



# Arkansas Conrad 30 J-1 Visa Waiver Program

Arkansas Primary Care Office  
Arkansas Department of Health

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GUIDANCE  
MANUAL

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## Conrad 30 Waiver Program Introduction

Physicians in the United States holding a J-1 visa are required to return to their home country for two years after completing their graduate medical education. However, the Conrad 30 Waiver Program enables J-1 foreign medical graduates (FMGs) to apply for a waiver of the two-year foreign residence requirement after finishing the J-1 exchange visitor program.

Each state health department can request up to 30 waivers yearly from the U.S. Department of State (DOS) for foreign physicians wishing to work in participating states. Applications are accepted from any rural or urban health care delivery site (clinic, hospital, nursing home, dialysis center, etc.) in areas federally designated as Health Professional Shortage Areas (HPSA), Mental Health Professional Shortage Areas (MHPSA), Medically Underserved Areas (MUA), or Medically Underserved Populations (MUP) by the Secretary of Health and Human Services. Waivers are sought through the J-1 Visa Waiver Program and must be approved by the Bureau of Homeland Security, Citizenship and Immigration Services (formerly INS).

## Federal Law

### [8 USC §1182 Inadmissible Aliens](#)

See: (e) Educational visitor status; foreign residence requirement; waiver

### [8 USC §1184 Admission of Nonimmigrants](#)

See: (I) Restrictions on waiver

## Code of Federal Regulations

### [22 CFR §41.63 Two-Year Home Country Physical Presence Requirement](#)

See: (e) Requests for waiver from a State Department of Public Health, or its equivalent, on the basis of Public Law 103-416.

## Federal Eligibility

Although each state has developed its own application rules and guidelines, the following program requirements apply to all J-1 foreign medical graduates.

The J-1 foreign medical graduate must:

- Have been admitted to the United States under section 101(a)(15)(J) of the INA to receive graduate medical training:
- Enter into a bona fide, full-time employment contract to practice medicine in H-1B nonimmigrant status for at least 3 years at a health care facility located in an area designated by the U.S. Department of Health and Human Services (HHS) as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP), or serving patients who reside in a HPSA, MUA, or MUP.
- Obtain a “no-objection” statement in writing from their home country if they are contractually obligated to return to their home country upon completion of the exchange program.
- Agree to begin employment at the health care facility, specified in the waiver application, within 90 days of receipt of the waiver, not the date their J-1 visa expires.

## Federal Application Process

To apply for a waiver, a J-1 Foreign medical graduate must:

- Obtain the sponsorship of a state health department or its equivalent.
- Complete the U.S. Department of State (DOS) Form DS-3035, J-1 Visa Waiver Review Application.

The state public health department, or its equivalent, that agreed to sponsor the J-1 foreign medical graduate for a waiver must then send the waiver application to the DOS Waiver Review Division (DOS-WRD) for a recommendation.

## After DOS Makes a Recommendation

DOS-WRD will electronically notify the U.S. Citizenship and Immigration Services (USCIS) of its recommendation. DOS will notify the J-1 foreign medical graduate, attorney of record (if applicable), and the state agency that requested the waiver by mail.

USCIS will make a final determination on whether to approve the waiver application. Upon favorable recommendation by DOS-WRD, USCIS will generally grant the waiver as long as there are no underlying concerns. USCIS will provide written notice of its decision to the J-1 foreign medical graduate and their representative (if applicable).

If DOS-WRD recommends the waiver:

- The petitioner must submit [Form I-129, Petition for a Nonimmigrant Worker](#), along with the DOS-WRD favorable recommendation letter, in order to request a change of the J-1 foreign medical graduate's nonimmigrant status to H-1B.
- The spouse and/or child of the waiver recipient must submit [Form I-539, Application to Extend/Change Nonimmigrant Status](#), in order to change status from J-2 to H-4 nonimmigrant status.
- The J-1 foreign medical graduate must practice medicine for at least 3 years in an area designated by HHS as an HPSA, MUA, or MUP, or, in some cases, serve patients in such an area.

