



J-1 Visa Waiver Program

Guidelines

The Delta Regional Authority (DRA) is committed to helping all residents of the Mississippi River Delta Region have access to quality, affordable healthcare to strengthen economic development across the eight-state region. Accordingly, DRA will consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 Visas under certain conditions.

DRA's policy is completely discretionary, voluntary, and may be modified or terminated at any time without notice. In all instances, DRA reserves the right to recommend or decline any request for a waiver. Furthermore, DRA reserves the right for periodic review and possible revision of the program.

DRA encourages its member states to be involved in the agency's J-1 Visa Waiver process because state health agencies are familiar with local health provider shortage issues and opportunities. DRA's process offers states various opportunities for input in the request for the waiver so long as the state agency provides feedback within the timeframe specified by DRA policy.

These guidelines are the requirements with which employers, immigration attorneys, and physician applicants must comply for consideration of a J-1 Visa Waiver recommendation from DRA.

1. The employer's first major prerequisite before requesting a J-1 visa waiver is to make a good-faith effort to recruit an American physician for the opportunity in the same salary range, without success, for a period of 45 days. Recruitment efforts must take place before the employer offers employment to or engages in an employment contract with a physician holding a J-1 visa and no longer than 12 months prior to the submission of the J-1 Visa Waiver application.

DRA requires evidence of recruitment on three levels: national, in-state, and state medical school recruitment.

All documentation of advertising and recruitment must be specifically targeted to the employment opportunity (e.g., practice type, specific location, and specific employer).

Acceptable documentation shall include copies of advertisements for the position published in newspapers, journals, copies of letters to state medical schools, targeted mailings, and/or copies of on-line advertisements that specifically target the practice opportunity. All documentation must include evidence of advertising duration.

2. The physician must agree to provide primary medical care for not less than forty (40) hours per week, or 160 hours per month, at a site in a Health Professional Shortage Area (HPSA), Mental Health Professional Shortage Area (MHPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP) as designated by the Secretary of the U.S. Department of Health and Human Services, within the congressionally defined DRA footprint for a minimum of three years or longer. Primary medical care is defined as general or family practice, general internal medicine, pediatrics, obstetrics/gynecology and psychiatry (MHPSA).

DRA may also make wavier recommendations for physicians who wish to practice specialty medicine, given the following information is provided in addition to the requirements for primary care medicine are met:

- ▶ 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 should contain information describing the particular need for the specialist. 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 and whether public transportation is available, and evidence that a physician of this specialty would be viable in the service area;
 - ▶ Any additional evidence that would demonstrate 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.
3. The employment contract between the physician and the employer shall not contain a non-compete clause or any other restrictive covenant enforceable against the foreign medical graduate after the tenure of the contract period.
 4. The physician shall provide a copy of his or her state medical license or provide evidence of the filing of a license application. A copy of the state medical license must be received by DRA by the time the “Physician Employment Verification Form,” is filed in the first week the physician begins work.
 5. The physician shall provide DRA with copies of all of his or her Certificates of Eligibility for Exchange Visitor (J-1) Status, forms IAP-66/DS-2019, and any other documentation needed to verify status.

6. It is federal policy that the facility or practice sponsoring the physician must agree to provide health services to individuals without discriminating against them because: (a) they were unable to pay for those services or (b) payment for those health services will be made under Medicare and Medicaid, or a state equivalent indigent health care program. Furthermore, the facility should provide care on a sliding fee payment arrangement for uninsured, low income patients and have this notice publicly posted in the facility.

Therefore, the application must include a statement, signed and dated by the head of the healthcare facility at which the foreign medical graduate will be employed, addressing the following:

- ▶ The facility is located in DRA’s congressionally-mandated footprint and designated by the Secretary of the U.S. Department of Health and Human Services as a Health Professional Shortage Area (HPSA), Mental Health Professional Shortage Area (MHPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP), including the shortage designation identification number.
 - ▶ The facility’s recent history serving Medicare, Medicaid and medically indigent patients by providing patient data for the three most-recent years of service as well as their continuing intentions to serve such individuals.
 - ▶ The current patient-to-physician ratios in the practice area, which should be described geographically and demographically in detail in the statement.
 - ▶ The name of the physician, area of study, and how these skills will impact patients at this facility.
7. The physician and employer must sign the DRA “J-1 Visa Waiver Program Guidelines.” The physician must sign and have notarized the DRA “J-1 Visa Waiver Program Affidavit and Agreement” prior to consideration by DRA of the request and must comply with the terms and conditions set forth in those documents.
 8. All requests approved initially by DRA and approved subsequently by the U.S. Citizenship and Immigration Service will be subject to the periodic review by DRA for compliance with this policy statement and other applicable laws. An employer’s failure to comply in good faith with this waiver policy will be considered in the evaluation of other applications involving the same employer.
 9. DRA does not provide letters of support or no objection for any instances of change in employment status since the agency cannot and does not determine extenuating

circumstances. On a case-by-case basis, DRA will consider providing letters of support for previously-recommended physicians seeking to add another eligible healthcare facility to their list of work sites.

10. If the employment contract specified in Section 2 provides for a minimum of five years employment, DRA will accept a request for a National Interest Waiver (NIW) support letter.
11. The J-1 physician shall submit a personal statement indicating the reasons for not wishing to fulfill the two-year home country residence requirement to which the physician agreed to at the time of accepting the exchange visitor status.
12. DRA will strive to use the respective states' patient-to-physician ratio to place physicians in those respective states. However, in special need situations, DRA reserves the right to use a minimum patient-to-physician ratio of 2,000 to 1 to qualify the physician for placement.
13. DRA does not expedite the review of J-1 Visa Waiver Application Packages. Please allow at least 60 business days for processing.

I have read, fully understand, and comply with the policies and provisions set forth in this document by the Delta Regional Authority

Physician's Signature

Date

Employer's Signature

Date