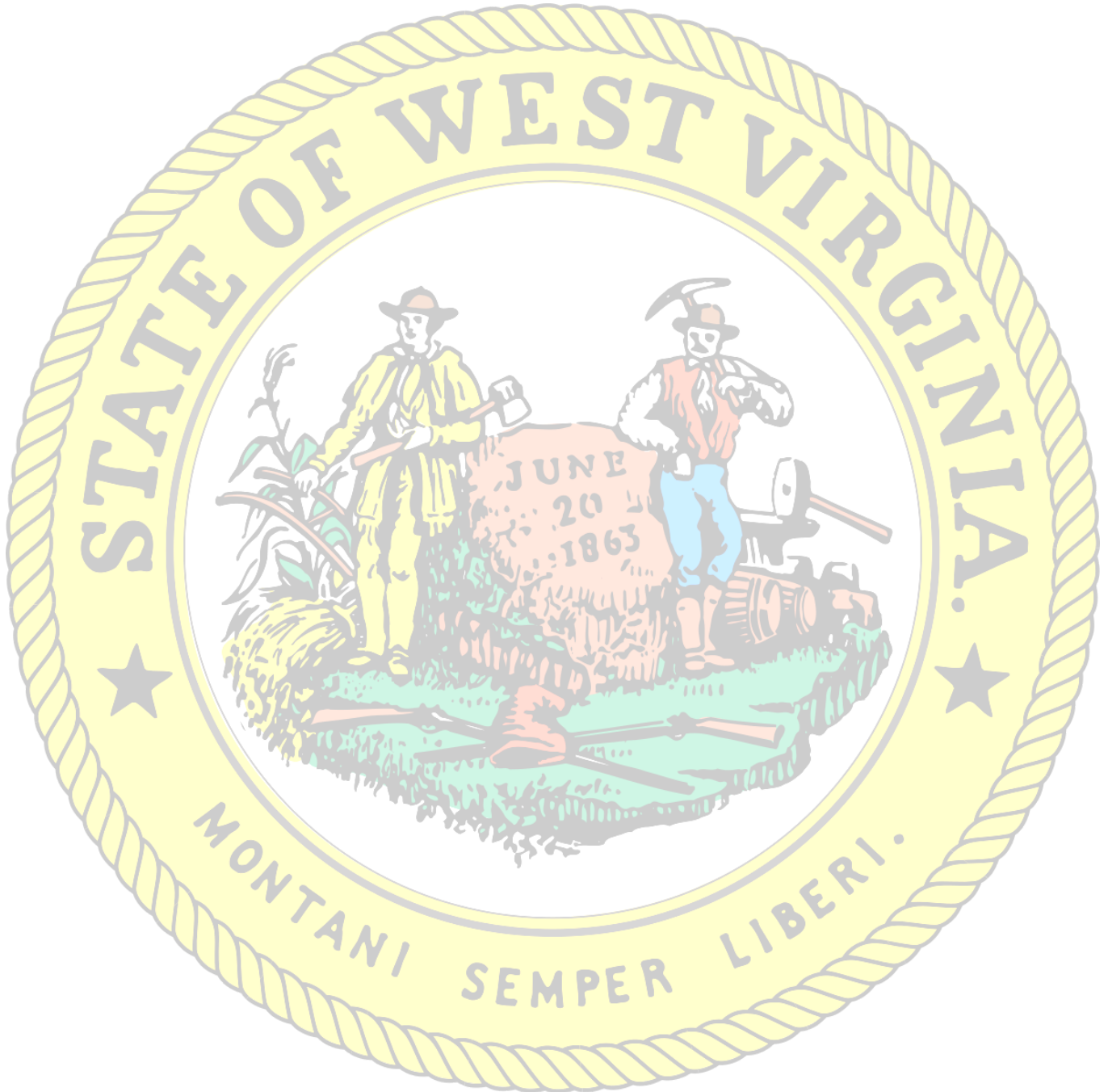


West Virginia

State Office of Rural Health



Conrad 30: J-1 Visa Waiver Program
Policy Overview & Application

Contact Information

Scott Eubank, Interim Director

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Wendy Castaneda, J-1 Visa Waiver Coordinator

Phone: (304) 352-6005

Email: wendy.p.castaneda@wv.gov

Mail completed waiver application packets 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

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

Justin J. Davis
Acting Commissioner

J-1 Visa Waiver Program

We extend our sincerest gratitude for your interest in contributing to the health and well-being of West Virginia's residents. Our state boasts a unique geographical identity, being the sole state entirely situated within the magnificent Appalachian Mountains. While this contributes to the state's undeniable charm and natural beauty, it also presents distinct challenges, leading to a significant number of our counties being classified as entirely rural.

