

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. If submitting electronically, please **ONLY** submit the required documents listed below in PDF format.

Documents not in a PDF format will not be accepted. Please note that recruitment effort documents should **NOT** be submitted with Conrad 30 applications. This and/or other additional documentation submitted with an application must be manually removed and may therefore lead to increased application processing times. Per [19 CSR 10-4.020 J-1 Visa Waiver Program, and the U.S. Department of State](#), each application package **MUST** contain the following sections (Please make sure documents are clear and legible):

A. ☐ **Employer Letter**

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

B. ☐ **Clear and Readable Proof that the Practice Location where the physician will practice medicine is in a designated HPSA.**

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

C. ☐ **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 the head of the health care facility. *Please note that the details related to the facility name(s) and each address where the applicant will be working must be in the contract. WRD pulls this information directly from the contract submitted with the application for their waiver recommendation to USCIS.

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 Act, Section 214(l);
- ☐ An employment period of at least three (3) years in a designated Health Professional Shortage Area (HPSA);
- ☐ A full-time schedule of at least forty (40) hours per week in direct patient care in the HPSA;

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

Include a PDF copy of all DS-2019/IAP-66/I-94 forms for the entire period in J-1 Status from entry to present. No screenshots or pictures will be accepted, and all documents that are dark or illegible will not be accepted.

E. ☐ A Copy of the Physician's Curriculum Vitae and Passport

The Passport must be valid for a minimum of 6 months at the time of request.

F. ☐ 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. The document must be a one-page PDF document.

G. ☐ A 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

H. ☐ A Notice of Entry of Appearance as Attorney on the Department of Homeland Security (DHS) Form G-28. No additional documentation will be accepted.

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

J. ☐ 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

K. ☐ **Third Party Barcode Page**

L. ☐ **Waiver Division Barcode Page**

M. ☐ **A copy of Missouri Licensure, or proof of application and paid fee, from the Missouri Board of Healing Arts. Please do not submit any additional documents.**

Please Review the Following:

- ☐ Did you include the U.S. Department of State Case Number on all pages?
- ☐ If mailing the application packet, 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?

Submission

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

Preferred method of submission is electronically:

- Missouri J-1 Visa Webpage
(<https://health.mo.gov/living/families/primarycare/j1visa/index.php>)
- 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