

Government of the District of Columbia Department of Health DC-30/J-1 Visa Waiver Application Guidelines

Effective October 1, 2019

The following are the guidelines for applying to the DC-30/J-1 Visa Waiver Program of the District of Columbia Department of Health (DC Health). Under the DC-30/J-1 Visa Waiver Program (the Program), DC Health makes recommendations to the US Department of State (State) for waivers of the two-year home-country physical presence requirement associated with the J-1 visa used by international medical graduates (IMGs) during their residencies in the US (22CFR40.202 and 22CFR41.63). DC Health will issue waiver recommendations for IMGs who agree to provide care, for a period of no less than three years, in DC Health Professional Shortage Areas (HPSA) or Medically Underserved Areas (MUA) that are appropriate for the services the physician will provide.

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I. General Requirements

- A. Applicants should review the DC-30/J-1 Visa Waiver Program Guidelines completely prior to preparing an application to the Program.
- B. Prior to submitting an application for a J-1 visa waiver, the J-1 physician must first file for a case number with State. Filing for a case number with State requires completing and submitting Data Sheet 3035 online along with a State processing fee. The processing fee must be submitted directly to State. The barcode and case number issued by State must be included in the application to the DC-30/J-1 Visa Waiver Program. For more information on filing for a case number, please refer to: <https://travel.state.gov/content/visas/en/study-exchange/student/residency-waiver/ds-3035-instructions.html>.
- C. All materials pertaining to the waiver application must be assembled into a single package that must then be submitted to the DC Health in duplicate (one original and one copy). The application materials must be organized in the order listed in the Application Checklist ([Section VIII](#)). The case number must be affixed to the bottom right of each page of the application. Application packages are to be delivered to:

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Health Care Access Bureau
DC Department of Health
899 N. Capitol St., NE
3rd Floor
Washington, DC 20002

- D. The Health Care Access Bureau (HCAB) has primary responsibility within the DC Health for processing J-1 visa waiver applications; however, only the Director of the DC Health has authority to make waiver recommendations to State.

II. Physician Applicant Requirements

- A. Applicant must submit a personal statement addressed to the Director of DC Health detailing the reasons a J-1 visa waiver is being requested and why a waiver would be in the best interest of the District.
- B. Applicant must submit the following legal and immigration documentation:
1. Form G-28 (if applicable)
 2. Data Sheet DS-3035 and processing fee receipt
 3. Form I-94 (front and back, with legible dates)
 4. All Forms IAP-66 and DS-2019 (in chronological order with no time gaps)
- C. Applicant must submit a notarized copy of the following training and professional documentation:
1. Medical Degree
 2. Certificate from the Educational Commission for Foreign Medical Graduates
 3. Certificate(s) of Residency Training in Pediatrics, Obstetrics/Gynecology, Internal Medicine or Family Practice, or other eligible specialty
 4. Specialty Board Eligibility or Certification
 5. Medical License or USMLE (if any)
 6. DC Medical License (or application for licensure)
 7. Curriculum Vitae
- D. Applicant must submit a signed employment contract from the sponsoring facility (a letter of intent will not be accepted) attesting to the following:
1. Physician will maintain employment with the facility for at least three years;

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2. Physician will work a minimum of 40 hours per week, 80 hours per two weeks, or part-time equivalent;
 3. Physician's employment will begin within 90 days upon receipt of waiver;
 4. Sponsoring facility is offering a competitive salary;
 5. Sponsoring facility will not terminate the physician without cause;
 6. Contract does not include a non-compete clause; and
 7. Contract includes a binding arbitration clause.
- E. Applicant must provide a No Objection Statement from home country if home country provided funding for applicant's education.
- F. Applicant must sign the Exchange Visitor Attestation and DC-30/J-1 Visa Waiver Program Guidelines.

III. Sponsoring Facility Requirements

- A. Facility must provide a letter to the Director of the DC Health, on behalf of the J-1 visa physician, requesting the waiver recommendation. The letter should describe:
1. The J-1 visa physician's proposed responsibilities;
 2. The J-1 visa physician's specific role in meeting the health care needs of the underserved in the facility's service area;
 3. The J-1 visa physician's unique qualifications to serve the population in the facility's service area, including any prior experience that the physician has in treating patients similar to those in the service area;
 4. A statement as to why it is in the District's interest to support the employment of the J-1 visa physician; and
 5. The Program year (October – September) for which the facility is requesting the waiver recommendation (i.e. the calendar year in which September falls).
- B. Facility must provide documentation demonstrating that it is located in a Federally-designated MUA or HPSA (primary care or mental health) that is appropriate for the services the facility provides and the physician's discipline. A facility that is located in an area designated as a Population HPSA or a Medically Underserved Population (MUP) must provide evidence that it serves the specific population(s) (i.e. Low-Income or Homeless) for which the area is designated.
- C. A facility that is located outside of an appropriate HPSA or MUA and is requesting a Flex Spot waiver must provide a letter requesting one of the District's 10 Flex Spot waiver recommendations and supply evidence that the J-1 physician will provide services to the medically underserved as described in Section I.C. of the Program Guidelines.

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- D. Facility must provide a copy of its Sliding Scale Fee Policy* and of the public notices used to notify patients that such a policy is in place.