The West Virginia J-1 Visa Waiver Program is instrumental in addressing these healthcare disparities. Its mission is clear: *Improve access to primary health care and needed specialty care in Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs), and other areas of the state that have health care provider shortages.* This program serves as a vital pathway for highly qualified J-1 Physicians to dedicate their skills and expertise to communities facing critical shortages. By sponsoring these physicians, the program ensures that essential medical services reach residents in designated HPSAs, MUAs, and other regions identified by the Bureau as having significant and pressing healthcare needs. The commitment of these physicians is not merely to practice medicine, but to become integral members of these communities, enhancing healthcare accessibility, and improving the overall quality of life for West Virginians.

West Virginia's active participation in this federal waiver program empowers the West Virginia State Office of Rural Health (WVSORH) to act on behalf of the State, facilitating the process of requesting waivers for eligible J-1 waiver seeking physicians. The Conrad 30 Waiver Program allows each state's health department to request up to 30 (thirty) J-1 visa waivers during each federal fiscal year through a highly competitive application process. By leveraging this program, West Virginia effectively addresses physician shortages and strengthens the healthcare infrastructure in its most vulnerable communities.

The WV State Office of Rural Health (WV SORH) has administered the J-1 Visa Waiver Program for the state of West Virginia according to established federal guidelines and protocols since the mid-1980's, proudly serving the residents of West Virginia since that time.

The review process may be modified or discontinued at any time. The WV SORH reserves the right to recommend or decline any request(s) for a waiver and may prioritize applications to ensure access to healthcare services for citizens of the state and will make the decision whether to recommend a request for the waiver. For further information please contact: **Wendy P. Castaneda**, WV SORH's current J-1 Visa Waiver Program Coordinator.

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



J-1 Visa Waiver Program: Program Application Timeline

This page contains the timeline that is used for the processing of J-1 Visa Waiver Site Applications and Department of State (DOS) provider packets.

Timeline	Activity
July 1st	<ul style="list-style-type: none">WV SORH will begin accepting site applications for the upcoming year.
October 1st	<ul style="list-style-type: none">Applications will be accepted after October 1st; however, the review process will begin on October 1st.Site applications are reviewed for correctness and eligibility based on Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) scores.Letter(s) of Site Approval will be issued after the October review.
November 1st - March 31st	<ul style="list-style-type: none">Letter(s) of Site Approval will be sent to sites that meet the criteria..WV SORH will accept provider packets from approved sites.Packets to be reviewed for correctness upon receipt according to state guidelines.Packets are assigned a waiver number slot and are prepared for submission to DOS.
April 1st	<ul style="list-style-type: none">Letters are sent to approved facilities to check the status of recruitment progress.Initial site approvals subject to change.Letters of intent are sent to facilities on the wait list according to established protocol.
May 1st	<ul style="list-style-type: none">DOS continues processing provider packets.
June 1st	<ul style="list-style-type: none">DOS continues processing provider packets.Reporting & Monitoring form sent to facilities for providers to complete.
July 1st	<ul style="list-style-type: none">Providers are scheduled to begin employment.Providers complete Placement Verification forms, signed and confirmed by designated facility leader(s), within 30 days of the provider starting employment at site and submit it to WV SORH for reporting.Reporting & Monitoring forms are due by the end of the month to WV SORH for waiver recipients who started in the previous cycle.
August 1st	<ul style="list-style-type: none">WV SORH prepares placement list for the current fiscal year



J-1 Visa Waiver Program: Information Cover Sheet

The following sections contain the policies and sample documents required by the State of West Virginia for submission to the United States Citizenship and Immigration Service (USCIS). These documents are submitted on behalf of J-1 Visa Waiver physicians seeking a waiver of their two-year foreign residency requirement. Please provide the following information and/or documentation:

Provider's Name: _____

Specialty: _____ **Primary Care:** Yes or No **DOS Case #:** _____

Provider's Email Address: _____

Provider's DOB: _____ **Provider's Gender:** _____ **Provider's Phone #:** _____

Sponsor's Name: _____

Clinical Practice Site(s) Information:

1. Site Name: _____

Site Address: _____ County: _____

Site **HPSA** ID: _____ Site **MUA** ID: _____

2. Site Name: _____

Site Address: _____ County: _____

Site **HPSA** ID: _____ Site **MUA** ID: _____

3. Site Name: _____

Site Address: _____ County: _____

Site **HPSA** ID: _____ Site **MUA** ID: _____

4. Site Name: _____

Site Address: _____ County: _____

Site **HPSA** ID: _____ Site **MUA** ID: _____

5. Site Name: _____

Site Address: _____ County: _____

Site **HPSA** ID: _____ Site **MUA** ID: _____



J-1 Visa Waiver Program: Information Cover Sheet

(for additional clinical practice sites)

Use this addendum to list any additional clinical practice sites beyond the primary one. Attach as many pages necessary to include all practicing sites. Please complete all fields. If a field is not applicable, write "N/A" (not applicable) in the designated space. **Leaving fields blank may result in delays or rejection of this application.**

Clinical Practice Site Information (continued):

6. Site Name: _____

Site Address: _____ County: _____

Site **HPSA** ID: _____ Site **MUA** ID: _____

7. Site Name: _____

Site Address: _____ County: _____

Site **HPSA** ID: _____ Site **MUA** ID: _____

8. Site Name: _____

Site Address: _____ County: _____

Site **HPSA** ID: _____ Site **MUA** ID: _____

9. Site Name: _____

Site Address: _____ County: _____

Site **HPSA** ID: _____ Site **MUA** ID: _____

10. Site Name: _____

Site Address: _____ County: _____

Site **HPSA** ID: _____ Site **MUA** ID: _____



J-1 Visa Waiver Program: Document Checklist

Due to the competitive nature of the West Virginia J-1 Visa Waiver Program, only well-documented applications meeting the minimum requirements will be considered

USCIS Required Documents:

- ☐ **Data Sheet:** DS-3035
- ☐ **Case Number:** Assigned by the Department of State (DOS) and must be located on the bottom right hand corner of every sheet submitted in submission packet.
- ☐ **Employment Contract:** A valid three-year employment contract that includes the following:
 - ☐ **a)** Name, address, and geographic area of the health care facility AND the specific geographical area or areas in which the foreign medical graduate will practice medicine.
 - ☐ **b)** Physician must provide **primary care**, ex) general or family practice, general internal medicine, pediatrics, or obstetrics and gynecology, or specialty medicine in practice sites which are located within the State of West Virginia in a designated Primary Care Health Professional Shortage Area (**HPSA**); psychiatric care in a Mental Health Professional Shortage Area (**MHPSA**) or a Medically Underserved Area (**MUA**).
 - ☐ **c)** Section 214 (l) of the Immigration and Nationality Act (See attached) Certification that physician will provide 40 hours per week, 45 weeks a year (1,800 hours), of the type of care for which their application is being submitted. Time spent for travel, inpatient care, on-call, or hospital rounds by physicians placed in clinic-based practices will not count towards the 40-hour work week requirement.
 - ☐ **d)** Contracts must not include a non-compete or restrictive covenant clause.
 - ☐ **e)** Statement that the physician's terms of service begin when U.S. Citizenship and Immigration Services (**USCIS**) grants approval of the physician's waiver or within 90 days of the Immigration and Naturalization Service (**INS**) approval.
- ☐ **Physician Attestation:** Must be signed by the J-1 Physician and include a Notary Public seal.
- ☐ **DS 2019- must include the following:**
 - ☐ **a)** Physician's current sponsor address
 - ☐ **b)** Physician's country of nationality or last permanent address
 - ☐ **c)** Any time gaps between the submitted forms (if applicable)
 - ☐ **d)** If any lapse in time exists, proof that the lapse did not exceed six months
 - ☐ **e)** Evidence that the physician's residency was completed in the United States



J-1 Visa Waiver Program: Document Checklist

Due to the competitive nature of the West Virginia J-1 Visa Waiver Program, only well-documented applications meeting the minimum requirements will be considered

