter at the address listed on your J-1 Visa Waiver Recommendation Application.

Include this completed checklist with your application package.

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/>

To check on the status of your application with the State Department, you must have your waiver case file number and call 1-202-663-1225 or check the website at <https://j1visawaiverstatus.state.gov/>.

Appendix: Required sworn statements

Affirmation, candidate will not apply for another visa waiver while this waiver is under evaluation, unless DHHS has deferred processing the request

I, _____, hereby declare and certify, under penalty of the provisions of 18 USC, 101, that:

(1) I have sought or obtained the cooperation of Utah Department of Health and Human Services to obtain a waiver of the 2-year home residency requirement; and

(2) I do not now have pending, nor will I submit during the pendency of this request, another request to any U.S. government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my 2-year home residency requirement, unless I receive written notice that DHHS has deferred my request.

Signed

Date

Affirmation verifying the physician is planning to work for the sponsoring agency and that the sponsoring agency is offering work to the physician

I, _____ (physician name), hereby declare and agree to begin employment at _____ (sponsoring agency/employment site) within ninety (90) days of receiving my J-1 waiver and agree to continue to work at _____ (sponsoring agency/employment site) for a minimum of 3 years.

Signed

Date

Signed (Employer)

Date