



**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

TO: Prospective Mississippi Appalachian Regional Commission J-1 Visa Waiver Physician Employers/Sponsors

FROM: Director, Mississippi Office of Rural Health and Primary Care

RE: Mississippi Appalachian Regional Commission (ARC) Application

The Mississippi Office of Rural Health and Primary Care (PCO), has been designated to serve as the State Contact and clearinghouse for the Mississippi Appalachian Regional Commission J-1 Visa Waiver Program. The PCO will administer the program in a fair and consistent manner, as well as provide technical assistance to all entities interested in developing a Mississippi Appalachian Regional Commission J-1 Visa Waiver Program Application for placement of a foreign-trained J-1 Visa physician. Attached please find the Mississippi Appalachian Regional Commission J-1 Visa Waiver Program Application, Addendum for Specialists, and Guidelines.

THE FOLLOWING IS IMPORTANT INFORMATION PERTAINING TO THE MISSISSIPPI APPALACHIAN REGIONAL COMMISSION J-1 VISA WAIVER APPLICATION PROCESS:

- Health care facilities/sites interested in employing J-1 Visa Waiver physicians must submit the Mississippi Appalachian Regional Commission J-1 Visa Waiver Program Application.
- The Site Predetermination Application (*Sections A through P of the Appalachian Regional Commission J-1 Visa Waiver Application constitute the Site Predetermination Application*) should be submitted first. Applicants should be certain to include all of the information and documentation required by the Application in order to complete the Site Predetermination process. No action in regards to a recommendation will be taken prior to submission of these required items and supporting documentation. *Applicants should submit one (1) original and two (2) copies of the Site Predetermination Application.*
- Applicants must submit a HIV test result and evidence of screening for latent and active tuberculosis for the applying J-1 Visa physician. The tuberculosis screening must include: a tuberculosis signs and symptom assessment by a licensed physician or nurse practitioner; testing for infection performed by an interferon gamma release assay (IGRA) when reasonably available or a Mantoux tuberculin skin test (TST) when the IGRA is not available; and a chest x-ray with a written interpretation. Both the HIV test result and tuberculosis screening must have occurred within the past 6 months prior to the submission date of the Site Predetermination Application, with the exception, of the

IGRA and TST if documentation of current or previous tuberculosis treatment completion is provided with the submission. A MSDH approved plan for treatment and an approved provision for payment of testing, treatment, and follow-up for a J-1 Visa physician showing signs of active tuberculosis must be obtained for consideration of placement.

- Applicant must submit with the Site Predetermination, a copy of the published legal notice announcing intent to apply for the Appalachian Regional Commission J-1 Visa waiver for a physician (see respective application section or guidelines for instructions).
- The PCO will provide applicants information on currently designated health professional shortage areas (HPSAs) for primary medical care or mental health ( if requested).
- Medical facilities located in Appalachian Regional Commission (ARC) counties may recruit psychiatrists and specialist through the Appalachian Regional Commission J-1 Visa Waiver Program.
- The review cycle should be completed within 180 days.
- The US Department of State requires that the J-1 Visa Waiver Physician Data Sheet be submitted to the appropriate address contained in the Department's policies, along with the user processing fee identified on the U.S. Department of State website. For this information and all current requirements, please visit the US Department of State website.
- Submission of an application to the Mississippi State Department of Health does not guarantee that the Mississippi State Department of Health will recommend approval of the application to the federal level. Applicants will be notified in writing of applications that are not recommended for approval.
- It is important to distinguish between recommendation of approval by the Mississippi State Department of Health and actual approval of the application for a J-1 Visa Waiver. The Mississippi State Department of Health will review complete applications and, if appropriate, submit an approval *recommendation* to the federal level. A recommendation by MSDH does not guarantee that the application will be *approved* by United States Citizen and Immigration Services (USCIS). The Mississippi State Department of Health cannot estimate the length of time the USCIS will require to make its decision. USCIS approval is required to work legally in the United States. Applicants may check the status of their application at the federal level by contacting the United States Department of State.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM APPLICATION  
UNITED STATES DEPARTMENT OF STATE INFORMATION**

**Please visit the United States Department of State website for their specific requirements related to applying for a J-1 Visa Waiver.**



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
Site Predetermination Application Information**

The practice site(s) is the focus of the *Site Predetermination Application*. Site information and data will be analyzed by PCO Staff through the review process of the Site Predetermination Application. Sections A through P of the *Mississippi Appalachian Regional Commission J-1 Visa Waiver Program Application* constitute the Site Predetermination Application.

Please submit one (1) original and two (2) copies of the information required by the *Site Predetermination Application*. Please include a table of content and separate each section by alphabetical dividers. **Please do not use staples, binders, metal clamps, two-sided copies, and/or pages smaller than 8.5 x 11 inches. Please use a rubber band to separate each copy. The USIA File Number must be included on all pages.**

The Site Predetermination Application should be mailed to the following address:

**Rozelia Harris, Director  
Office of Rural Health and Primary Care  
Mississippi State Department of Health  
Post Office Box 1700  
Jackson, Mississippi 39215-1700**

If you have any questions please contact Kara Aldridge at 601-576-7216.

