



J-1 Visa Waiver Program

Application Requirements

Each J-1 Visa waiver application packet must contain the items listed within the DRA checklist.

If documentation required in the checklist is omitted or does not meet the "Delta Doctors" Program Guidelines, the application will be mailed back to the attorney and will be placed in the back of the current applications that are in the DRA queue for review. The DRA checklist should be completed and included in the J-1 visa waiver application to the Authority.

- Send the original application and one copy directly to Delta Regional Authority.
- Place the U.S. Department of State Case Number on all pages.
- Tab the application by the numbers listed below in the following order.

Please send the application processing fee (check or money order) of \$3,000.00, payable to Delta Regional Authority, to:

**Delta Regional Authority
Attn: Kemp Morgan
236 Sharkey Avenue, Suite 400
Clarksdale, MS 38614**

1. Letter of Opinion from Legal Representation
The attorney submitting the J-1 Visa waiver application should submit a letter of opinion to the Delta Regional Authority simply stating that to the best of their knowledge the information in the application is truthful, and that he / she believes the applicant is eligible for the J-1 visa waiver and an ensuing H-1B visa. The letter shall further state that to the best of their knowledge the facility in the application has followed all rules and regulations outlined by the Delta Regional Authority policy to request a J-1 Visa Waiver for a physician the facility wishes to employ.
2. G-28
3. Cover letter
The employer shall submit a cover letter with original signature, on the facility's letterhead. The cover letter should be addressed to the Delta Regional Authority and state

the facility is in a designated shortage area, provide the shortage area identifier number, and the Federal Information Processing Standards (FIPS) county code and census tract or block numbering area, and physical address for each worksite. The cover letter should also include patient data for the facility to include numbers and percentages of Medicaid, Medicare, and Uninsured patients served for the past three years. The cover letter should also outline details from the sponsor specifically outlining what services the physician will provide to the citizens in the facility's service area and how their training will impact the patients in this service area. Furthermore, this letter also must contain current patient to physician ratios in the practice area.

4. DRA's J-1 Policy Guidelines
(Signed and dated by employer and physician; original signatures required.)
5. J-1 Affidavit and Agreement
(Signed and notarized by the physician. Include all Pages of Document)
6. Department of State Data Sheet and Department of State Case Number
(2 copies of each) (Applicant must have Case Number prior to submitting application.)
7. Curriculum Vitae, including Social Security Number
8. Notarized Department of State Exchange Visitor Attestation Form
9. Copy of executed employment contract. The employment contract should include:
 - a. Name and address of each worksite
 - b. 3-year service term commitment
 - c. 40 hours per week or 160 hours per month of direct patient care
 - d. Base salary amount
 - e. No non-compete clause beyond the service term
 - f. Language regarding care to patients utilizing Medicare, Medicaid, and indigent patients
 - g. Employer and employee signature and date
10. Proof of Prevailing Wage Data
(From the U.S. Department of Labor indicating the Level I and Level II wage for the position in the practice area.)
11. Documentation of employer's regional and national recruitment efforts
Include a recruitment overview letter from the employer outlining the recruitment efforts and responses to advertisements placed for physicians. This letter should include recruitment duration dates, forms and kind of recruiting done, and responses received from those recruitment efforts.

As stated in the DRA J-1 Visa Waiver Program Guidelines, advertisements should be conducted at three levels:

- a. in publications which are national in scope,
- b. in-state publications, and
- c. written notifications to the respective state's medical schools.

Documentation should include copies of advertisements for this job published in newspapers, journals, state medical schools, mail-outs, etc., and other supporting documentation which demonstrates good faith efforts in giving American physicians an opportunity to apply.

Examples of out-of-state publications which are acceptable include newspapers with national circulation (such as the USA Today or The Wall Street Journal) or medical journals (such as JAMA or the New England Journal of Medicine).

Examples of in-state publications which are acceptable include newspapers with major in-state circulation (such as The Commercial Appeal, The Arkansas Democrat Gazette, or The Clarion Ledger), publications which are circulated in the practice area such as local newspapers/magazines, or in-state medical journal or publications.

12. Proof of current HPSA, MUA, MUP or MHPS

A designation for community by worksite address.

13. Letters of community support (For Primary Care Physicians Only)

The application must include at least three letters of support. A minimum of two letters must be provided by practicing physicians in the area who are permanent residents or U.S. citizens and are not affiliated with the sponsor or worksite. The other letter(s) may come from community leaders or local elected officials. Letters shall be addressed to the Federal Co-Chairman of the Delta Regional Authority. No form letters.

14. Letters of recommendation

Letters may come from those who know the J-1 physician's qualifications, such as medical directors who oversaw the physician's residency training. Letters shall be addressed to the Federal Co-Chairman of the Delta Regional Authority. No form letters.

15. Copies of physician's diplomas, licenses, board certifications, USMLE scores, etc.

16. Current proof of existence for each facility

(Facilities must provide proof of existence such as business license, occupancy permit, phonebook listing, or website information.)

17. Copy of facility's posted public notice of sliding fee payment arrangement

18. List of all physicians in the county/parish serving in the same capacity as the J-1 visa waiver applicant

19. Copy of complete passport
(Including all blank pages)

20. Readable copies of J-1's IAP-66/DS-2019 forms
(For entire period in J-1 Status; from entry to present.)

21. Copy of Form I-94
(Front and back)

22. Physician Statement

A personal statement from the physician stating the reasons for not wishing to fulfill the two-year country residence requirement to which the physician agreed to at the time of accepting the exchange visitor status. The statement should further include the physician's reasons for practicing in this particular field of medicine, how their expertise could impact the patients in the locality, and the reasons for accepting the employment contract with the facility in the application.

If the physician is requesting a waiver to practice specialty medicine, the following information (items 23-28) must be provided in addition to items 1-22.

23. Sponsor's Letter

A letter from the sponsor outlining the reasons a physician or an additional physician with this particular specialty is needed in this area. The letter shall also contain information concerning the impact of this service not being adequately available to the area, the closest location where this specialty is available if not in this area, whether public transportation is available, and evidence that a physician of this specialty would be viable in the service area.

24. Service Area Description

A description of the service area demographics and any other information the DRA may use to determine exceptional need for the specialty. Reliable service area descriptions include information from community assessment surveys, the U.S. Census Bureau, and other reputable agencies. Wikipedia is not considered a reliable source.

25. Chief Medical Officer Letter of Support

A letter of support from the Chief Medical Officer of the facility to which the J-1 Physician would provide services to patients speaking to the need for this specialty.

26. Letters of Support

The application must include at least three letters of support. At least two (2) letters of support from representatives of primary care centers and primary care physician practices (not affiliated with the sponsor or the worksite) in the area speaking to the need for this specialty. The other letter may come from community leaders or local elected officials. No form letters.

27. Additional Information to Support Specialty Waiver Request

Any additional evidence that would tend to show the shortage and need for the specialist,

such as letters of support from other physicians of the same specialty or local health officers in the service area.

Application Timeline

- Applicants must submit the original J-1 Visa Waiver application packet with one copy to the Delta Regional Authority.
- DRA will make a recommendation on the J-1 Visa Waiver application within 60 days of the receipt of a complete application. If approved, the DRA will forward the application to the U.S. Department of State. The time period may be extended to allow for additional investigation.
- DRA does not expedite the review of applications.