- ☐ **Employer's Letter to WV State Office of Rural Health** (See attached)
- ☐ **Statement by the Head of the Health Care Facility:** Signature required
- ☐ **Personal Statement from Physician:** regarding his/her reasons for not wishing to fulfill the two-year home country residence requirement to which the Foreign Medical Graduate (FMG) agreed at the time of acceptance of exchange visitor status
- ☐ **Physician's Curriculum Vitae:** to include
 - ☐ **a)** Medical Credentials, including a West Virginia Medical License or proof of application to the West Virginia Board of Medicine.
 - ☐ **b)** Residency Letters of Recommendation
- ☐ **Explanation for any Lapses in Status:** applicable if the FMG has spent any period of time in some other visa status, out of status, or outside of the United States.
- ☐ **G-28(s):**
 - ☐ **a)** For J-1 physician, if represented by an attorney
 - ☐ **b)** For Sponsor, if represented by an attorney
- ☐ **I-94 Entry & Departure cards or forms:** copies of the most recent
- ☐ **"No Objection" Statement (Public Law 104-416):** from the visitor's government if such alien is contractually obligated to return to his or her home country upon completion of the graduate medical education or training, the Secretary of State is to be furnished with a statement in writing that the country to which such alien is required to return has no objection to such waiver. Additionally, this paragraph shall bear a notation that it is being furnished pursuant to Public Law 103-416 (if applicable).

WV SORH Required Documents:

- ☐ **West Virginia's J-1 Visa Waiver Policy:** signed by both the physician and the sponsor
- ☐ **J-1 Visa Waiver Program Agreement:** Must include a Notary Public seal
- ☐ **Two (2) physical copies of application packets submitted:** Mail completed waiver application packets 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



J-1 Visa Waiver Program: Employment Contract Statement Sample

Header: Healthcare Facility or Immigration professional's company letterhead

Date

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

To Whom It May Concern,

I, (**Name of Sponsor's Representative**), in my capacity as a representative of (**Sponsor Name**), hereby confirm that (**Physician Name, MD**) agrees to the contractual requirements set forth in section 214(l) of the Immigration and Nationality Act.

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

Footer: Healthcare Facility or Immigration professional's company letterhead (if applicable)



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH
BUREAU FOR PUBLIC HEALTH
STATE OFFICE OF RURAL HEALTH

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

Justin J. Davis
Acting Commissioner

PHYSICIAN ATTESTATION

I, _____ (printed name of exchange visitor) hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not now have pending, nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health or equivalent, other than the West Virginia Department of Health, to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.

Date

Signature of J-1 Physician

State of _____.

County of _____.

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

Signature of Notary Public

(Affix seal as close to signature)

Commission Expiration Date
of Notary Public



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

Justin J. Davis
Acting Commissioner

STATEMENT BY THE HEAD OF THE HEALTH CARE FACILITY

I, _____ (Head of Health Care Facility) certify that the facility at which _____ (printed name of J-1 Physician) will be employed: _____ (Facility Name & Address) is located in an area designated by the Secretary of Health as a Medically Underserved Area (**MUA**), Primary Medical Care Health Professional Shortage Area (**HPSA**) or a Mental Health Professional Shortage Area (**MHPSA**). The identifier number of the primary care **HPSA**, **MHPSA**, or **MUA** (as assigned by the Secretary of Health) is **HPSA**: _____ **MHPSA**: _____ **MUA**: _____. The FIPS county code and census tract or block numbering area number is, _____ (assigned by the Bureau of the Census) or zip code of the area where the facility is located: _____. I further certify that the facility provides medical care to both Medicaid and Medicare eligible patients and indigent uninsured patients.

OR:

☐ If your facility is not located in a designated HPSA, MHPSA, MUA area, please check here to apply for a Conrad 30 FLEX 10 slot.

Printed Name

Title

Signature

Date

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

Justin J. Davis
Acting Commissioner

WV SORH J-1 Visa Waiver Program: Affidavit & Agreement
Section 1

I, _____ being duly sworn hereby request the West Virginia Department of Health Cabinet Secretary, acting in his/her capacity within the West Virginia Department of Health (WVDH), Bureau for Public Health (BPH), Office of Community Health Systems and Health Promotion (OCHSHP), Division of Rural Health (DRH) and the State Office of Rural Health (SORH) review my application for the purpose of recommending a waiver of foreign residency requirement set forth in my J-1 Visa, pursuant to the terms and conditions as follows:

1. I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold the WVDH, State Health Contact, any and all WVDH employees, harmless from any action or lack of action made in connection with this request.
2. I further understand and acknowledge that the entire basis for the consideration of my request is the State Health Contact's voluntary policy and desire to improve the availability of primary medical care, mental health, and sub-specialty care in regions designated by the United States Public Health Service (USPHS) as Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs) or a Mental Health Professional Shortage Area (MHPSA) in West Virginia.
3. I understand and agree that in consideration for a waiver, if granted, I shall render primary clinical care, mental health care, or sub-specialty care services to patients including those enrolled in Medicare, Medicaid, and the uninsured medically indigent for a minimum of forty (40) hours, per week, within a USPHS designated HPSA, MHHPSA or MUA located in West Virginia. I also understand that if I am a primary clinical care physician these 40 hours shall be exclusive of travel, in-patient care, or hospital rounds. I also understand that clinical practice must be in the clinic, and I am expected to adhere to community standards regarding hospital emergency department coverage. I also understand that primary care physicians may practice full-time in an emergency department if so, approved by the WVDH. Finally, I understand that I am required to commence service not later than ninety (90) days after I receive the necessary approvals by the United States Citizenship and Immigration Services (USCIS) and shall continue for at least three (3) years thereafter.
4. I agree to incorporate all the terms of this J-1 Visa Waiver Affidavit and Agreement into any and all employment agreements. Employment contracts shall not contain a non-compete or restrictive covenant clause.



WV SORH J-1 Visa Waiver Program: Affidavit & Agreement
Section 1-continued

5. I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision which modifies or amends any of the terms of this J-1 Visa Waiver Affidavit and Agreement.
6. I understand and agree that all medical care rendered pursuant to paragraph 3 shall be in a Medicare and Medicaid certified hospital or health care clinic or mental health facility which has an open, non-discriminatory admissions policy and that will accept uninsured medically indigent patients on a sliding fee basis, or alternatively, if an emergency department, on a 'no-pay' basis.
7. I expressly understand that this waiver of my foreign service requirement must ultimately be approved by the United States Citizenship and Immigration Services (USCIS), and I agree to provide written notification (J-1 Visa Placement Verification Form) in a manner approved by the WVDH of the specific location and nature of my practice to the West Virginia contact at the time I commence rendering services in West Virginia. The first reporting form will be due thirty (30) days after obligation begins and on a semi-annual basis thereafter.
8. I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Waiver Affidavit and Agreement, the State Health Contact will notify the West Virginia Board of Medicine with a recommendation that the physician's license be revoked or suspended and a notification to the USCIS or Department of State (DOS) that the physician is in non-compliance with the State of West Virginia policy.
9. I hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not now have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health, or equivalent, other than the West Virginia Department of Health, to act on my behalf in any matter relating to a waiver of my two-year home country physical presence requirement.
10. I understand, and I agree to meet the requirements set forth in Section 214 (I) (B) and (C) of the Immigration and Nationality Act as amended by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 and subsequent federal laws, rules and regulations.

Physician Printed Name

Physician Signature

Date

Arvin Singh, EdD, MBA, MPH, MS, FACHE
Secretary of HealthJustin J. Davis
Acting Commissioner

WV SORH J-1 Visa Waiver Program: Affidavit & Agreement
Section 2

This AGREEMENT is made and entered into by and between the West Virginia Department of Health, Bureau for Public Health, Office of Community Health Systems and Health Promotion, State Office of Rural Health (SORH) also referred to as the "Department" and

_____, **MD** or **DO**, also referred to as "Provider."

Whereas, the WV State Office of Rural Health, within the Department's Bureau for Public Health is responsible for administering the WV J-1 Visa Waiver Program, allowing foreign medical graduates to practice medicine in West Virginia for 3 years, in lieu of returning to their country of nationality or last residence to complete a 2-year foreign residency requirement for International Medical Graduates (IMG);

Whereas, the State's J-1 Visa Waiver Program improves access to health care in underserved areas of the State by sponsoring physicians holding J-1 Visa's;

Whereas, the Department has or will through the the Department of State (DOS) recommended Provider's application for a waiver of the 2-year foreign residency requirement for IMG's; and,

Whereas, the Provider seeks to practice medicine and be employed for three (3) years in the State of West Virginia for _____ in _____
Facility Name City of Facility

_____ county, West Virginia, _____, an underserved area in exchange for
County Zip Code

completing the 2-year foreign residency requirement.

