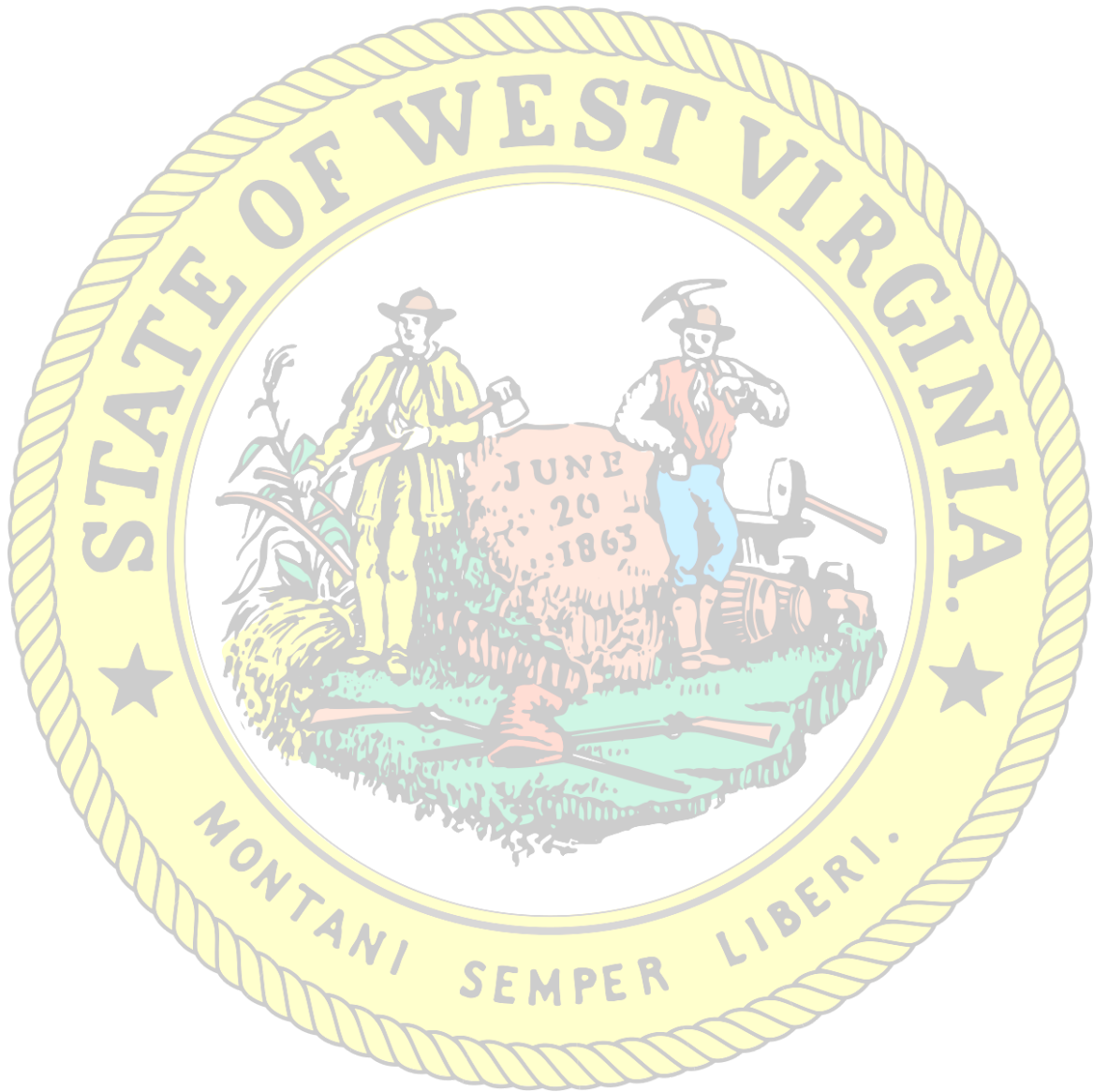


West Virginia's

State Office of Rural Health



Physician National Interest Waiver (PNIW)

Policy Overview & Application

Contact Information

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Wendy Castaneda, J-1 Visa Waiver Program Coordinator

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

Mail completed requests 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



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

PNIW 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 to our residents seeking health care.