**PLEASE NOTE: Sliding Scale Fee is a formal, posted up-front discount policy based on income or ability to pay and is tied to the Federal Poverty Levels (see: <http://aspe.hhs.gov/POVERTY/>). Bad debt write-offs are not included.*

- E. Facility must provide copies of at least two different forms of documentation to demonstrate that the facility has undertaken reasonable and unsuccessful recruitment efforts of U.S. citizen and/or permanent resident physicians for a minimum of six months prior to submission of the J-1 physician's application. **All forms of documentation must identify the facility, physician type and the original publication date.** DC Health will accept the following types of documentation demonstrating compliance with this requirement:

- **National or Regional Advertisements/Postings:** Advertisements/Postings must specifically **identify the facility, physician type and the original publication date for the posting.** Advertisements/Postings may be web-based. Sponsoring facilities may also include proof of payment and a summary of the advertisements.
- **Agreements with Placement Services:** Agreements must show that the contract agreement has been in place for at least six months prior to the application submission and must reference the position for which the J-1 physician is being hired.
- **Other Documentation:** Other documentation may include dated letters to residency programs, recruitment results (e.g. offer letters that have been declined), or other documentation that demonstrates the sponsoring facility has used public or private recruitment efforts in a broad attempt to fill the position.

- F. If the applicant is a physician specialist (i.e. in a non-primary care specialty), the facility must provide documentation demonstrating the applicant's eligibility according to criteria outlined in Section I.E. of the Program Guidelines.

- G. Facility must describe staffing by specialty (including vacancies), hours of operation and arrangements for after-hours care and in-patient follow-up care.

- H. Facility must provide the name, telephone and mailing information for a facility representative who will serve as the point of contact for the DOH on matters related to the J-1 physician.

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- I. Facility must provide evidence that the contracted salary for the J-1 physician is consistent with the prevailing wage in the geographic area.
- J. Facility must sign the DC-30/J-1 Visa Waiver Program Guidelines.

IV. Application Processing

- A. Applications are accepted on a rolling basis until all program slots have been filled for the Program year (October – September).
- B. Applications must be submitted with and include all items outlined in the Application Guidelines and Checklist.
- C. In the case of incomplete applications, the HCAB will notify applicants, or representatives thereof, of the need for additional information. If missing information is not submitted within 90 days of request, DC Health will deny the application.
- D. The HCAB will process completed applications within 30 days of receipt of all documents.

V. Waiver Processing

- A. If the DC Health Director recommends an application for a waiver, the DC Health will forward the application and the signed DC Health recommendation letter to State. DC Health will provide a copy of the recommendation letter to the contact person identified in the application.
- B. State will review recommended applications and forward approved applications to the US Customs and Immigration Service (USCIS) of the Department of Homeland Security.
- C. USCIS, as the waiver-granting authority, issues the H-1B work visa for an approved application.
- D. DC Health will send applicants that are not recommended by the DOH for waivers written notice of the DC Health's decision.

VI. Physician National Interest Waiver (PNIW) Recommendations

- A. An applicant may request a Physician National Interest Waiver (PNIW) recommendation letter at the time of his/her application to the Program by submitting the following items in addition to the materials outlined in Sections II and III above and in the checklist below:

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1. Letter from lawyer requesting letter of support for PNIW;
 2. Letter from sponsoring facility in support of PNIW;
 3. Letter of intent from the physician; and
 4. Copy of signed contract committing to a total of five years of employment with the sponsoring facility.
- B. An applicant for a Flex Spot will not be considered for a PNIW recommendation letter at the time of application, and no period of the applicant's J-1 Visa Waiver service will count towards the five-year PNIW service requirement.

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VII. Exchange Visitor Attestation

I, _____, hereby declare and certify, under penalty of the provisions of 18USC §1001, that (1) I have sought or obtained the cooperation of the District of Columbia Department of Health; and (2) I do not now have pending nor will I submit during the pendency of this request, another request to any United States Government department or agency or any state department of public health or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.

Signature: _____ Date: _____

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public Signature

My Commission Expires: _____

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VIII. Checklist

Please package the application documents in the following order and include the US Department of State case number on the bottom right corner of each page.

Letters to DC Health

- Letter from sponsoring facility to Director of DC Health
- Letter of personal statement from J-1 physician to Director of DC Health

Applicant Submissions

- Form G-28 (if applicable)
- Data Sheet DS-3035 and receipt of processing fee
- Form I-94 (front and back, with legible dates)
- All Forms IAP-66 and DS-2019 (in chronological order with no time gaps)
- Medical Degree
- Certificate from the Educational Commission for Foreign Medical Graduates
- Certificate(s) of Residency Training
- Specialty Board Eligibility or Certification (if applicable)
- Medical License or USMLE (if any)
- DC Medical License (or application for licensure)
- Curriculum Vitae
- No Objection Statement (if applicable)
- Signed Exchange Visitor Attestation

Facility Submissions

- Evidence of Shortage Designation Status
- Flex Spot (Non-HPSA or MUA) justification (if applicable)
- Specialist justification (if applicable)
- Evidence of recruitment efforts
- Sliding Scale Fee policy
- Description of facility staffing
- Contact name and information for a facility representative
- Evidence of prevailing wage

Items to Be Signed by Both Parties

- Signed employment contract
- Signed DOH J-1 Visa Waiver Participant Guidelines