Once the Conrad 30 waiver recipient has fulfilled all terms and conditions imposed on the waiver, including the 3-year period of employment with the health care facility under their approved contract, they (their spouse and/or child) will become eligible to apply for:

- An immigrant visa
- Adjustment of status
- An H or L nonimmigrant visa

If the waiver recipient fails to fulfill the terms and conditions imposed on the waiver, they (and their spouse and/or child) will once again become subject to the 2-year foreign residence requirement under section 212(e) of the INA.

## Arkansas Conrad 30 J-1 Visa Program Policy

The Arkansas J-1 Visa Waiver Program (Arkansas Program) is committed to improving access to quality, affordable health care for all Arkansans. Therefore, through the Conrad State 30 Program (Conrad Program), the Arkansas Program is prepared to consider recommending a waiver of the two-year foreign residence requirement on behalf of International Medical Graduates (IMGs) holding J-1 visas, provided certain conditions have been met. The Conrad Program allows each state public health department to request up to 30<sup>1</sup> waivers per year from the United States Department of State (DOS) within their established time period of October 1 through September 30<sup>2</sup>.

As part of the Conrad 30 program, the Arkansas Program also considers non-designated applications, also known as Flexibility (FLEX) Waivers. 10 (ten) of the 30 Conrad waivers may be used for IMGs who practice in facilities not residing in federally designated medically underserved areas, but who serve patient populations living in one or more of these areas. The request for a Conrad Program waiver must come from an Arkansas health care facility on behalf of an IMG and not directly from an IMG.

This section outlines the specific policies of the Arkansas Conrad 30 J-1 Visa Waiver Program. These policies are completely discretionary and voluntary and may be modified or terminated at any time. This manual and any updates for the upcoming application cycle are posted on the [Program webpage](#) by September 1<sup>st</sup>.

There are no fees associated with this program.

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<sup>1</sup> The number of waivers is established by federal law and may vary.

<sup>2</sup> If October 1<sup>st</sup> falls on a weekend or holiday, applications will be accepted beginning the first business day thereafter.

## Arkansas Physician Eligibility

All physician specialties that deliver direct patient care are eligible for participation in the program. All submitted applications will be prioritized in accordance with federal and state guidelines. Federal priority, without any specific order, is accorded to Primary Care Specialties, comprising the following domains:

### Primary Care Specialties

- Adolescent Medicine
- Adult Medicine
- Family Medicine
- General Practice
- Geriatric Medicine
- Internal Medicine (General)
- Obstetrics and Gynecology
- Pediatrics (General)

Specialties and sub-specialties are considered only after reviewing the applications for Primary Care Specialties.

Additional criteria for prioritization that may be used include:

- Arkansas training/residency
- HPSA/MUA designation score
- J1 approved in the past 2 years

## Arkansas Application Process

Applications are welcome from any rural or metropolitan facility located in regions designated by the Secretary of Health and Human Services as a Health Professional Shortage Area (HPSA), a Mental Health Professional Shortage Area (MHPSA), a Medically Underserved Area (MUA), regions with a Medically Underserved Population (MUP), or those identified as a Federally Qualified Health Center (FQHC), Community Health Center (CHC), public/non-profit HPSA, or other HPSA. Consideration will be

given to both primary and specialty care. Applications for both FLEX and designated slots will be accepted throughout all application periods.

### The Initial Application Period

The initial application period for J-1 waivers is from October 1<sup>st</sup> to October 10<sup>th</sup>.

- Federal priority of Primary Care Specialties will be reviewed during this period.
- Entities submitting two or more applications should rank them by priority and preference.
- A maximum of two (2) placements per location is allowed per entity during this period.
- Applications received during this timeframe will be prioritized for placement.

### Second Application Period

The second application period is from October 11<sup>th</sup> to December 30<sup>th</sup>.

