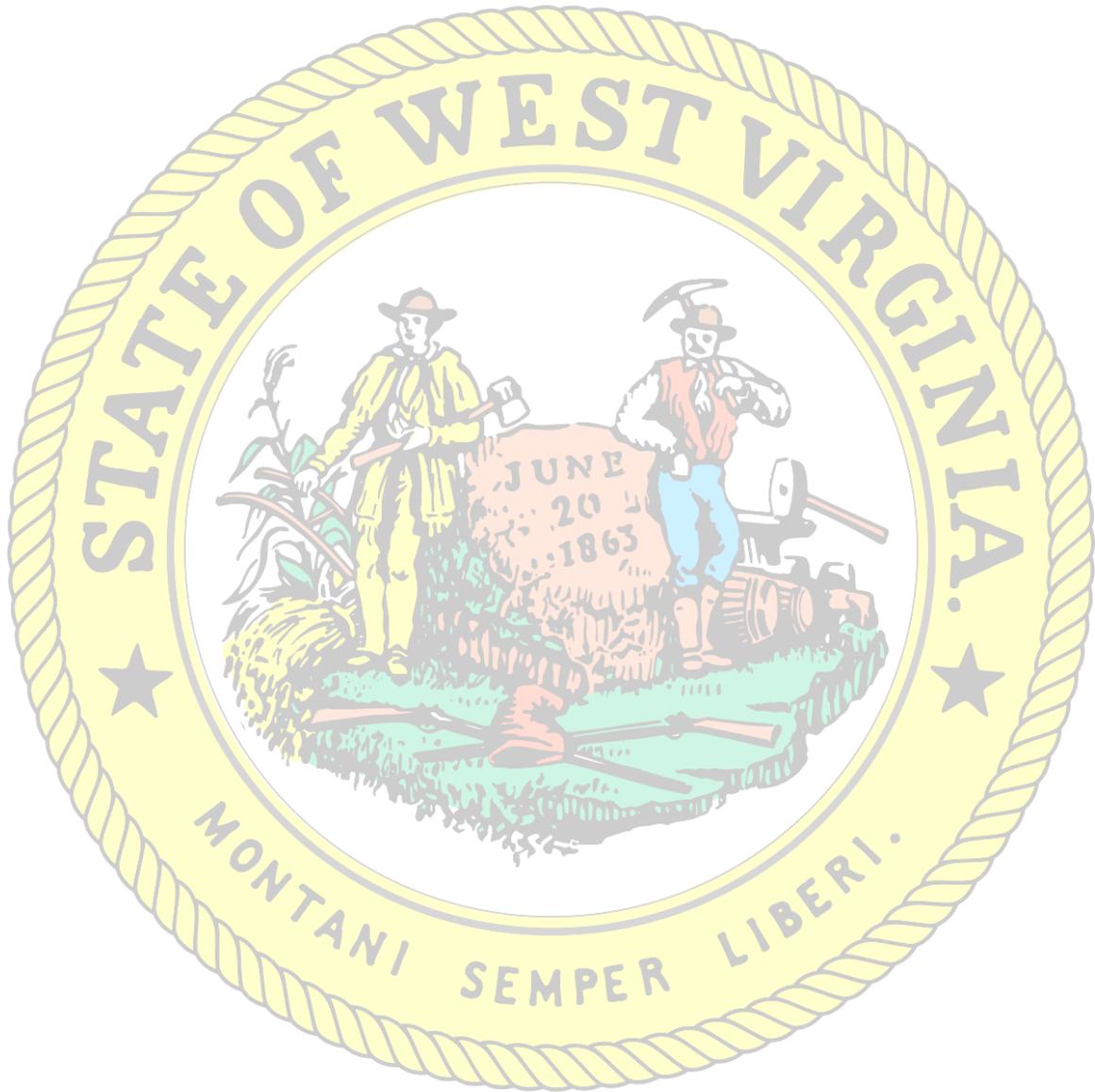


*West Virginia's*

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*State Office of Rural Health*



*End of Service Obligation Letter*

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J-1 Visa Waiver Letter Request Protocol

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**Contact Information**

*Scott Eubank, Interim Director*

Phone: (304) 352-5995

Email: [scott.s.eubank@wv.gov](mailto:scott.s.eubank@wv.gov)

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*Wendy Castaneda, J-1 Visa Waiver Coordinator*

Phone: (304) 352-6005

Email: [wendy.p.castaneda@wv.gov](mailto:wendy.p.castaneda@wv.gov)

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To submit a letter request please mail via FedEx, UPS, or USPS-direct signature delivery required.