West Virginia's active participation in this federal program empowers the West Virginia State Office of Rural Health (WVSORH) to act on behalf of the State. By leveraging this program, West Virginia effectively addresses physician shortages and strengthens the healthcare infrastructure in its most vulnerable communities.

A PNIW support letter may be self-petitioned by a physician, by a healthcare facility, or an immigration law professional representing the sponsoring healthcare facility or physician. To formally request a letter, please refer to the attached sample letter, which the petitioner should submit 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

Please be advised that the West Virginia State Office of Rural Health (WV-SORH) reserves the right to grant or decline any requests for a PNIW support letter. To be eligible for this letter, the Physician must be compliant with all PNIW waiver requirements and provide that evidence to WV-SORH for review. Once WV-SORH has reviewed and verified that all requirements are met, the supporting letter will be issued and provided electronically to the representative who requested the letter within 2 weeks of the original request date. An individual request for a support letter must be submitted for each physician even if the practicing facility or sponsors are the same.



PNIW Program: Document Checklist

- Employment Contract:** A valid **five-year** employment contract that includes the following:
 - a)** Please list the full name and address of all health care facility(ies) in which the foreign medical graduate will practice medicine. Please include with address(es) the counties and zip codes of the practice facility(ies).
 - b)** State specialty: ex) general or family practice, general internal medicine, pediatrics, or obstetrics and gynecology, or specialty medicine in practice sites. Please include sub-specialties and contracts of teaching roles, if offered.
 - c) Must include as a clause and/or statement:** Physician's terms of service will begin when U.S. Citizenship and Immigration Services (**USCIS**) grants approval or within 90 days of the Immigration and Naturalization Service (**INS**) approval.

Note: If combining years of service across multiple healthcare facilities and/or employers, petitioners must provide formal documentation of employment, such as a letter of support, an employment contract, formal amendments, or sworn affidavits as evidence.

- Letter to WV SORH:** Please see the attachment "**PNIW Support Letter Request Sample.**" The letter should also indicate the desire of the facility to employ the physician.
- Medical Credentials:** West Virginia Medical License *or* proof of application to the West Virginia Board of Medicine. Please provide an NPI number if issued.
- J-1 Visa Waiver Program Agreement:** Please see the attachment "PNIW Program Affidavit & Agreement. " To be signed by the physician and does not need to be notarized.



PNIW Program:
PNIW Support Letter Request Sample

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 PNIW support letter from the West Virginia State Office of Rural Health.

I, (**Name of Representative**), in my capacity as a representative of (**Sponsor Name**), hereby confirm that (**Physician Name, MD**) has satisfied and currently maintains compliance with all established requirements for a Physician NIW. This compliance encompasses, but is not limited to, adherence to all regulatory guidelines, successful completion of necessary training, and fulfillment of any stipulated experience or qualification criteria. We respectfully request the issuance of this support letter to facilitate (**Physician Name, MD**)'s ongoing or upcoming service to the local community as a (**Specialty**) at (**Facility name and practice address including County**) **HPSA #: MUA#:**, with an engagement period commencing on (**starting date**) and concluding on (**ending date**).

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

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

Note: Please ensure all practice locations are listed with precision, including the full physical address for each facility.

If combining years of service across multiple healthcare facilities and/or employers, please provide a detailed breakdown within this letter.

Footer: Healthcare Facility or Immigration professional's company letterhead



PNIW Program Affidavit & Agreement

I, _____ hereby request the West Virginia State Office of Rural Health,
Physician Full Name

acting in their capacity within the West Virginia Department of Health (WVDH), Bureau for Public Health (BPH), Office of Community Health Systems and Health Promotion (OCHSHP), and the State Office of Rural Health (SORH) review my application for the purpose of recommending a Physician National Interest Waiver (PNIW), 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 an attestation letter, I shall render clinical medical care services to patients, including the underserved, for a minimum of forty (40) hours per week within a designated HPSA or MUA in West Virginia.
4. I understand that I am required to commence service no later than 90 days following USCIS approval and to remain in service for a total duration of at least five years, whether consecutive or combined.
5. I further agree that any employment agreement I enter shall not contain any provision(s) which modifies or amends any of the terms of this Affidavit and Agreement.
6. I acknowledge the requirement to provide written notification to the State Office of Rural Health within five business days should either my employer or I terminate my employment.

Physician Printed Full Legal Name

Physician Signature

Date