Once the Site Predetermination review is completed, the PCO will notify the applicant of the results of the review (whether or not the site appears to be eligible for a recommendation of approval to the United States Department of State. The applicant should then submit the *Complete Mississippi Appalachian Regional Commission J-1 Visa Waiver Program Application* (Sections Q through Z). Physician information is the focus of the *Complete Mississippi Appalachian Regional Commission J-1 Visa Waiver Program Application*.

**Submission of an application to the Mississippi State Department of Health (MSDH) does not guarantee that the MSDH will recommend approval of the application to the federal level.**

**It is also important to distinguish between a recommendation by the MSDH and actual approval of the application for a J-1 Visa Waiver. The MSDH will if appropriate, submit an approval *recommendation* to the federal level. A recommendation by the MSDH does not guarantee that the application will be *approved* by the United States Citizen and Immigration Services (USCIS).**



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION A- Cover Letter**

**Please submit a cover letter to the Mississippi State Department of Health, Office of Rural Health and Primary Care. The cover letter should be on the organization's letterhead and must include the information listed below in the order listed.**

Date

Director

Mississippi Office of Rural Health and Primary Care  
Mississippi State Department of Health  
Post Office Box 1700  
Jackson, MS 39215-1700

Dear Director:

1. A statement indicating that the sponsoring medical facility (indicate type of facility, i.e., hospital, FQHC, clinic) is interested in applying for a J-1 Visa waiver through the Conrad State 30 Program for a (identify specific medical discipline) physician and is requesting that the Mississippi State Department of Health submit a waiver application to the United States Department of State.
2. The name of the sponsoring medical facility, its complete street address (including 9-digit zip code, and county location).
3. The name and location (complete address, 9-digit zip code, and county) of the practice site(s) where the applying J-1 Visa physician will complete the three year full-time service obligation (if different from #2 above).
4. The name of the Health Professional Shortage Area (HPSA) to be served.
5. The name of the applying J-1 Visa physician, country of last permanent residence, and information on qualifications and duties.
6. A paragraph describing why the waiver is in the public interest.
7. A statement that the facility is offering the applying J-1 Visa physician at a minimum, a three-year employment contract to work 40 hours per week as a primary care physician, psychiatrist, or medical specialist to provide health care services for residents of (name the HPSA(s)).
8. A statement that the chief executive official at the sponsoring medical facility has read and understands the requirements of the ARC Federal Co-Chair's J-1 Visa Waiver Policy, the Mississippi State Department of Health ARC J-1 Visa Waiver Program Guidelines, the ARC J-1 Visa Waiver Affidavit and Agreement, and the ARC J-1 Visa Waiver "Liquidated Damages Clause."



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION B- ARC Federal Co-Chair Cover Letter Template**

**The ARC Federal Co-Chair's cover letter should be in the application packet submitted to the Office of Rural Health and Primary Care at the Mississippi State Department of Health. The ARC Federal Co-Chair's cover letter should be provided on sponsoring medical facility's official letterhead and must include the information listed below in the order listed.**

Date

The Honorable (insert name of current ARC Federal Co-Chair)  
Federal Co-Chair  
Appalachian Regional Commission  
1666 Connecticut Avenue, N.W., Suite 700  
Washington, D.C. 20235

Dear (insert name of current ARC Federal Co-Chair):

1. A statement indicating that the sponsoring medical facility (indicate type of facility, i.e., hospital, FQHC, clinic) is interested in applying for a J-1 Visa waiver through the Conrad State 30 Program for a (identify specific medical discipline) physician and is requesting that the Mississippi State Department of Health submit a waiver application to the United States Department of State.
2. The name of the sponsoring medical facility, its complete street address (including 9-digit zip code, and county location).
3. The name and location (complete address, 9-digit zip code, and county) of the practice site(s) where the applying J-1 Visa physician will complete the three year full-time service obligation (if different from #2 above).
4. The name of the Health Professional Shortage Area (HPSA) to be served.
5. The name of the applying J-1 Visa physician, country of last permanent residence, and information on qualifications and duties.
6. A paragraph describing why the waiver is in the public interest.
7. A statement that the facility is offering the applying J-1 Visa physician at a minimum, a three-year employment contract to work 40 hours per week as a primary care physician, psychiatrist, or medical specialist to provide health care services for residents of (name the HPSA(s)).
8. A statement acknowledging that all the terms and conditions of the physician's J-1 Policy

Affidavit and Agreement have been incorporated into the employment agreement and that the employment agreement does not modify or amend any of the terms or conditions of physician's J-1 Visa Policy Affidavit and Agreement.

9. A statement as follows: "I hereby certify that I have read and fully understand and will comply with the ARC Federal Co-Chairman's J-1 Visa Waiver Policy, and that all of the information contained in this letter is true to the best of my knowledge and belief."



