



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 Packet 1 (Items 1-10) and Packet 2 (Items 1-22) directly to Delta Regional Authority.

Delta Regional Authority
Attn: Anita Stasher
236 Sharkey Avenue, Suite 400
Clarksdale, MS 38614

- Place the U.S. Department of State Case Number on all pages.
- Tab the application by the numbers listed below in the following order. **Applications that are not tabbed will be sent back to the attorney.**

1. Form G-28 – Notice of Entry of Appearance as Attorney or Accredited Representative

2. Employer's 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.

3. DS-3035 and Supplementary Applicant Information Pages
4. Curriculum Vitae, including Social Security Number
5. Notarized Department of State Exchange Visitor Attestation Form
6. 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
7. Proof of current HPSA, MUA, MUP or MHPS
A designation for community by worksite address.
8. Legible copies of IAP-66/DS-2019 forms
(For entire period in J-1 Status; from entry to present.)
9. Copy of Form I-94
(Front and back)
10. 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 methods of recruitment, and responses received from those recruitment efforts.

Documentation should include copies of advertisements for the position published. This includes advertisements on-line, 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.

11. 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.
12. DRA's J-1 Policy Guidelines
(Signed and dated by employer and physician; original signatures required.)
13. DRA's J-1 Affidavit and Agreement
(Signed and notarized by the physician. Include all Pages of Document)
14. 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.)
15. Letters of community support
The application must include at least three letters of community support.

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; one of which must be a primary care physician.

The other letter 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.
16. 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.
17. Copies of physician's diplomas, licenses, board certifications, USMLE scores, etc.
18. Current proof of existence for each facility
(Facilities must provide proof of existence such as business license, occupancy permit, phonebook listing, or website information.)
19. Copy of facility's posted public notice of sliding fee payment arrangement and the corresponding policy.
20. List of all physicians in the county/parish serving in the same capacity as the J-1 visa waiver applicant.
21. Copy of complete passport
(Including all blank pages)

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.

Application Timeline

- Applicants must submit Packet 1 (Items 1-10) and Packet 2 (Items 1-22) to the Delta Regional Authority.
- DRA will make a determination within 60 days of the receipt of a correct and complete application. The time period may be extended to allow for additional review if documentation is omitted from the application packet or found to be insufficient. If approved, DRA will forward a letter of recommendation and the application to the U.S. Department of State.
- DRA does not expedite the review of applications.