

ARKANSAS J-1 VISA WAIVER PROGRAM

2024-2025 Waiver Application 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 on colored paper, 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.

1. **Letter of Need** - From the head of the facility directed to the Waiver Program Manager that must include all of the following:
 - a. Letter must be on facility letterhead that includes an address, telephone and fax numbers;
 - 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 in the first paragraph "non-designated Conrad waiver application" and provide justification for your exemption request.

2. **Arkansas J-1 Visa Waiver Application** – Form enclosed, must be typed and complete.

3. **Employment Contract** - 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(l);
 - 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
 - l. Non-compete and/or non-solicitation clauses are not allowed.

4. **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 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;

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5. **IMG Affidavit and Agreement** – Form enclosed requiring IMG signature and a notary seal.
6. **Designated Conrad Applications** - Provide documentation that 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.
7. **Non-designated Conrad Applications (Flexibility Waivers)** - 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, home address or provide any other patient specific information.
8. **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.
9. **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.
10. **Document payment of prevailing wage** - For the specialty and area of practice.
11. **Proof practice site(s) is operational** – Practice site(s) named herein must be operational at the time of application.
12. **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.
13. **Retention Plan** - For the IMG beyond the three-year obligation.
14. **G-28** - If represented by an attorney.
15. **Application Submission**
 - a. All pages of the application must display the IMG's DOS case file number;

- b.** Do not include documents that are not required by the DOS or 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.** Send original application (marked original) and one copy of entire application to:
 - Arkansas Department of Health
 - Office of Rural Health and Primary Care
 - 4815 W. Markham
 - Slot 76
 - Little Rock, AR 72205