



J-1 Visa Waiver Application Package Checklist

1) Please send an electronic copy of the application package checklist, Employer Data Information Form, and application to JanaC@health.ok.gov.

2) Please send the original unbound copy directly to:

Oklahoma State Department of Health
Jana Castleberry, Director
Office of Primary Care and Rural Health Development
1000 N.E. 10th Street, Room 508
Oklahoma City, Oklahoma 73117-1299

- ✓ The U.S. Department of State Case Number must be included on all pages
- ✓ Separate each section 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 that includes 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
- 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

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

This section requires completion and submission with application. The Employer Data Information Form must accompany the description. (The form is available on the OSDH website.)

- Completed and signed Employer Data Information Form;

4. 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 AND must also include the name and address of all practice locations in which 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. Information on current HPSAs can be found at <https://data.hrsa.gov/tools/shortage-area/by-address>. Note: For “Flex” J1, please include a one-page

6. 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.

7. Curriculum Vitae ____

This section must provide a copy of the physician’s curriculum vitae.

8. Federal Immigration Forms ____

This section must include:

1. Legible copies of J-1’s DS-2019 form for the entire period in J-1 status from entry to present
2. Proof of passage of any examinations required by the U.S. Immigration and Naturalization Service

9. 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 a 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
- 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