West Virginia's

State Office of Rural Health

Conrad 30: J-1 Visa Waiver Program

Policy Overview & Provider Application

State Office of
Rural Health

West Virginia Department of
HEALTH

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Please mail documents via FedEx, UPS, or USPS with direct signature delivery (**required)** or submit electronically by email.

State Office of Rural Health
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West Virginia Department of HEALTH

WEST VIRGINIA DEPARTMENT OF HEALTH
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J-1 Visa Waiver Program - *Overview*

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. 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 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 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, thank you.

Timeline	Activity
July 1st - August 31st	● WV SORH will begin accepting site applications for the upcoming year. The latest version of this document is available for download on the WV SORH website.
September 1st	● Applications will be accepted after September 1st; however, the review process will begin on September 1st. ● Site applications are reviewed for correctness and eligibility based on Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) scores. ● Letters of Site Approval will be issued after the September 1st review until all Conrad 30 slots are awarded. ● Upon meeting the necessary criteria, sites will be issued Letters of Site Approval. In the event a site is placed on the waitlist, the respective sponsor will be formally notified.
October 1st - June 1st	● WV SORH will start accepting **C30-Provider Submission Packets** from approved and awarded sites. The latest version of this document is available for download on the WV SORH website. ● C30-Provider Submission Packets to be reviewed for correctness upon receipt. ● C30-Provider Submission Packets are assigned a C30 waiver number slot and are prepared for submission to DOS. ● Requests for Letters of Recommendation for provider packets are submitted to the Cabinet Secretary of Health. ● Following the review of provider packets and the issuance of the Cabinet Secretary of Health's recommendation, WV SORH will forward the completed submission to the Department of State for further evaluation. ● WV SORH concludes its processing of the provider's packet by providing the sponsor representative with a copy of the Cabinet Secretary of Health's recommendation letter for their records. ● The Department of State (DOS) will conduct an independent review of the provider's packet and notify the sponsor, their representative, or the provider regarding the status of their recommendation to USCIS. ● The final approval of the waiver will be issued independently by USCIS.

J-1 Visa Waiver Program: Conrad 30 Program Timeline - *Overview Continued*

Timeline	Activity
February 1st - April 1st	● Approved sites that have not yet submitted a C30-Provider Submission Packet will receive an initial Notice of Action letter. This correspondence specifies a deadline for providing either a recruitment progress update or the completed C30-Provider Submission Packet. ● A Final Notice of Action will be issued to sponsors who fail to recruit a provider within five months of receiving a C30 slot or following the issuance of the initial Notice of Action letter's deadline. This final notification serves as formal notice that any previously allocated C30 slots have been forfeited. ● WV SORH to reassign forfeited C30 slots to waitlisted sponsors. ● Notice of Award letters are sent to sponsors whose sites were on the wait list and awarded a forfeited slot. ● WV SORH will start accepting **C30-Provider Submission Packets** from sponsors who were awarded a forfeited slot. C30-Provider Submission Packets to be reviewed for correctness upon receipt. C30-Provider Submission Packets are assigned a C30 waiver number slot and are prepared for submission to DOS.
May 1st - June 1st	● The Department of State (DOS) will continue to conduct an independent review of the provider's packet and notify the sponsor, their representative, or the provider regarding the status of their recommendation to USCIS. ● The final approval of the waiver will be issued independently by USCIS. ● Reporting & Monitoring form sent to facilities and/or sponsor representatives for providers to complete. The latest version of this document is available for download on the WV SORH website.
July 1st	● Physicians with approved waivers are expected to commence their roles. ● Within 30 days of their start date, providers must submit Placement Verification forms to the WV SORH; these documents require signatures and confirmation from authorized facility leadership. The latest version of this document is available for download on the WV SORH website. ● Reporting & Monitoring forms are due by the end of the month to WV SORH for waiver recipients who started in the previous cycle. The latest version of this document is available for download on the WV SORH website.

Please provide only the most clear and legible version of the documents requested below.

☐ **Case Number**:
Assigned by the Department of State (DOS) and must be located on the lower right hand corner of every sheet submitted in the submission packet in a legible format. Please also include case number on any divider or placeholder sheets.

☐ **DS-3035**, please include:

☐ **a) 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.

☐ **b) 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, if applicable.