- Applications for any remaining waivers will be accepted during this time.
- Entities submitting two or more applications must rank these applications in order of priority or preference.
- A single entity is limited to two placements during the second application period.
- If the number of applications exceeds available waivers, the agency will prioritize applications accordingly.

Applications for any remaining waivers will be reviewed on a first-come, first-served

### Final Application Period

basis until September 15<sup>th</sup> of the subsequent year, following the deadline of December 31<sup>st</sup>. The definitive submission date for each placement year is September 15<sup>th</sup>.



## Application Requirements

All applications must include the following:

- The IMG's Waiver Review Case File Number assigned by the DOS must be legibly displayed at the bottom of each page.
- A completed Arkansas J-1 Visa Waiver Application Form.
- A signed and notarized Affidavit and Agreement by the IMG as part of the application.
- The facility's application Letter of Need and any other related correspondence directed to the Arkansas Program Manager are enclosed with the application.

## Employment Contract

The IMG must demonstrate a bona fide offer of full-time employment at a health facility in the form of a complete contract. The contract must be signed and dated by the physician and the head of the health facility and include:

- A statement that indicates the physician will begin working within 90 days of receiving the USCIS waiver.
- A statement that the physician will provide patient care as stated in the contract for at least 40 hours a week during regular office hours or at times that meet the service area's needs, for a minimum of three years at the eligible site or sites.
  - Employment must occur over a minimum of four days a week.
- If the employer uses the IMG at multiple sites, include:
  - Names of sites
  - Locations
  - Designation numbers
  - Schedule of hours for each site.
  - All service site areas must be designated.
    - For non-designated exemptions, specific adjacent underserved areas to the practice site must be designated.
- The physician's salary. It must be no less than the prevailing wage, comparable to that of other primary care or specialty providers in the area.

- Recruitment and retention efforts must be described in detail.
  - The employer must show reasonable effort to recruit a U.S. doctor for the vacancy at the same salary level for at least six months before applying.
    - Include copies of advertisements, agreements with placement services, vacancy announcements, medical school postings, etc. If unavailable, submit a detailed statement on recruitment efforts.

The employment contract **cannot** include:

- A non-compete, non-solicitation, or restrictive covenants that prevent or discourage the physician from practicing in any Arkansas community after their obligation period.

**Note:** Prior to submitting a waiver sponsorship request, please check the Arkansas Program Guidelines online at <https://www.healthy.arkansas.gov/programs-services/topics/j-1-visa-waiver-program> for updates/changes.

An additional resource for J-1 visa waivers is the Delta Regional Authority (DRA), a federal-state partnership that spans eight states and includes 42 counties in eastern and central Arkansas. [www.dra.gov](http://www.dra.gov) .

## Incomplete Applications

Applications or those not complying with the Arkansas Program guidelines will be returned to the sender via email unless submitted through traditional mail. In this case, they will be returned via FedEx, accompanied by a letter detailing the reasons for the application's rejection. The reasons are as follows:

- Applications identified as deficient may be rectified and resubmitted, provided that this process is completed by September 15th, the final submission date.
- Submissions received after the closing date will not undergo processing unless the Arkansas Program grants explicit permission for a late submission.
- All requisite information and documentation must be included in a single application in the specified order.

- Applications will not be retained for the purpose of receiving additional documents.
- Documents submitted independently of an application packet may not be associated with an application and may therefore be disregarded.

## Mailing Address

**NOTE:** The Arkansas Program disclaims any responsibility for applications lost in transit via postal services.

Please email applications to:

[orhpc@arkansas.gov](mailto:orhpc@arkansas.gov)

Or send them by mail to:

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

## Miscellaneous

- Submitting a complete waiver application packet to the Arkansas Program does not guarantee a waiver recommendation.
- Applications will not be accepted from employers whose IMGs are currently fulfilling their waiver obligation.
- Facilities requesting a placement must be operational at the time of application.
- These facilities must agree not to discriminate against patients unable to pay for services or those seeking services under Medicare or Medicaid.
- A sliding fee schedule, or statement of non-refusal of care based on ability to pay, shall be posted in the waiting room, and the facility must provide medical care to Medicare and Medicaid eligible patients, as well as the uninsured/indigent
- The Arkansas Program reserves the right to recommend or decline any waiver request in all instances.