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**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION C- Sponsoring Medical Facility Information Sheet**

Date \_\_\_\_\_

Name of Sponsoring Medical Facility \_\_\_\_\_

Street Address \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_ 9-Digit Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name of Chief Executive Official \_\_\_\_\_

Contact Person for Application \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

**Nature of the primary care services to be provided full time by applying J-1 Visa physician.**

- Family Practice
- General Practice
- General Internal Medicine
- Pediatrics
- Psychiatry
- Obstetrics and Gynecology
- Specialist (list) \_\_\_\_\_

**Please Check:**     Private Not-For-Profit     Private For-Profit     Public Not-For-Profit

**Type of Practice (select all that apply)**

- Federally Qualified Health Center
- Rural Health Clinic
- Free Clinic
- Critical Access Hospital
- Outpatient/Ambulatory
- National Health Service Corps Site
- Federally Qualified Health Center Look-Alike
- Community Mental Health Agency
- Public Health Department
- Other (list) \_\_\_\_\_

**Medicaid #:** \_\_\_\_\_

**Medicare #:** \_\_\_\_\_





**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION D- Facility Federal Co-Chairman J-1 Visa Waiver Policy  
Acknowledgement Signature Page**

The Appalachian Regional Commission (ARC) is committed to helping all residents of Appalachia have access to quality, affordable health care. Accordingly, ARC's federal co-chair is prepared to consider recommending, under certain conditions, a waiver of the foreign residence requirement on behalf of physicians holding J-1 visas. The federal co-chair's policy is totally discretionary and voluntary and may be modified or terminated at any time without notice. In all instances the federal co-chair reserves the right to recommend or decline to recommend any request for a waiver.

These ARC guidelines are the minimum requirements that must be complied with, but each state may impose additional requirements it deems necessary to support its physician recruitment program.

1. Physician requests must be sponsored by a state within the Appalachian Region and will be considered by the federal co-chair only upon written recommendation of the governor of the sponsoring state.
2. The physician must agree to provide primary medical care for at least forty (40) hours a week at a site in a Health Professional Shortage Area, as designated by the United States Public Health Service, within the legislatively defined Appalachian Regional Commission service area for a minimum of three years or longer, as a specific state policy may require. Travel or on-call time may not be included in the 40 hours required by this paragraph. However, in appropriate cases the state may make exceptions to allow travel or on-call time for obstetricians.
3. The sponsor must demonstrate that it has made a reasonable good faith effort to recruit a U.S. doctor for the job opportunity in the same salary range without success during the six months immediately preceding the request for waiver. The sponsor shall demonstrate, with such supporting documentation as the federal co-chair may require, that it has undertaken such recruitment through a reasonable number of appropriate sources including, but not limited to, advertisements in newspapers and medical journals of national and statewide circulation most likely to bring responses from able, willing, qualified, and available U.S. doctors, and job opportunity notices placed in appropriate medical schools, including all medical schools in the state in which the hospital or clinic is located.
4. The employment contract between the physician and the sponsor may not contain a restrictive covenant or non-compete clause which prevents or discourages the physician from continuing to practice in any HPSA after the period of obligation under this policy has expired.

5. The physician, prior to employment, must be licensed by the state where he or she will practice and must have completed a residency in one of the following specialties: family practice, general pediatrics, obstetrics, general internal medicine, or psychiatry.
6. The physician must not have been "out of status" (as defined by the United States Citizenship and Immigration Services of the United States Department of Homeland Security) for more than 180 days since receiving a visa under 8 U.S.C. 1182(j) of the Immigration and Nationality Act, as amended. The physician shall provide the federal co-chair all copies of his or her Certificates of Eligibility for Exchange Visitor (J-1) Status, forms IAP-66, and every other document needed to verify status.
7. The facility or practice sponsoring the physician must agree to provide health services to individuals without discriminating against them because (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare and Medicaid. The sponsor may charge no more than the usual and customary rate prevailing in the HPSA in which services are provided. In addition, charges must be discounted on a sliding fee scale for persons at or below 200 percent of poverty. Persons with third-party insurance may be charged the full fee for service. A notice must be posted in a conspicuous location in the patient waiting area at the practice site notifying patients of the charges for service as required in this paragraph. Such notice must contain at least the information set forth in the sample notice in Section I. Sponsors seeking a placement in a special population HPSA must demonstrate their recent record of serving Medicare, Medicaid, and medically indigent patients, as well their continuing intentions to serve such individuals.
8. The physician must sign and have notarized the federal co-chair's "J-1 Visa Policy Affidavit and Agreement" prior to consideration by the federal co-chair of the request and must comply with the terms and conditions set forth in that document.
9. All requests approved initially by the federal co-chair and approved subsequently by the United States Citizenship and Immigration Services of the United States Department of Homeland Security will be subject to review by ARC's inspector general for compliance with this policy statement and other applicable laws. A sponsor's failure to comply in good faith with this waiver policy will be considered in the evaluation of other applications involving the same sponsor.

**FACILITY FEDERAL CO-CHAIRMAN'S J-1 VISA WAIVER POLICY  
ACKNOWLEDGEMENT SIGNATURE PAGE 2  
CERTIFICATION SECTION**

I have read and fully understand the terms and conditions of the Federal Co-Chairman's J-1 Visa Waiver Policy.