NOW THEREFORE, in consideration of the foregoing recitals and of the mutual covenants contained herein, the Department and Provider hereby agree as follows:

ARTICLE I: General Terms & Conditions**1. Term of Agreement**

The term of this agreement begins the day the J-1 Visa Waiver physician begins employment



WV SORH J-1 Visa Waiver Program: Affidavit & Agreement Section 2-continued

with the above-named Sponsor. The Provider agrees to provide clinical medical services at _____ West Virginia and is effective for thirty-six months.

2. Entire Agreement

This document constitutes the entire agreement between the parties. No amendment or other modification changing this agreement shall have any force or effect unless it is in writing and duly executed by the parties.

3. Conformance with State and Federal Regulations, Governing Laws

This agreement is subject to and governed in all aspects by the laws of the State of West Virginia, and, where applicable, Federal law. Provider at all times will conform to and abide by all applicable Federal and State laws and regulations including but not limited to Equal Employment Opportunity, Federal Rehabilitation Act, Civil Rights Act, and any other pertinent Federal, State, or local laws, regulations or policies in the provision of medical services at the location indicated above.

4. Assignment

Provider shall not modify, convey, sell, transfer, assign, delegate, or otherwise dispose of this agreement or any portion thereof or of any right, title, interest or obligation therein without the prior written consent of the Department.

5. Termination of Agreement

The Department may terminate this agreement for cause at any time with thirty (30) days in written notice to the Provider. The determination of what constitutes cause for termination is at the sole discretion of the Department.

ARTICLE II. PROVIDER RESPONSIBILITIES

6. General Requirements

Provider will:

- a) Notify the Department upon approval from United States Citizenship and Immigration Services (USCIS) within 30 days by supplying the State Office of Rural Health by returning the J-1 Visa Placement Verification Form. The obligation start date will be the date of employment of the physician by the sponsor.
- b) Provide full-time clinical medical care, including care to the indigent at the practice site determined by the sponsor for three years. Full-time practice means providing hands-on, direct patient care for a minimum of 40 hours per week, over a period of 45 weeks per year. The work week must not be compressed to less than four days.
- c) Incorporate the terms of the WV J-1 Visa Waiver Policy into any and all Employment agreements.

7. Provider Acknowledgment

By signing this agreement, the Provider acknowledges that he/she has entered into a legally binding agreement and has a legal obligation to fulfill the terms of this agreement and provide full-time clinical medical services at the location named herein or at another location approved by the Department for 3 years.



WV SORH J-1 Visa Waiver Program: Affidavit & Agreement
Section 2-continued

ARTICLE III. DEPARTMENT RESPONSIBILITIES

8. General Requirements

The Department will:

- a) Submit a waiver request to DOS on behalf of Provider and Sponsor.
- b) Monitor the activities of the Provider to ensure compliance with Program requirements.
- c) To the extent possible, make provisions for the placement of Provider in another designated underserved site if employment is terminated for reasons beyond his/her control, ex) closure of the site.
- d) Cancel Provider's obligation if he/she should become physically or mentally impaired to the degree that he/she cannot function in his/her assigned duties or should the Provider decease prior to fulfilling his/her obligation.

9. Non-Compliance:

Should the Provider fail to comply with any of the provisions of this agreement, the Department will report the Provider to the West Virginia Board of Medicine with a recommendation that Provider's license be revoked or suspended. In addition, Provider's non-compliance will be reported to the Department of State and the United States Citizenship and Immigration Services.

This agreement becomes effective upon signature of all parties below and will continue in force until such time as modified or terminated as herein provided.

Physician Certification:

I have read and fully understand the terms and conditions of the above agreement and the West Virginia J-1 Policy:

Date

Signature of J-1 Physician

State of _____.

County of _____.

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

Signature of Notary Public

(Affix seal as close to signature)

Commission Expiration Date
of Notary Public



WV SORH J-1 Visa Waiver Program: Affidavit & Agreement Section 2-Continued

Provider Certification:

I have read and fully understand the terms and conditions of the above agreement and the West Virginia J-1 Policy.

Date

Signature of J-1 Physician

State of _____.

County of _____.

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

Signature of Notary Public

(Affix seal as close to signature)

Commission Expiration Date
of Notary Public

WV SORH Certification: For Official State Use Only

Date

Wendy P. Castaneda
WV State Office of Rural Health
J-1 Visa Waiver Coordinator

Date

Scott S. Eubank
WV State Office of Rural Health
Interim Director