## Missouri J-1 Visa Waiver Program

## **Application Package Checklist & Guidance**

This application checklist demonstrates the documents required for submission, when requesting a recommendation through the Missouri J1-Visa program. Per <u>19 CSR 10-4.020 J-1 Visa Waiver</u> <u>Program</u>, and the <u>U.S. Department of State</u>, each application package <u>must</u> contain the following sections:

#### A. D A Completed DS-3035 Form, J-1 Visa Waiver Recommendation Application.

#### B. 🗆 An Employment Contract.

The employment contract must be between the physician and the health care facility employing the physician named in the waiver application and signed by the physician and head of the health care facility. The contract must include the following:

- $\Box$  The name and address of the health care facility;
- A statement that the physician agrees to begin employment with the employer within ninety (90) days of receiving the waiver;
- $\Box$  A statement that indicates the physician's specialty;
- □ The specific geographical area or areas where the physician will practice medicine;
- A statement by the physician that he or she agrees to meet the requirements set forth in the Immigration and Nationality Action, Section 214(1).
- An employment period of at least three (3) years in a designated Health Professional Shortage Area (HPSA).
- $\Box$  A full-time schedule of at least forty (40) hours per week in direct patient care in the HPSA.

## C. D Proof that the Practice Location where the physician will practice medicine is in a designated HPSA.

Access the HPSA Find tool (<u>http://hpsafind.hrsa.gov/HPSASearch.aspx</u>) to obtain qualifying documentation demonstrating that <u>all</u> areas where the J-1 physician proposes to provide services are located in designated HPSAs. The applicant shall provide a print out of HPSAs from <u>http://hpsafind.hrsa.gov/HPSASearch.aspx</u>. If no Missouri HPSA designations exist for the facility's service area, the applicant shall contact the department to identify other documentation

# D. Copies of all DS-2019s/IAP-66s/I-94s, Certificate of Eligibility for Exchange Visitor (J-1) Status for all programs.

Include legible copies of all DS-2019/IAP-66/I-94 forms for entire period in J-1 Status from entry to present.

#### E. D A Copy of the Physician's Curriculum Vitae and Passport Pages.

### F. A Copy of the Physician's Missouri License (or proof of application and paid fee) from the Missouri Board of Healing Arts.

#### G. D Statement of No Objection

Provide a copy of the statement of no objection from the physician's country of nationality or last residence, if the physician is contractually obligated to return to the home country.

# H. D A Notice of Entry of Appearance as Attorney on the Department of Homeland Security (DHS) Form G-28

If an attorney represents the facility and/or physician, they must submit a G-28 Entry of Appearance form on behalf of each represented party.

#### I. A Statement of Reason

Provide a state of reason from the applicant regarding the applicant's reason for not wishing to fulfill the two (2) year county residence to which the International Medical Graduates (IMG) agreed at the time of acceptance of exchange visitor status.

#### J. Employer Letter

A letter from the applicant's employer to the department indicating their intent to hire the physician.

#### K. 🛛 Signed Physician Statement

A signed statement from the physician agreeing to the contractual requirements set forth in section 214(l) of the Immigration and Nationality Act

#### L. D Third Party Barcode Page

#### M. Waiver Division Barcode Page

### **Please Review the Following:**

- Did you include the U.S. Department of State Case Number on all pages?
- Did you separate each section of the application with a cover page showing the title of the document(s) to follow?
- $\Box$  Are all documents legible?
- Did the attorney or other representative submit a letter of opinion to the DHSS stating that to the best of their knowledge?
  - $\Box$  The information in the application is truthful;
  - □ The J-1 physician is eligible for a J-1 visa waiver; and
  - □ The facility requesting the waiver for a physician has followed all J-1 visa waiver rules and regulations.

### Submission

Applications are accepted from October 1 – October 31, each year.

#### Submit an application electronically:

- Missouri J-1 Visa Webpage (<u>https://health.mo.gov/living/families/primarycare/j1visa/index.php</u>)
- Select the link for the J-1 Visa Waiver Electronic Application Submission Form.

#### Submit an original application and one unbound copy by mail to:

Office of Rural Health and Primary Care Missouri Department of Health and Senior Services P.O. Box 570 Jefferson City, MO 65109-570