

Alaska Department of Health and Social Services
Health Planning & Systems Development, Division of Health Care Services

Guidelines¹ Regarding J-1 Visa Waivers²

Process for Applications for Waivers of Section 212 (e) of the Immigration and Nationality Act of the Two Year Foreign Residency Pertaining to Individuals who are in the United States on J-1 Exchange Visitor Visas. (Section 220 of Public Law 103-416)

1. Background Information from Bureau of Consular Affairs, Department of State:

On October 1, 1999, the United States Information Agency (USIA) was integrated into the Department of State. The former USIA Waiver Review Branch of the Office of the General Counsel is now the Waiver Review Division of the Office of Legislation, Regulation, and Advisory Assistance, Visa Office of the Bureau of Consular Affairs, Department of State. This Division reviews applications for waivers of Section 212 (e) of the Immigration and Nationality Act of the two year foreign residency requirement pertaining to individuals who are in the United States on J-1 exchange visitor visas. The Division then makes recommendations to the Immigration and Naturalization Service concerning such waivers.

2. Materials that are to be prepared by the physician (J-1 visa holder) and the medical facility. The following materials are requested based on the Code of Federal Regulations:

- a. Evidence that the facility is in a Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA). Evidence may include documentation from HRSA Division of Shortage Designation (DSD).
- b. Facility statement: A statement signed by the head of the facility at which the physician (J-1 visa holder) will be employed stating the facility is located in a designated HPSA or MUA and provides medical care to both Medicare and Medicaid eligible patients, and indigent uninsured patients. The statement should also include the Federal Information Processing Standards county code and census tract or block numbering area number (assigned by the Bureau of Census) or the 9-digit zip code of the area where the facility is located.
- c. Evidence by the medical facility that unsuccessful efforts were made to recruit an American physician for the position (medical journal advertisements; labor certification or language in cover letter stating efforts to recruit an American physician have been unsuccessful).
- d. A signed contract for no less than 40 hours a week for three years between the facility and the physician, with signatures of physician (J-1 visa holder) and the head of the facility.
- e. Data sheet (form by Waiver Review Division) for physician (J-1 visa holder).
- f. Copies of all IAP-66 forms.
- g. Copies of any I-94 cards (front and back).
- h. Curriculum vitae of physician (J-1 visa holder).

¹ Based on the Code of Federal Regulations; also see U.S Department of State website at http://travel.state.gov/visa/temp/info/info_1296.html .

² Updated July 27, 2009.

- i. “No objection” statement from the physician’s (J-1 visa holder) government in cases in which foreign government funding is involved.
- j. Form G-28 or letter from a law office if applicant has an attorney.
- k. Physician (J-1 Visa holder) statement-A statement signed by the physician that should read as follows: “I _____(Name of physician [J-1 visa holder]) hereby declare and certify, under penalty of provisions of 18USC.1101, that: (1) I have sought or obtained the cooperation of _____(enter name of U.S. Government agency which will submit/is submitting an IGA (Interested government agency) request on behalf of the exchange visitor to obtain a waiver of the two-year home residence 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 two-year home residence requirement.” Statement must be signed and dated.
- l. Include a statement from physician (J-1 visa holder) agreeing to begin employment at the facility within 90 days of receiving a waiver.
- m. A statement from the physician (J-1 visa holder) regarding reasons for not wishing to fulfill the two year country residence requirement to which you accepted exchange visitor status.
- n. Evidence of medical licensure of physician (J-1 visa holder) in the state of Alaska.
- o. A statement by director of hiring facility & physician (J-1 visa holder) indicating that if a waiver is awarded, the facility & physician (J-1 visa holder) will submit a letter to the Alaska, J-1 Visa Coordinator every six months indicating continuous full-time employment of physician (J-1 visa holder).
- p. Self-addressed stamped envelope. Include full name of physician (J-1 visa holder) and address in upper case. This address is where the recommendation regarding the waiver application will be sent.
- q. Copy of cashier’s check or money order in U.S. Currency drawn on a U.S. Bank made payable to “The U.S. Department of State.” Include physician’s (J-1 visa holder) name, date of birth, and place of birth on whatever form of payment submitted.
- r. Guidelines for preparing documents. Do not staple any documents. Copy one side only. Use 8 ½ x 11 white paper. Keep a copy of any documents sent to us for your own records. Do not submit more than one application fee per person.

3. Mail all the required documents to the State of Alaska, Department of Health & Social Services, at the following address:

Health Planning & Systems Development
 3601 C St.,
 Suite 990
 Anchorage, AK 99503

4. Materials that are to be prepared by the Alaska Department of Health and Social Services:

- a. After review of above materials, and if he concurs in the public’s interest with the need for a waiver, the Deputy Commissioner of Health and Social Services (as the official designated by the state governor) will prepare a letter which states it is in the “public interest” that the physician (J-1 visa holder) remains

in the U.S. and be granted a waiver of section 212 (e) of the INA. The letter also will include the following:

- Name of physician (J-1 visa holder)
- Country of last legal permanent residence
- Name of medical facility and address of facility
- U.S. Department of Health and Human Services designated Health Professional Shortage Area (HPSA) ID number of medical shortage area or Medically Underserved Area
- Number of J-1 visa waiver application for current year (a maximum of 30 waivers are allowed per year)

b. The Deputy Commissioner of Health and Social Services will submit his letter along with all materials sent to him by the facility and physician (J-1 visa holder) materials to:

U.S. Department of State
Visa Services
Waiver Review Division
2401 E. Street, N.W.
Washington, D.C. 20522-0106