\_\_\_\_\_  
**Signature (Sponsoring Medical Facility Chief Executive Official)**

\_\_\_\_\_  
**Date**



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION E- Practice Site Information Sheet**

*A separate sheet must be completed for each Practice Site (make copies if needed).*

Name of Practice Site \_\_\_\_\_

Street Address \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_ 9-Digit Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

County \_\_\_\_\_

How long has this site been operational? \_\_\_\_\_ Years

If application for a primary care physician, is this practice site located in a federally designated primary care Health Professional Shortage Area (HPSA)? Yes \_\_\_\_\_ No \_\_\_\_\_

If application for a psychiatrist, is this practice site located in a federally designated mental Health Professional Shortage Area (HPSA)? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a Hospital/Provider Referral Arrangement for this physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a Hospital Admission Agreement for this physician? Yes \_\_\_\_\_ No \_\_\_\_\_

**Provide Data for Public Service Rendered At This Practice Site for Previous Calendar Year**

	<b>Previous Calendar Year Data</b>
Total # of Unduplicated Patients	
% Medicaid Patients	
% Medicare Patients	
% SCHIP Patients	
% Private Insurance Patients	
% Sliding Fee Scale Patients	
% Other	



**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION F- Applying Physician Information Sheet**

**Department of State Case#** \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ M.I. \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Office # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

**CURRENT MAILING ADDRESS**

Street Address \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Medical Discipline \_\_\_\_\_ Subspecialty \_\_\_\_\_

Home Country \_\_\_\_\_ Date of Birth \_\_\_\_\_

**EDUCATIONAL INFORMATION**

**Residency Program:**

Training Discipline \_\_\_\_\_

Name of Institution \_\_\_\_\_

Location of Institution \_\_\_\_\_

Graduation Date \_\_\_\_\_ If not complete, expected completion date: \_\_\_\_\_

Certifications Held \_\_\_\_\_

**Medical School Education:**

Name of Institution \_\_\_\_\_

Location \_\_\_\_\_

Graduation Date \_\_\_\_\_

**Fellowship Training (if applicable):**

Training Discipline \_\_\_\_\_

Name of Institution \_\_\_\_\_

Location \_\_\_\_\_

Graduation Date \_\_\_\_\_ If not complete, expected completion date: \_\_\_\_\_

Certifications Held \_\_\_\_\_

**MISSISSIPPI MEDICAL LICENSURE INFORMATION**

Has the physician received Mississippi Medical License? Yes \_\_\_ No \_\_\_

If No, has the physician applied for Mississippi Medical License? Yes \_\_\_ No \_\_\_



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION G- Documentation**

**Please label the section G and submit the following information in the order listed.**

1. Proof of Health Professional Shortage Area (HPSA) designation. The practice site must be physically located in a currently designated federal HPSA or be serving patients from a currently designated federal HPSA.

Obtain proof of HPSA designation from the U.S. Dept. of Health and Human Services, Health Resources and Services Administration (HRSA) Shortage Designation website at:

[www.hrsa.gov](http://www.hrsa.gov).

*Please be advised that HPSA designations must be current on the date the U.S. Department of State reviews the application and on the date the INS approves the J-1 visa waiver. Therefore, any application that is being submitted to the Mississippi State Department of Health at the end of the three-year HPSA designation cycle may be summarily denied if the renewal of the HPSA designation is not obtained.*

2. Evidence that other avenues, regionally and nationally, to secure a physician not bound by the 2-year home residence requirement have been undertaken.
3. Current state or federal prevailing wage information for same type position and geographic area.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION H- Documentation for Placements in Non-HPSAs**

**If this application is for a placement in a Non-HPSA, label this section H and submit the following information.**

Patient origin data (by county) for previous calendar year.



**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION I- Policies For Charges For Health Care Services  
Facility Compliance Certification Page**

I, (please print) \_\_\_\_\_ ,  
representing the sponsoring medical facility, hereby declare and certify, that the facility has adopted the following policies for charges for health care services and will post a notice indicating the information below in a publicly displayed area in our facility.

**N O T I C E**

**THIS PRACTICE HAS ADOPTED THE FOLLOWING POLICIES FOR CHARGES FOR HEALTH CARE SERVICES**

**We will charge persons receiving health services at the usual and customary rate prevailing in this area. Health services will be provided at no charge, or at a reduced charge, to persons, unable to pay for services. In addition, persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges.**

**We will not discriminate against any persons receiving health services because of his/her inability to pay for services, or because payment for the health services will be made under Part A or B of Title XVIII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act.**

**We will accept assignment under the Social Security Act for all services for which payment may be made under Part B of Title XVIII ("Medicare") of the Act.**

**We have an agreement with the State agency which administers the State Plan for medical assistance under Title XIX ("Medicaid") of the Social Security Act to provide services to persons entitled to medical Assistance under the plan.**

**CERTIFICATION SECTION**

\_\_\_\_\_  
**Signature (Sponsoring Medical Facility Chief Executive Official)      Date**



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION J- Facility Agreement To Comply With  
Service Commitment And Affidavit And Agreement Requirements**

I (please print) \_\_\_\_\_ on behalf of the sponsoring medical facility, hereby declare and certify that I have read and understand the requirements of the J-1 physician's waiver service commitment, and the ARC J-1 VISA Waiver Affidavit and Agreement, and that the employer will structure the J-1 physician's practice so as to facilitate the J-1's compliance with these requirements.

