Physicians and/or their legal representatives requesting an HHS J-1 Waiver letter of support from the State of California must submit the documents listed below. Please allow 21 business days for review of this document.

Information required of employer:

a. Cover letter addressed to the Department of Health Care Access and Information (HCAI), Office of Health Information, requesting an HHS J-1 Visa Waiver support letter on the physician's behalf. The cover letter must be signed and dated by the director of the medical facility on the facility's letterhead which includes the following:
    a. Name of physician and physician's National Provider Number (NPI)
    b. Type of physician
    c. Name of employer – Include NPI
    d. Effective date of physician's employment
    e. Addresses for all services sites where the physician will be employed
    f. Include the Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) identifier number of the federally designated underserved area where the facility is located. HPSA or MUA scores for all sites must be included
    g. Description of the health facility and extent of its medical services. Provide description of need with pertinent information to illustrate the community's need for physician service requested
    h. The letter must include demographics including income, average Federal Poverty level, primary language, age make-up of residents, patient population mix, and other pertinent information to illustrate the community that the physician will serve
    i. Describes the nature and extent of the medical services that the physician/applicant will provide
    j. Statement that the facility will treat all patients regardless of their ability to pay
    k. Statement that the facility will accept Medicare, Medicaid, and S-CHIP assignment
    l. Statement that the facility uses a sliding fee scale, and
    m. Statement that the employer may not charge more than the usual and customary rate prevailing in the geographic area in which the services are provided

b. Legible copy of the executed employment contract signed by the head of the medical facility and the physician, dated, and notarized that includes:
    a. The terms of employment with beginning and ending dates
    b. Type of physician services provided
    c. List of all service sites
    d. States that the physician will be working full-time, for a minimum of 40 hours per week for at least three years, at the service sites providing primary care
    Note: A medical fellowship in specialty medical training after a medical residency has been completed, cannot be used to satisfy any portion of the three years full-time employment that is required for the HHS J-1 Visa waiver.

e. Include a clause that the contract can only be terminated for cause until completion of the three-year commitment.

f. Contract may not contain a non-compete clause or restrictive covenant Prevailing Wage Information: Identification of the salary for the applicant must be listed in the contract and must be equal to the prevailing wages of the area. (Refer to https://flag.dol.gov/wage-data/wage-search)

g. Copy of the health facility's federal designated Health Professional Shortage Areas (HPSA), Medically Underserved Areas/Population (MUA/MUP) or Mental Health Professional Shortage Areas (MHPSA) status for psychiatrists (https://data.hrsa.gov/) for **all** sites where the applicant will be providing services. Scores must be 7 or higher.

Information required from the J-1 Waiver applicant:

I. The completed Waiver Review Application Data Sheet (form DS-3035) II. Waiver review division barcode page

III. 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

IV. Notarized copy of the International Medical Graduate (IMG) Physician Statement [see 22 CFR Chap.1, Sec. 41.63 (c) (4) (iii)]. IMG physician Statement must be signed and dated by the physician, and MUST be in exactly the following format:

> "I, (insert Name of exchange visitor) hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not now have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health, or equivalent, other than (insert Name of U.S. Government Agency requesting waiver) to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement."

V. Physician's Curriculum Vitae (CV) clearly stating physician's name, address, date of birth, and city and country of birth.

VI. Copy of the physician's current California medical license or a copy of the application to the Medical Board of California (MBC) and evidence of receipt by the MBC.

VII. Completed federal form HHS 426- Application for Waiver of the Two-Year Foreign Residence Requirement of the Exchange Visitor Program (hhs.gov)

VIII. Completed federal form G-28 if represented by an attorney Form G-28, Notice of Entry of appearance as Attorney or Accredited Representative https://www.uscis.gov/sites/default/files/document/forms/g-28.pdf)

IX. California Authorization Release Form - with an original signature by the applicant. HCAI Letterhead Template Sacramento

All documents must be included in the package for review. Applications must be submitted in the order described above, separated by a page divider, and appropriately labeled with the name of the document.

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

If a letter of support is not being requested from HCAI, please include a statement on the cover letter of the application.