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 19 CSR 10-4.020 J-1 Visa Waiver Program, each application package must contain the following sections:

1. ☐ A Completed Form DS-3035, J-1 Visa Waiver Recommendation Application
   These forms include any supplementary pages, and the third party barcode page.

2. ☐ 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:
   - ☐ 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.
   - ☐ 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(l).
   - ☐ An employment period of at least three (3) years in a designated HPSA.
   - ☐ A full-time schedule of at least forty (40) hours per week in direct patient care in the HPSA.

3. ☐ Proof that the Practice Location is in a Health Professional Shortage Area (HPSA).
   Visit https://data.hrsa.gov/tools/shortage-area to obtain qualifying documentation to demonstrating that all areas where the J-1 physician proposes to provide services are located in a designated HPSA.

   Please include readable copies of all IAP-66/DS-2019 forms for entire period in J-1 Status, from entry to present.
5. ☐ A Copy of the Physician’s Curriculum Vitae.
6. ☐ Proof of Eligibility for License with the Missouri Board of Healing Arts.
7. ☐ A copy if 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.
8. ☐ Form G-28 Entry of Appearance

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. The G-28 Entry of Appearance form is a requirement by the U.S. Department of State.

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?

☐ 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:

☐ 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 original application and one unbound copy to:

Attention: Office of Rural Health and Primary Care
Missouri Department of Health and Senior Services (DHSS)
930 Wildwood Dr., P.O. Box 570,
Jefferson City, MO 65109