**CERTIFICATION SECTION**

\_\_\_\_\_  
**Signature (Sponsoring Medical Facility Chief Executive Official)**

\_\_\_\_\_  
**Date**





MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION K- USIA Employer Attestation**

I, (please print) \_\_\_\_\_,  
Chief Executive Official, hereby declare and certify, under penalty  
of the provisions of 18 U.S.C. 1001, that the practice site(s)  
listed in this application, is located in a primary medical care or  
mental Health Professional Shortage Area and/or provides medical  
care to citizens of a primary medical care or mental Health  
Professional Shortage Area. I also hereby declare and certify, under  
penalty of the provisions of 18 U.S.C. 1001, that the facility  
listed above provides medical care services to Medicare and  
Medicaid-eligible patients, indigent patients, and uninsured  
patients.

**CERTIFICATION SECTION**

\_\_\_\_\_  
**Signature (Sponsoring Medical Facility Chief Executive Official)**

\_\_\_\_\_  
**Date**



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION L- Sponsoring Medical Facility Service Obligation Attestation**

I, \_\_\_\_\_, Chief Executive Official, hereby certify that the Sponsoring Medical Facility has made a contractual offer for three (3) years of full-time (40 hours per week) to \_\_\_\_\_, Applying Physician, to practice medicine at \_\_\_\_\_, a practice site that is either in a geographic area designated by the Secretary of the Department of Health and Human Services as having a shortage of health care professionals or serves residents of such a designated shortage area.

The Sponsoring Medical Facility understands that if the waiver is approved the Applying Physician must begin employment at this practice site within 90 days of receiving the waiver.

In addition, the Sponsoring Medical Facility understands that should the waiver be approved, the Applying Physician must remain in employment for a total of not less than three (3) years, at the site(s), listed in this application, unless the physician petitions the United States Citizen and Immigration Services for early termination if the practice site closes or due to extenuating circumstances.

The Sponsoring Medical Facility further understands that the Mississippi State Department of Health will notify the United States Department of State and United States Citizen and Immigration Services should any of these requirements not be met.

**CERTIFICATION SECTION**

\_\_\_\_\_  
**Signature (Sponsoring Medical Facility Chief Executive Official)**

\_\_\_\_\_  
**Date**



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION M- Sponsoring Medical Facility Attestation to Submit  
MSDH J-1 Visa Waiver Physician Annual Employment Verification Form**

I, \_\_\_\_\_, Chief Executive Official, do hereby declare and certify, that the \_\_\_\_\_, Sponsoring Medical Facility, will submit the MSDH Annual J-1 Visa Waiver Physician Employment Verification Form.

**CERTIFICATION SECTION**

\_\_\_\_\_  
**Signature (Sponsoring Medical Facility Chief Executive Official)**

\_\_\_\_\_  
**Date**



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION N- Legal Notice Publication Requirement**

**Please label this section N and provide the information requested below.**

The sponsoring health care facility is required to publish a legal notice in a newspaper of general circulation announcing intent to request support for a J-1 Visa Waiver. The notice must contain the language below. The Proof of Publication and a copy of the notice must be submitted with the Site Predetermination Application.

**Format for Legal Notice Publication**

(Name of sponsoring facility and complete mailing address) is requesting that the Mississippi State Department of Health support a J-1 Visa waiver of the two-year foreign residency requirement of a (physician discipline type) in exchange for the provider providing healthcare services to (name of underserved area), an underserved area of the state, if approved by the U.S. Department of State.

Letters of support or opposition may be sent to the Director, Office of Rural Health and Primary Care, Mississippi State Department of Health, P.O. Box 1700, Jackson, MS 39215-1700. Any interested party has 21 calendar days from the date of this publication to submit letters.

Copies of letters may be obtained from the Office of Rural Health and Primary Care at the Mississippi State Department of Health.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
SITE PREDETERMINATION APPLICATION  
SECTION O- HIV and Tuberculosis Screening Requirement**

**Label this Section O and provide the information requested below:**

Pursuant to the MISSISSIPPI APPALACHIAN REGIONAL COMMISSION J-1 Visa WAIVER PROGRAM GUIDELINES, the applying physician must submit evidence of a HIV test result and evidence of screening for latent and active tuberculosis.

The tuberculosis screening must include: a tuberculosis signs and symptom assessment by a licensed physician or nurse practitioner; testing for infection performed by an interferon gamma release assay (IGRA) when reasonably available or a Mantoux tuberculin skin test (TST) when the IGRA is not available; and a chest x-ray with a written interpretation.

Both the HIV test result and tuberculosis screening must have occurred within the past 6 months prior to the submission date of the Site Predetermination Application, with the exception, of the IGRA and TST if documentation of current or previous tuberculosis treatment completion is provided with the submission.





MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM APPLICATION  
Complete Application Information

The following sections Q through Z constitute the *Complete Mississippi Appalachian Regional Commission J-1 Visa Waiver Program Application*. Please submit one (1) original and two (2) copies of the information required by the *Complete Mississippi Appalachian Regional Commission J-1 Visa Waiver Program Application*. Please include a table of content and separate each section by alphabetical dividers. **Please do not use staples, binders, metal clamps, two-sided copies, and/or pages smaller than 8.5 x 11 inches. Please use a rubber band to separate each copy. The USIA File Number must be included on all pages.**

The *Complete Mississippi Appalachian Regional Commission J-1 Visa Waiver Program Application* should be mailed to the following address:

**Rozelia Harris, Director  
Office of Rural Health and Primary Care  
Mississippi State Department of Health  
Post Office Box 1700  
Jackson, Mississippi 39215-1700**

If you have any questions please contact Kara Aldridge at 601-576-7216.

**REMINDER:** Submission of an application to the Mississippi State Department of Health (MSDH) does not guarantee that the MSDH will recommend approval of the application to the federal level.

It is also important to distinguish between a recommendation by the MSDH and actual approval of the application for a J-1 Visa Waiver. The MSDH will if appropriate, submit an approval *recommendation* to the federal level. A recommendation by the MSDH does not guarantee that the application will be *approved* by the United States Citizen and Immigration Services (USCIS).



**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
COMPLETE APPLICATION**

**SECTION Q- Applying Physician Federal Co-Chairman's J-1 Visa Waiver Policy  
Acknowledgement Signature Page**

The Appalachian Regional Commission (ARC) is committed to helping all residents of Appalachia have access to quality, affordable health care. Accordingly, ARC's federal co-chair is prepared to consider recommending, under certain conditions, a waiver of the foreign residence requirement on behalf of physicians holding J-1 visas. The federal co-chair's policy is totally discretionary and voluntary and may be modified or terminated at any time without notice. In all instances the federal co-chair reserves the right to recommend or decline to recommend any request for a waiver.

These ARC guidelines are the minimum requirements that must be complied with, but each state may impose additional requirements it deems necessary to support its physician recruitment program.

1. Physician requests must be sponsored by a state within the Appalachian Region and will be considered by the federal co-chair only upon written recommendation of the governor of the sponsoring state.
2. The physician must agree to provide primary medical care for at least forty (40) hours a week at a site in a Health Professional Shortage Area, as designated by the United States Public Health Service, within the legislatively defined Appalachian Regional Commission service area for a minimum of three years or longer, as a specific state policy may require. Travel or on-call time may not be included in the 40 hours required by this paragraph. However, in appropriate cases the state may make exceptions to allow travel or on-call time for obstetricians.
3. The sponsor must demonstrate that it has made a reasonable good faith effort to recruit a U.S. doctor for the job opportunity in the same salary range without success during the six months immediately preceding the request for waiver. The sponsor shall demonstrate, with such supporting documentation as the federal co-chair may require, that it has undertaken such recruitment through a reasonable number of appropriate sources including, but not limited to, advertisements in newspapers and medical journals of national and statewide circulation most likely to bring responses from able, willing, qualified, and available U.S. doctors, and job opportunity notices placed in appropriate medical schools, including all medical schools in the state in which the hospital or clinic is located.
4. The employment contract between the physician and the sponsor may not contain a restrictive covenant or non-compete clause which prevents or discourages the physician from continuing to practice in any HPSA after the period of obligation under this policy has expired.



5. The physician, prior to employment, must be licensed by the state where he or she will practice and must have completed a residency in one of the following specialties: family practice, general pediatrics, obstetrics, general internal medicine, or psychiatry.
6. The physician must not have been "out of status" (as defined by the United States Citizenship and Immigration Services of the United States Department of Homeland Security) for more than 180 days since receiving a visa under 8 U.S.C. 1182(j) of the Immigration and Nationality Act, as amended. The physician shall provide the federal co-chair all copies of his or her Certificates of Eligibility for Exchange Visitor (J-1) Status, forms IAP-66, and every other document needed to verify status.
7. The facility or practice sponsoring the physician must agree to provide health services to individuals without discriminating against them because (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare and Medicaid. The sponsor may charge no more than the usual and customary rate prevailing in the HPSA in which services are provided. In addition, charges must be discounted on a sliding fee scale for persons at or below 200 percent of poverty. Persons with third-party insurance may be charged the full fee for service. A notice must be posted in a conspicuous location in the patient waiting area at the practice site notifying patients of the charges for service as required in this paragraph. Such notice must contain at least the information set forth in the sample notice in section I of this application packet. Sponsors seeking a placement in a special population HPSA must demonstrate their recent record of serving Medicare, Medicaid, and medically indigent patients, as well their continuing intentions to serve such individuals.
8. The physician must sign and have notarized the federal co-chair's "J-1 Visa Policy Affidavit and Agreement" prior to consideration by the federal co-chair of the request and must comply with the terms and conditions set forth in that document.
9. All requests approved initially by the federal co-chair and approved subsequently by the United States Citizenship and Immigration Services of the United States Department of Homeland Security will be subject to review by ARC's inspector general for compliance with this policy statement and other applicable laws. A sponsor's failure to comply in good faith with this waiver policy will be considered in the evaluation of other applications involving the same sponsor.