☐ **Employment Contract**:
A valid three-year employment contract that includes the following:

☐ **a)** Please list the **full name and address(es) of all health care facilities** in which the foreign medical graduate will practice medicine. Please include the complete address(es) with counties and zip codes of the practice facility(ies).

Please do not abbreviate or shorthand addresses. To avoid confusion or delays, list the entire address of each facility, or the address recognized by HRSA

☐ **b)** State **specialty**: physician must provide **primary care**, 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.

☐ **Section 214 (l) of the Immigration and Nationality Act Statement:**
Must include a signed statement from the physician agreeing to the contractual requirements set forth in Section 214 (l) of the Immigration and Nationality Act:

a) The alien demonstrates a bona-fide offer of "full-time" employment at a health facility, agree to begin employment at such facility within 90 days of receiving such waiver, and agree to continue to work in accordance with INA Section 214 (l), paragraph (2), at the health care facility in which the alien is employed for a total of not less than 3 years (unless the Attorney General determines that extenuating circumstances such as the closure of the facility of hardship to the alien would justify a less period of time).

b) The physician agrees to practice medicine in accordance with INA Section 214 (l), paragraph (2) for a total of not less than 3 years only in the geographic area or areas which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals.

☐ **Facility Support Letter:**
An official letter from the healthcare organization on letterhead (including telephone and fax numbers) that states the intent to employ the physician, describes the job responsibilities and position details, and specifies the exact work sites and working hours.

☐ **Letter of Recommendation:**
A minimum of one, which must include character and merit acknowledgements. Please also include any scholarly or research achievements that would improve and benefit the well-being of West Virginians and/or the community. May be from employers, professors, professional acquaintances, or dean(s.)

☐ **Form DS-2019** (*formerly IAP-66*)
Legible copies of all historical Certificate of Eligibility for Exchange Visitor (J-1) state documents for the applicant (and any J-2 dependents).

☐ **a)** If applicable, state any time gaps between the submitted forms, and proof that the lapse did not exceed six months.

☐ **Form I-94:**
Copies of arrival/departure records for the physician and any family members.

☐ **G-28(s):**

☐ **a)** For J-1 physician, if represented by an attorney.

☐ **b)** For Sponsor, if represented by an attorney.

☐ **Physician's Curriculum Vitae**

☐ **Medical Credentials:**
Proof of medical degrees, board certifications, and residency/fellowship training completion (such as USMLE scores and diploma copies).

☐ **Medical License:**
West Virginia Medical License or proof of application to the West Virginia Board of Medicine.

☐ **"No Objection" Statement (Public Law 104-416):** from the Physician's government if such 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 that the country to which the physician 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 statement is **not** applicable, please check this box.

☐ **Physician Attestation:**
Please review the attached "Physician Attestation" document and complete it in accordance with the provided instructions.

☐ **Statement by the Head of the Health Care Facility:**
Please review the attached "Statement by the Head of the Health Care Facility" document and complete it in accordance with the provided instructions.

☐ **WV SORH J-1 Visa Waiver Program Provider Agreement:**
Please review the attached "WV SORH J-1 Visa Waiver Program Provider Agreement" document and complete it in accordance with the provided instructions.

☐ **WV SORH J-1 Visa Waiver Program Sponsor Agreement:**
Please review the attached "WV SORH J-1 Visa Waiver Program Sponsor Agreement" document and complete it in accordance with the provided instructions.

Mail completed provider applications via FedEx, UPS, or USPS - **direct signature delivery required** or by submit electronically by email:

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PHYSICIAN ATTESTATION

I, _____ (printed full legal name of physician) 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.

_____
Signature of Physician

State of _____. County of _____.

Subscribed and sworn before me on this _____ day of _____, 20_____.
Day Month Year

_____
Signature of Notary Public

_____
Commission Expiration Date of Notary Public

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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, *attach a separate form with all locations listed if more than one*) 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

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WV SORH J-1 Visa Waiver Program Provider Agreement:

I,_____ hereby request the West Virginia Secretary of
Provider's Full Name

Health, 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 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.

3. **Continued:** 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 Department. Finally, I understand that I am required to commence service no later than 90 days after I receive the necessary approvals by USCIS and shall continue for at least three years thereafter.

4. I acknowledge and agree that the service obligation pursuant to this waiver agreement shall commence on the date of physical inception of employment with the designated Sponsor at the location(s) specified in the application. I shall notify the WV SORH of said commencement date by submitting a completed Placement Verification Form within thirty (30) days thereof.

