

Office of Statewide Health Planning and Development
National Interest Waiver (NIW) Request for Letter of Support

Physicians and/or their legal representatives requesting a NIW letter of support from the State of California must submit the following documents. Please allow 45 business days for review of the NIW packet. *Applications must be submitted in the order described below, separated by tab divider page appropriately labeled with the name of the section/documents.* Please do not send information not requested.

- I. A letter addressed to the Office of Statewide Health Planning and Development (OSHPD), requesting a National Interest Waiver (NIW) support letter on the physician's behalf. The letter must include:
 - a. Name of physician
 - b. Type of physician
 - c. Name of employer
 - d. Employer National Provider Identification (NPI) number [Unless the applicant establishes his/her own practice]
 - e. Applicant NPI number
 - f. Addresses for all services sites
 - g. Service site (s) with the beginning and end dates of employment
 - h. Describes the nature and extent of its medical services that the physician applicant will provide
 - i. Describe the service area 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 the physician will serve
 - j. Two attestations, signed and notarized (notary must include Jurat verbiage. If the applicant is signing in a state and state law does not provide an Attestation or Oath wording, please refer to <https://www.sos.ca.gov/notary/forms> for acceptable Jurat verbiage.
 - 1) An attestation that the physician will practice for five (5) years, **with specified beginning and ending dates**, for no less than forty (40) hours per week
 - 2) An attestation that the physician will comply with the federal NIW requirements
- II. A legible copy of the signed and dated **employment agreement** between the physician and the employer that includes:
 - a. The terms of employment with beginning and ending dates
 - b. Type of services provided
 - c. Addresses for all services sites
 - d. A statement states that the physician will be working full-time, a minimum of 40 hours per week at the service sites
 - e. Employment agreement may not contain a non-compete clause or restrictive covenant
 - f. **Note:** A medical fellowship, specialty medical training after a medical residency has been completed, cannot be used to satisfy any portion of the five years full-time employment that is required for the NIW.

Office of Statewide Health Planning and Development
National Interest Waiver (NIW) Request for Letter of Support

- III. If the submitted employment agreement does not cover a five-year period, the physician must provide proof of previous employment in a federally designated shortage area or VA facility. The physician must also submit a copy of the health facility's federally designated Health Professional Shortage Area (HPSA) status, Medically Underserved Areas/Populations (MUA/MUP) status, or Mental Health Professional Shortage Area (MHPSA) status for psychiatrists, for all sites where the physician was previously employed (in California or another state).
- IV. If the physician plans to establish his or her own practice, the NIW physician must submit a notarized statement which states that the NIW physician agrees to a full-time (40 hours a week) practice of clinical medicine for the required period. The statement must also describe the steps the physician has taken, or intends to take, to establish the medical practice. The statement must include the terms of employment with beginning and end dates. The appropriate notarial document must include Jurat verbiage. If the applicant is signing in a state and state law does not provide an Attestation or Oath wording, please refer to <https://www.sos.ca.gov/notary/forms> for acceptable Jurat verbiage.
- V. Copy of the health facility's HPSA, MUA/MUP status or MHPSA status for psychiatrists for **all** sites where the applicant physician will be providing services
- VI. A 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. A copy of the physician curriculum vitae (CV) that includes physician's name, address, date of birth, and city and country of birth.
- VIII. Copy of completed OSHPD NIW Authorization for Release of Information Form (See Attached)
- IX. Copy of completed federal Form G-28 if represented by an attorney

Please note that time in J-1 status can be counted towards the five-year period. A letter or other documentation from the Interested Government Agency verifying time served must be submitted with the application.

For NIW requirements, please contact the United States Citizenship and Immigration Services (USCIS) <https://www.uscis.gov/green-card/green-card-eligibility/green-card-through-a-physician-national-interest-waiver-niw>

All documents must be included in the packaged for review. **E-mail transmission will not be accepted.** These documents should be submitted via regular USPS mail or courier mail to:

Office of Statewide Health Planning and Development
Healthcare Workforce Development Division
Attention: J-1 Visa Waiver Coordinator
2020 W El Camino Ave
Sacramento, CA 95833