**PROPOSED PHYSICIAN FEDERAL CO-CHAIRMAN'S J-1 VISA WAIVER POLICY  
ACKNOWLEDGEMENT SIGNATURE PAGE 2  
CERTIFICATION SECTION**

I have read and fully understand and agree to comply with the terms and conditions of the Federal Co-Chairman's J-1 Visa Waiver Policy.

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**Printed Name (Applying Physician)**

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**Signature, Applying Physician**

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**Date**



**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
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**SECTION R- ARC J-1 Visa Waiver Policy Affidavit and Agreement Physician Certification Page**

I, \_\_\_\_\_, Applying Physician, being duly sworn, hereby request the Federal Co-Chair of the Appalachian Regional Commission to review my application for the purpose of recommending waiver of the 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 harmless the Appalachian Regional Commission (ARC), the Federal Co-Chair, any and all ARC employees, agents, and assigns 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 ARC Federal Co-Chair's voluntary policy and desire to improve the availability of primary medical care in regions designated by the United States Public Health Service (USPHS) as Health Professions Shortage Areas (HPSAs) in Appalachia.
3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary medical care services to patients, including the indigent, for a minimum of forty (40) hours per week within a USPHS-designated HPSA located in the ARC jurisdiction. Such service shall commence not later than 90 days after I receive approval by the United States Citizenship and Immigration Services (USCIS) of my waiver request and shall continue for a minimum of three (3) years or longer, as a specific State policy may require.
4. I agree to incorporate all the terms of this J-1 Visa Waiver Affidavit and Agreement into any and all employment agreements I enter pursuant to paragraph 3 and to include in each such agreement the ARC liquidated damages clause of \$250,000, payable to the employer. (A copy of all employment agreements are attached to this request.) This damages clause shall be activated by my termination of employment, initiated by my employer for cause or by me for any reason, only if my termination occurs before fulfilling the minimum three-year service requirement. In the event of a transfer, under the ARC liquidated damages clause a transfer notification form must be obtained by ARC. This form must be filled out and returned to ARC with a copy to the State Contact.
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 also agree to incorporate all terms of this J-1 Visa Waiver Affidavit and Agreement into any employment agreement I enter pursuant to paragraph 3.

7. I understand and agree that I will provide health services to individuals without discriminating against them because (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare or Medicaid.
8. I have read and fully understand the "ARC Federal Co-Chair's J-1 Visa Waiver Policy," a copy of which is attached to this request.
9. I expressly understand that this waiver of my foreign residence requirement must ultimately be approved by the USCIS, and I agree to provide written notification of the specific location and nature of my practice to the ARC and the State contact at the time I receive notification from USCIS and I commence rendering services in the ARC jurisdiction.
10. I 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 Appalachian Regional Commission to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.
11. I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Waiver Affidavit and Agreement, the Office of the ARC Federal Co-Chair will notify the USCIS and recommend deportation proceedings be instituted against me. Additionally, any and all other measures available to the Office of the ARC Federal Co-Chair will be taken in the event of my non-compliance.

**CERTIFICATION SECTION**

**(This Page Must Be Notarized)**

**ARC J-1 Visa Waiver Policy Affidavit and Agreement**

**Physician Certification Page 2**

\_\_\_\_\_  
Printed Name Applying Physician

\_\_\_\_\_  
Signature, Applying Physician

\_\_\_\_\_  
Date

**I declare under the penalties of perjury that the foregoing is true and correct.**

**Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**(Signature Notary Public)**



**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
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SECTION S- ARC J-1 Visa Liquidated Damages Clause  
Physician Compliance Page**

I, \_\_\_\_\_, ARC J-1 Visa Physician Applicant, understand that any breach or non-fulfillment of conditions will be considered a substantial breach of this agreement by you. If there is such a breach, \_\_\_\_\_, proposed employer, may, at its option, terminate this agreement immediately. In addition, it is agreed that \_\_\_\_\_, proposed employer, will be substantially damaged by your failure to remain at \_\_\_\_\_, proposed employer in the practice of medicine for a minimum of three years and that, considering that precise damages are difficult to calculate, you will agree to pay to \_\_\_\_\_, proposed employer, the sum of \$250,000.00 for failure to fulfill your minimum three-year contract. In addition to liquidated damages, \_\_\_\_\_, proposed employer will recover from you any other consequential damages, and reasonable attorney's fees, due to the failure to provide services to \_\_\_\_\_, proposed employer, for a minimum of three years, EXCEPT THAT, the full-time practice of medicine at another licensed medical facility, in a Health Professional Shortage area (as defined by the United States Public Health Service) within the Appalachian Region (as defined by ARC) shall be considered the same as full-time practice of medicine at \_\_\_\_\_, proposed employer, for purpose of this paragraph. In the event of a dispute under this paragraph, either party may submit this matter to binding arbitration.