## Notification

- The Arkansas Program is not accountable for any practice arrangements or contracts entered into by International Medical Graduates (IMGs) either prior to or following the submission of their application to the Arkansas Program.

The Arkansas Program must be notified in writing if the IMG:

- Is transferred to another site, or additional service sites are added to the physician's schedule.
- Changes made to the types of services the physician is offering,
- The physician is terminated or leaves for any reason,
- If at any time the IMG fails to practice on a full-time basis in the approved area/site or areas/sites stated in the contract, the employer must notify the Arkansas Program, which will in turn notify the USCIS of Revised 2024 the IMG's breach of obligation.

## No Objection Practice Site Transfer Letter Requirements (In-State)

No Objection letters are only provided for International Medical Graduate (IMG) physicians placed through the Arkansas J-1 Visa Waiver Program who are transferring to new practice sites because of circumstances beyond their control (i.e., facility closure, contract cancellation, or employer unable to pay salary). All requests must include:

- 1) A letter from the IMG's physician's attorney to the AR J-1 Visa Waiver Program Administrator requesting a No Objection letter for an in-state practice site transfer.
- 2) Physician's full name, date of birth, and country of nationality.
- 3) Copy of DS-3035.
- 4) DOS file number.
- 5) Old work site name, address, county, underservice designation number, and administrator/CEO name. If more than one work site, state work site name,

address, county, underservice designation number, administrator/CEO name, and the amount of time spent at each for all additional work sites.

- 6) Copy of IMG's physician's employment commitment letter from the new site
- 7) Detailed explanation of the physician's reason(s) for seeking a transfer of practice sites before the original three-year term of the contract has ended.
- 8) Evidence that the current practice site administrator has been notified of the physician's pending transfer.
- 9) Copy of new contract covering the remaining term of the physician's three-year obligation.

The original No Objection to Transfer of Practice Site letter will be mailed to the requesting attorney.

Email requests to: [orhpc@arkansas.gov](mailto:orhpc@arkansas.gov)

Or send them by mail to:

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

## J-1 Applicant Checklist

The following is a list of required documents to submit for a waiver recommendation from the program. **Documents must be placed in the following order, separated by a divider page, and appropriately labeled with the name of the document behind it.** Do not include documents that are not required by DOS or the program. All information must be included as requested, or the application will be returned as deficient. Documents must be placed in the following order:

1. **Letter of Need** – From the head of the facility, directed to the Waiver Program Manager, and must include all of the following:
  - a. The letter must be on the facilities letterhead that includes an address, telephone, and fax number;

- b. Name and medical specialty of the IMG;
  - c. Request that the Arkansas Department of Health act as an interested government agency and recommend a waiver for the IMG named herein;
  - d. Describe practice site, nature/extent of services provided, and patient demographics;
  - e. Description of the IMG's qualifications and proposed responsibilities; and
  - f. If submitting a non-designated application, clearly indicate "non-designated Conrad waiver application" in the first paragraph and provide justification for your exemption request.
2. **A completed Arkansas J-1 Visa Waiver Application Employment Contract**
3. **Evidence of J-1 Visa Status**
4. **A valid contract of employment must contain all of the following:**
- a. IMG's name and medical specialty he/she will practice;
  - b. Name/address of employing facility and practice site;
  - c. If more than one site, list each site name/address and the days and hours at each;
  - d. List designation ID numbers for all practice sites or non-designated adjacent areas;
  - e. A three-year term of contract effective from the first day the IMG begins working;
  - f. State the IMG will work a minimum of 40 hours weekly at approved practice site(s);
  - g. List salary and other forms of financial support;
  - h. Statement that the IMG intends to begin work within 90 days of USCIS waiver approval;
  - i. Statement that both the employer and IMG agree to comply with the requirements of INA Section 214(I);
  - j. The IMG and the head of the health care facility must sign the contract;
  - k. The date the contract is signed must be included in the contract; and

