The J-1 Visa Waiver Applicant and Employer must provide information for all sections and subsection headings outlined below and applications must be submitted in the order described below. Print or stamp the applicant physician's review or case number from the United States Department of State (DOS) on all application pages. Please allow 21 business days for review of the application.

Information required of employer:

I. **Letter**: Submit a letter signed by the administrator of the sponsoring employer for which the applicant physician will be employed to include the following:
   a. Name of the sponsoring Employer and National Provider Identification (NPI) number
   b. Name of the J-1 Visa Waiver applicant physician and NPI
   c. Requests that California's Department of Health Care Access and Information (Department) act as an interested government agency and recommend a waiver for the applicant physician
   d. Describes the practice site and the service area demographics including income, average Federal Poverty level, primary language, age of residents, patient population mix, etc., how the employer and applicants' services is consistent with the Department's mission, and other pertinent information to illustrate the community the physician will serve
   e. Lists the percentages of total patient population for each practice site for Medicaid, Medicare, Uninsured, and indigent patients
   f. Describes the applicant physician's qualifications, proposed responsibilities, and how his/her employment will satisfy important unmet health care needs of a medically underserved community
   g. Describe how the applicant physician will provide services to a caseload that is comprised of at least 30% Medi-Cal patients, or a 30% caseload comprised of a combination of Medi-Cal and uninsured patients throughout the three-year contract period
   h. Include a statement identifying the applicant's field of residency and the completion date
   i. Specialist application: the sponsoring employers must state the need for the specialty position at the worksite location(s) using population-based data relevant to the proposed specialty (morbidity, mortality, population/physician ratio etc.)
   j. Describe in chronological order how the health facility has attempted to locate qualified American physicians
   k. States unequivocally that the facility is offering the applicant physician at least three years of employment and describes the detailed employment plans for the applicant physician during and beyond the three-year obligation
   l. Describes the effect on the underserved if the waiver application is denied

II. **Employment Contract**: Submit a signed and dated copy of the employment contract between the applicant physician and the sponsoring health facility. The contract must include the following:
   a. Name of the applicant
   b. Type of services provided
   c. States applicant's employment term is of at least three (3) years for no less than forty (40) hours per week providing direct patient care

d. States the applicant and employer will provide services to a caseload that is comprised of at least 30% Medicaid (Medi-Cal) patients, or a 30% caseload comprised of a combination of Medi-Cal and uninsured patients throughout the three-year contract period
e. Addresses for all services sites and days and hours at each site
Identification of the salary for applicant must be listed in the contract, and it must be equal to the prevailing wages of the area. Refer to https://flag.dol.gov/wage-data/wage-search
f. Employment contract may not contain a non-compete clause or restrictive covenant
g. Include a statement that the J-1 Visa Waiver applicant agrees to begin employment

III. Copy of the health facility's federally designated Health Professional Shortage Areas (HPSA), Medically Underserved Areas/Populations (MUA/MUP) status for **all** sites. MUA/MUP designation eligibility must be within four years of designation.

IV. Documentation from the local health care official (county health officer/director) stating the need for services of the applicant.

V. Evidence of recruitment and retention efforts during the past six months made to American candidates for the same position the health facility intends to fill with a foreign applicant physician (e.g., copies of advertisements, agreements with placement services, all with dates clearly identified).

Information required from the J-1 Waiver physician:

I. The completed Waiver Review Application Data Sheet (form DS-3035)

II. The DOS File Number Notification (third party barcode page)

III. Curriculum Vitae (CV) that includes name, address, date of birth, and city and country of birth

IV. Letters of recommendation for applicant (two to three)

V. Legible copy of passage of examinations required by U.S. Citizenship and Immigration Services (USCIS): either Flex parts I and II OR all three steps of the United States Medical Licensing Examination (USMLE)

VI. Legible copy of California medical license OR a copy of the application to the Medical Board of California (MBC) AND evidence of receipt by the MBC

VII. Legible copies of all DS-2019 (formerly IAP-66) of the applicant covering every period (year) he/she was J-1 Visa status. Forms must be submitted in chronological order

VIII. Legible copies of I-94 of applicant his/her family members (front & back)

IX. Four (4) separate attestations signed and notarized (notary must include California jurat verbiage. Please refer to Notary Handbook 2026 for acceptable verbiage. (https://notary.cdn.sos.ca.gov/forms/notary-handbook-current.pdf)

a. An attestation that the applicant agrees to the requirement to provide services to a caseload that is comprised of at least 30% Medi-Cal patients, or a 30% caseload comprised of a combination of Medi-Cal and uninsured patients throughout the three-year contract period
b. An attestation or statement of "No Objection": The applicant must submit a copy of a statement of no objection from their home government if he/she is contractually or financially obligated to return to the home country. In the event that the applicant physician is NOT contractually or financially obligated to return to the home country, the applicant must submit a signed and notarized attestation to that effect
c. An attestation from the applicant that he/she has no other waiver request pending with another government agency
d. An attestation from the applicant of his/her commitment to comply with J-1 Visa Waiver requirements

X. California Authorization for Release of Information form (see website) with an original signature by the applicant.

XI. Federal G-28 or letter if represented by an attorney.

Submission:

- Applications must be submitted with documents in the order described above.
- Do not include documents that are not required by DOS or the California J-1 Visa Waiver program.
- Applications must be submitted to the J-1 Visa Waiver Program according to the instructions above. Only applications received on or after the starting date will qualify for review and consideration.

Applications for the Conrad 30 J-1 Visa Waiver Program will only be accepted in PDF format via email. All applications must be sent to J1VisaWaiverProgram@hcai.ca.gov

Conrad J1 Visa Waiver Mailing

Along with the completed application pursuant to the guidelines contained above you must send us a second email that contains the following information. This information may be extracted from your completed application.

a. Letter from Employer
b. HPSA/MUA Evidence documents
c. Employment Contract*
d. DS-2019's/I-94
e. Curriculum Vitae
f. Exchange Visitor Attestation/Foreign Medical Graduate Statement
g. Form G-28/Letter of Representation
h. DS-3035 and Supplementary Applicant Information Pages
i. Statement of Reason
j. Third Party Barcode Page
k. Waiver Division Barcode Page