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 WV SORH J-1 Visa Waiver Program Provider Agreement. I will 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 WV SORH.

6. I understand and agree that all medical care rendered 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 USCIS, and I agree to provide written notification, J-1 Visa Placement Verification Form, to the current WV J-1 Visa Waiver Program Coordinator, at the time I commence rendering services in West Virginia. The first reporting form will be due 30 days after obligation begins thereafter on a semi-annual basis, in written notification with the Reporting & Monitoring form, until the conclusion of my service. I agree to all submission requirements of the written notices.

8. I hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not 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.

9. I understand, and I agree to meet the requirements set forth in Section 214 (l) (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.

10. I understand that this agreement is subject to and governed in all aspects by the laws of the State of West Virginia, and, where applicable, Federal law. I 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.

11. I understand and acknowledge that if I willfully fail to comply with the terms of this WV SORH J-1 Visa Waiver Program Provider Agreement, the State Health Contact will notify the WV Board of Medicine with a recommendation that my license be revoked or suspended. Additionally, they will send a notification to USCIS and/or the Department of State (DOS) that I am in non-compliance with the WV SORH J-1 Visa Waiver Program Agreement.

12. I understand and acknowledge that only the WV SORH may terminate this agreement for cause at any time with 30 days in written notice to the Provider and Sponsor. The determination of what constitutes cause for termination is at the sole discretion of the WV SORH. The Provider and/or Sponsor must notify the WV SORH in writing within ten days if the agreement or employment contract are breached and/or termination between the Provider and Sponsor is recommended from either parties. Upon the successful completion of the Provider's service obligation to the Sponsor, the Provider has the right to leave the practice(s) with no repercussions.

13. I understand and acknowledge The WV SORH agrees to complete the following on my behalf**:**
    a) Submit a waiver request to DOS on behalf of (I) the Provider and the Sponsor.
    b) Monitor the activities of (I) the Provider and the Sponsor to ensure compliance with the waiver program requirements.
    c) To the extent possible, make provisions for the placement of the Provider in another designated underserved site if employment is terminated for reasons beyond his/her control, ex) closure of the site.
    d) Cancel the 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 become deceased prior to fulfilling his/her obligation.

13. **Continued:**
    e) If applicable and/or approved provide attestations, notices, or letters requested by Sponsor for/or by Provider.

This document constitutes the entire agreement between (I) the Provider, the Sponsor, and the WV SORH. 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. Changes and modifications must be submitted to the WV SORH within ten days after an event occurred or within 30 days prior to occurring and subject to the WV SORH's approval. I am responsible for understanding the agreement thoroughly prior to signing. I understand and acknowledge that I may seek counsel, clarification, or contract expertise to review the agreement.

I have read and fully understand and accept the terms and conditions of the above WV SORH J-1 Visa Waiver Program Provider Agreement:

_____
Signature of Physician

State of _____. County of _____.

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

Day Month Year

_____
Signature of Notary Public

_____
Commission Expiration Date of Notary Public

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WV SORH J-1 Visa Waiver Program Sponsor Agreement

1. The Sponsor hereby acknowledges and agrees to assume full responsibility and accountability for fulfilling all duties, operational guidelines, reporting obligations, and compliance standards established by the WV SORH and applicable federal regulations governing the Conrad 30 J-1 Visa Waiver Program throughout the Provider's required period of service.

2. Only the WV SORH may terminate this agreement for cause at any time with 30 days in written notice to the Provider and the Sponsor. The determination of what constitutes cause for termination is at the sole discretion of the WV SORH. The Provider and/or Sponsor must notify the WV SORH in writing within ten days if the agreement or employment contract are breached and/or termination between the Provider and Sponsor is recommended from either parties. Upon the successful completion of the Provider's service obligation to the Sponsor, the Provider has the right to leave the practice(s) with no repercussions.

3. The Sponsor understands and acknowledges that if the Provider fails to comply with the terms of their waiver, WV SORH will notify the WV Board of Medicine with a recommendation that the Provider's license be revoked or suspended and send a notification to USCIS and/or the Department of State (DOS) that the Provider is in non-compliance with the State of WV policy.

4. This agreement is subject to and governed in all aspects by the laws of the State of WV, and, where applicable, Federal law. All parties 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 locations listed in the application.

_____ _____

Type Name of Sponsor Representative Signature of Sponsor Representative

_____

Date