



# J-1 Application Package

[Website Link: Oklahoma J-1 Visa Waiver Application Information](#)

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## **Send the original and one copy, both unbound, directly to:**

Jana Castleberry, Manager of Health Workforce Development  
Oklahoma State Department of Health  
Office of Primary Care and Rural Health Development  
1000 N.E. 10<sup>th</sup> Street, Room 915  
Oklahoma City, Oklahoma 73117-1299

- ✓ The U.S. Department of State Case Number must be included on all pages
- ✓ Separate each of the 11 sections of the application with a cover page with the below headings and numbers. Ensure the sections are in the correct order as noted below.
- ✓ The J-1 visa physician's attorney/representative must submit a letter of opinion to the Oklahoma State Department of Health (OSDH) stating that to the best of his/her knowledge:
  - information in the application is truthful; and
  - the J-1 visa physician is eligible for a J-1 visa waiver; and
  - the facility requesting the waiver for a physician has followed all J-1 visa waiver rules and regulations

## **1. Department of State Forms and Department of State Case Number**

This section must include the DS-3035 form, any supplementary pages, and the third party barcode page. If the facility and/or J-1 visa physician are represented by an attorney, the attorney must submit a G-28 Entry of Appearance form on behalf of each represented party.

## **2. Sponsoring Employer Cover letter**

In this section, the head of the organization proposing to hire the J-1 visa physician must submit a cover letter on the facility's letterhead and contain an original signature. The cover letter must:

- Request that the OSDH act as an interested government agency and recommend a waiver for the J-1 visa physician; and
- Summarize how the health care facility attempted to locate qualified United States physicians to fill the position; and
- Describe the J-1 visa physician's qualifications, proposed responsibilities, and how his/her employment will satisfy important unmet health care needs of the community; and
- State unequivocally that the facility is offering the J-1 visa physician at least three (3) years of employment; and
- Describe the effect the denial of a J-1 visa waiver will have on the population served by the health care facility.

## **3. Proof of Facility's Eligibility to Participate in the J-1 Visa Waiver Program**

This section must provide a detailed description of the health care facility and the nature and extent of the facility's medical services, to include the:

- Estimated enumeration of the patient population to be served; and

- Demographic characteristics of population(s) served (age groups, ethnicity, poverty status, health status, and insurance coverage); and
- A copy of the sliding fee scale, self-pay, and applicable payment policies used by the facility; and
- A copy of the completed and signed Employer Data Information Form.

#### **4. Valid employment contract**

This section must contain the employment contract which states the name and address of the facility and is signed and dated by both the J-1 visa physician and the employer. The contract must specify an offer of employment to the J-1 visa physician to provide full-time patient care for a period of at least three (3) years. The contract must also include the name and address of all locations the J-1 visa physician will be working. Full-time employment is defined as an average of 40 hours per week.

#### **5. Current Health Professional Shortage Designation**

This section must include proof of a federal designated health professional shortage area (HPSA) or Medically Underserved Area (MUA) in the geographic areas the J-1 visa physician proposes to provide patient care. If the facility or sites are not located in a HPSA or MUA, please indicate any nearby HPSAs or MUAs in which the J-1 visa physician will serve patients. Information on current HPSAs can be found at <http://hpsafind.hrsa.gov/>.

#### **6. Employer's Recruitment and Retention Efforts**

This section must include copies of advertisements, agreements with placement services, or other like documentation demonstrating good faith efforts to offer American physicians an opportunity to apply for the vacant physician position.

- If the documentation described above is not available, a detailed statement must be provided describing recruitment efforts, to include the date recruitment began, methods of recruitment, and responses, if any, received from these recruitment efforts.
- This section must also include a statement detailing the plans to retain the J-1 visa physician during and beyond the three (3) year obligation period.

#### **7. Physician's diplomas, licenses, board certifications, etc.**

This section must provide proof of Oklahoma medical licensure eligibility, such as passage of the United States Medical Licensing Examination (USMLE) or a copy of medical licensure or application for medical licensure in Oklahoma OR a letter from the Oklahoma Board of Medical Licensure stating that an application for licensure has been received.

#### **8. Curriculum Vitae, including Social Security Number**

This section must provide a copy of the curriculum vitae, which includes the social security number.

#### **9. Letters of Recommendation**

This section should at a minimum contain two (2) letters from primary care providers in the area who can attest to the need for additional primary care providers or the ability and/or need to refer to specialists. The letters should include explanations for the need, e.g., average wait time for new patients or difficulty obtaining appointments for referred patients. Additionally, for specialists only, letters from

charitable health clinics of federally qualified health centers should be included and should document their ability to refer uninsured patients.

## **10. Federal Immigration Forms**

This section must include:

1. Legible copies of J-1's IAP-66/DS-2019 forms for the entire period in J-1 status from entry to present
2. Legible copies, front and back, of I-94s of the J-1 visa physician and family members
3. Proof of passage of any examinations required by the U.S. Immigration and Naturalization Service

## **11. Department of State Exchange Visitor Attestation Statement**

The J-1 visa physician must submit a notarized, signed, and dated statement of agreement to the requirements set forth in Section 214(1) of the Immigration and Nationality Act (INA), which states:

- The J-1 visa physician has received and is willing to accept a bona-fide offer of full-time employment at a health facility and agrees to begin employment at such facility within 90 days of receiving a J-1 visa waiver and H-1B visa status; and
- The J-1 visa physician agrees to continue work in accordance with INA requirements for a total of not less than three (3) years in an area designated as a HPSA or MUA; and
- The J-1 visa physician agrees, under penalty of the provisions of 18 USC 1001, that he/she will not submit a request to any other U.S. Government department or agency or any equivalent to act on his/her behalf in any matter relating to a waiver of his/her two-year home residency requirement while the current application for a J-1 visa waiver is pending with the OSDH.

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**If the physician is requesting a waiver to practice specialty medicine, the following information must be provided in addition to Items 1-11.**

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## **12. Employer Letter**

This section must include a letter from the sponsoring employer demonstrating that the specialist services are essential to the medical needs of the area served by the health care facility. The letter must also contain information concerning the impact of this service not being adequately available to the area, note the closest location where this specialty is available, and provide evidence that a physician of this specialty would be viable and not create competition in the service area.

## **13. Service Area Description**

This section must include a description of the service area demographics and any other information the OSDH may use to determine exceptional need for the specialty.

## **14. Additional Information to Support Specialty Waiver Request**

This section is available to include any additional evidence that would demonstrate the shortage and need for the specialist services, such as letters of support from local primary care physicians, other physicians of the same specialty, or local health officers in the service area.