
Requesting an Arkansas Physician National Interest Waiver (PNIW) Letter of Attestation



Qualification Guidelines

The PNIW attestation letter will be regarded exclusively for qualified International Medical Graduate (IMG) physicians who were placed through the Arkansas J-1 Visa Waiver Program/Conrad 30 and are at least in their second year of the three-year J-1 Visa Waiver commitment, and intend to continue practicing within the state of Arkansas.

NOTE: The aggregate requirement for the five-year Physician National Interest Waiver (PNIW) will only acknowledge clinical medical practice time that has been completed in the state of Arkansas.

Submission Requirement Checklist

1. **A letter from the IMG physician’s attorney requesting a National Interest Waiver (PNIW) letter of attestation, and includes the following:**
 - a. Current work site name, address, county, the Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/P) designation number, and the number of days and hours the physician will work at this site.
 - i. If more than one work site, list all additional sites and include the name, address, county, the HPSA or MUA/P designation number, and the number of days and hours the physician will work at each site.
2. **Evidence of current Arkansas medical license.**
3. **Evidence of H1-B status.**
4. **An employer contract that contains the following:**
 - a. Physician’s name and the medical specialty he/she will practice;
 - b. Name and address of employing facility and practice site;

- i. If more than one practice site, list each site and include the name, address, and the days and hours at each site;
- ii. HPSA or MUA/P designation ID numbers for all practice sites;
- iii. Term of no less than five years;
- iv. Statement that the physician will work a minimum of forty (40) hours weekly at an approved practice site(s);
- v. Salary and other forms of financial support;
- vi. The physician's starting date, on which they will commence working.
- vii. Statement that the employer and physician agree to comply with applicable sections of the Immigration and Nationality Act (INA);
- viii. Contract signed by the International Medical Graduate (IMG) physician and the authorized official of the employing health care facility; and
 1. The date the contract was signed.

Mailing Address

Email requests to orhpc@arkansas.gov or send via mail to:

ATTN: J-1 Visa Waiver Program
Arkansas Department of Health
Rural Health Section
4815 West Markham, Slot 76
Little Rock, AR 72205

NOTE: Once all documentation has been received, reviewed, and either denied or approved, the Arkansas Department of Health will send notification to the requesting attorney.