State Office of Rural Health  
**ATTN: Wendy P. Castaneda**  
350 Capitol Street, RM 515  
Charleston, WV 25301

**OR**

**Submit electronically to:**  
[wendy.p.castaneda@wv.gov](mailto:wendy.p.castaneda@wv.gov)



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH  
BUREAU FOR PUBLIC HEALTH

Arvin Singh, EdD, MBA, MPH, MS, FACHE  
Secretary of Health

Justin J. Davis  
Acting Commissioner

### End of Service Obligation Letter

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We extend our sincerest gratitude to all the Physicians who are completing their service obligation for their unwavering dedication and significant contribution to the health and well-being of West Virginia's residents during your tenure. Your commitment has been invaluable in providing essential care and support to our communities, and we deeply appreciate the positive impact of your efforts.

West Virginia's active participation in federal J-1 visa waiver programs authorizes the West Virginia State Office of Rural Health (thereafter known as WVSORH) to act on behalf of the State. Utilizing these programs allows West Virginia to effectively address physician shortages and strengthen the healthcare infrastructure in its most vulnerable communities. Please be advised that the WV-SORH reserves the right to grant or decline any requests for End of Service Obligation Letters. To be eligible for this letter, the Physician must be compliant with all of their waiver's requirements and provide a letter request (sample attached below) to WV-SORH for review. Once WV-SORH has reviewed and verified that all requirements are met, the End of Service Obligation letter will be issued and provided electronically to the representative who requested the letter within 2 weeks of the original request date. Requests for End of Service Obligation letters must be submitted separately for each physician, even if they share the same practicing facilities or sponsors. We will not accept bundled requests for multiple physicians from the same sponsor or representative within a single letter.

A request for an End of Service Obligation letter may be formally submitted by the physician themselves, the sponsoring healthcare facility, or an immigration law professional representing the sponsoring healthcare facility or on behalf of the J-1 waiver awarded Physician, contingent upon the completion of the physician's service obligation and/or no more than two weeks prior to the service obligation completion date. To formally request this letter, petitioners should refer to the attached sample letter and submit their request to:

**Wendy P. Castaneda**

J-1 Visa Waiver Program Coordinator for the WV State Office of Rural Health

**Email:** wendy.p.castaneda@wv.gov **Phone:** (304) 352-6005

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**J-1 Visa Waiver Program:**  
End of Obligation Request Letter Sample

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**Header:** Healthcare Facility or Immigration professional's company letterhead

Date

RE: Physician Name (**bold** Dr's Last Name)

To Whom It May Concern,

This letter serves as a formal request for a J-1 Visa Waiver End of Service Obligation waiver support letter from the West Virginia State Office of Rural Health.

I, (**Name of Sponsor's Representative**), in my capacity as a representative of (**Sponsor Name**), hereby confirm that (**Physician Name, MD**) has completed their obligation to the State of West Virginia under the (**name of which waiver they received, Conrad 30 or ARC**) J-1 Visa Waiver Program.

(**Physician name, MD,**) began practicing as a (list **Specialty**) physician at **\*(Facility name and practice address including County)** on **starting date** and completing their obligation on (**ending date.**)

**HPSA #:**

**MUA#:**

If you have any questions, please feel free to contact me at (**Representative's Phone Number**) or at (**Representative's email address**)

Sincerely,  
Sponsor Representative's Signature  
Sponsor Representative's Name  
Sponsor Representative's Title

\*Please ensure all site locations are listed precisely as named in the initial waiver application. Waivers and H1B statuses are location-specific; therefore, the sites where service was completed must correspond exactly with those listed in the original application or amendment(s).

**Footer:** Healthcare Facility or Immigration professional's company letterhead