**NOTE:** Non-compete and/or non-solicitation clauses are not allowed.

5. **IMG Information** – Submit all of the following:
  - a. Curriculum vitae (CV) with home address, telephone number, and email address;
  - b. Copy of J-1 Visa Waiver Recommendation Application DS 3035 with Supplementary Application Information pages and Waiver Review Bar Code page;
  - c. Copy of the DOS Waiver Review File Number notification;
  - d. Copies of all DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) Status forms (formerly IAP-66s) in chronological order with the most recent first;
  - e. Copy of I-94(s);
  - f. Proof of passage of examinations required by the USCIS; and
  - g. Explanation for any time spent out of status, in some other visa status, or out of the U.S.
  - h. Document with the applicant's Arkansas medical license number (if held), proof of application for a full Arkansas license (if not licensed in Arkansas), NPI number, and permanent email address;
6. **IMG Affidavit and Agreement** – The form requires an IMG signature and a notary seal.
7. **Designated Conrad Applications** – Documentation that the practice site(s) identified in this application are designated as medically underserved by the Secretary of the United States Department of Health and Human Services or serve populations in such areas.
8. **Non-designated Conrad Applications** – Provide documentation that at least 30% of the patient encounters at the application practice site(s) are from neighboring HPSA(s) or MUA/P(s) patient populations. Submit a patient origin study using patient residence zip codes that includes the HPSA and/or MUA/P ID numbers for each zip code provided. Do not identify patients by name or home address, or provide any other patient-specific information.
9. **Indigent Care Provision** – For designated and non-designated sites, a statement signed and dated by the head of the health care facility at which the

IMG will be employed stating that the facility(s) accepts Medicare and Medicaid assignment, treats indigent and uninsured patients, uses a sliding fee scale or posts a statement of non-refusal of care based on the ability to pay. Provide Medicaid and Medicare ID Numbers.

10. **No Objection Statement** – If IMG has received funding from his/her home country, attach a statement from the home country stating that they have no objection to the IMG's waiver request.
11. **Document Payment of Prevailing Wage** – For the specialty and area of practice.
12. **Proof of Practice Site(s) is operational** – Practice site(s) named herein must be operational at the time of application.
13. **Recruitment Evidence** – Submit evidence of physician recruitment for a U.S. physician over a six-month period or provide a strongly-worded, detailed statement describing recruitment efforts.
14. **Retention Plan** – For the IMG beyond the three-year obligation.
15. **G-28** – If represented by an attorney.
16. **Application Submission**
  - a. All pages of the application must display the IMG's DOS case file number at the bottom of each page;
  - b. Do not include documents that are not required by the DOS or the State of Arkansas;
  - c. Do not use paper larger or smaller than 8.5 X 11;
  - d. Do not use tabs, paper binders, or two-sided copies;
  - e. **Submit the application packet as a PDF via email to [orhpc@arkansas.gov](mailto:orhpc@arkansas.gov)** or send original application (marked original) and one copy of the entire application to:

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



**NOTE:** All applications will be reviewed and approved on a first-come, first-served basis. Therefore, it is recommended that all applications be submitted via email.

## Rights and Responsibilities

The Arkansas Conrad 30 J-1 Visa Waiver Program aims to ensure that all sponsors and physicians are cognizant of and comprehend their rights and responsibilities. By applying to the Program, both the employer and the applicant affirm that they have thoroughly read and understood the Arkansas Conrad 30 J-1 Visa Waiver Program FFY2026 Policy Manual in its entirety.

## Reference List

*Conrad 30 Waiver Program | USCIS.* (2025, January 25). USCIS.

<https://www.uscis.gov/working-in-the-united-states/students-and-exchange-visitors/conrad-30-waiver-program>