**Additional Liquidated Damages Clauses**

I, \_\_\_\_\_, ARC J-1 Visa Physician Applicant, further understand that any other clause mandating consequential or liquidated damages being paid to the employer must be separate for the ARC clause. ARC takes no position with respect to the inclusion of such an additional contractual agreement.

**CERTIFICATION SECTION**

I, \_\_\_\_\_, ARC J-1 Visa Physician Applicant, acknowledge that all employment agreements regarding this placement will include the ARC liquidated damages clause.

\_\_\_\_\_  
Signature, Applying Physician

\_\_\_\_\_  
Date



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
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**SECTION T- Physician Agreement To Service Commitment And Affidavit And Agreement  
Requirements Certification Page**

I (please print) \_\_\_\_\_ on behalf of the sponsoring facility, hereby declare and certify that I have read and understand the requirements of the J-1 Visa Waiver service commitment, and the ARC J-1 VISA Waiver Affidavit and Agreement, and that the employer will structure the J-1 physician's practice so as to facilitate my compliance with these requirements.

**CERTIFICATION SECTION**

\_\_\_\_\_  
**Signature, Applying Physician**

\_\_\_\_\_  
**Date**



**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
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SECTION U- No Objection Statement Attestation**

I, (please print) \_\_\_\_\_, Applying Physician, do hereby declare and certify, that a "No Objection" letter is not required because I am not contractually obligated to return to my home country.

OR

I, (please print) \_\_\_\_\_, Applying Physician, was obligated to return to my home country and a copy of the "No Objection" letter from my home country is included with this application.

**CERTIFICATION SECTION (this page must be notarized)**

**I declare under the penalties of perjury that the information on this page is true and correct.**

\_\_\_\_\_  
**Signature (Applying Physician) Date**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
**Signature (Notary Public)**

If you are obligated to return to your home country, you must obtain a "NO OBJECTION" letter from your home country. The letter must be sent directly to the U.S. Department of State (please include a copy of the letter with this application). The U.S. Department of State recommends the following language for the letter:

*"Pursuant to Public Law 103-416, the government of \_\_\_\_\_ has no objection if (name and address of Applying Physician) does not return to \_\_\_\_\_ to satisfy the two-year foreign residency requirement of section 212(e) of the Immigration and Nationality Act."*



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
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SECTION V- USIA Exchange Visitor Attestation**

I, (please print) \_\_\_\_\_,  
Applying Physician, hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that (1) I have sought or obtained the cooperation of the Mississippi State Department of Health to obtain a waiver of the two-year home residence requirement; and (2) I do not now have pending, nor will I submit another request to any United States Government department or agency or its equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

**CERTIFICATION SECTION (this page must be notarized)**

**I declare under the penalties of perjury that the foregoing is true and correct.**

\_\_\_\_\_  
**Signature (Applying Physician)**

\_\_\_\_\_  
**Date**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
**Signature (Notary Public)**



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION**

**J-1 VISA WAIVER PROGRAM**

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**SECTION W- J-1 Visa Waiver Physician Service Obligation Attestation**

I, \_\_\_\_\_, Applying Physician, hereby certify that I have a contractual offer for three (3) years of full-time (40 hours per week) employment with \_\_\_\_\_, a

health care facility, to work at the practice site(s) listed in this application. In addition, I have agreed to begin this employment at the practice site(s) listed in this application within 90 days of receiving the waiver.

I agree to practice medicine for a total of not less than three (3) years, only at the practice site(s) listed in this application, which is either in a geographic area designated by the Secretary of the Department of Health and Human Services as having a shortage of health care professionals or serves the residents of such a designated shortage area. I also hereby declare and certify, that I will provide medical care services to Medicare and Medicaid-eligible patients, indigent patients, and uninsured patients.

I understand that I must remain in employment for a total of not less than three (3) years, at the site(s) listed in this application, unless I petition the United States Citizen and Immigration Services for early termination of the 3-year period because the practice site closes or due to extenuating circumstances.

I further understand that the Mississippi State Department of Health will notify the United States Department of State and United States Citizen and Immigration Services should I fail to meet any of these requirements.

**CERTIFICATION SECTION**

**I declare under the penalties of perjury that the foregoing is true and correct.**

\_\_\_\_\_  
**Signature (Applying Physician)**

\_\_\_\_\_  
**Date**





MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
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SECTION X- Physician Attestation to Submit  
MSDH J-1 Visa Waiver Physician Annual Employment Verification Form**

I, \_\_\_\_\_, Applying  
Physician, do hereby declare and certify, that I will  
submit the MSDH Annual J-1 Visa Waiver Physician Employment  
Verification Form.

**CERTIFICATION SECTION**

\_\_\_\_\_  
**Signature (Applying Physician)**

\_\_\_\_\_  
**Date**



**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
J-1 VISA WAIVER PROGRAM  
COMPLETE APPLICATION**

**SECTION Y- J-1 Visa Waiver Physician Application Certification Page**

*I, (please print) \_\_\_\_\_, Applying Physician, certify the following by signing below:*

That I have read and intend to fully comply with the Mississippi Appalachian Regional Commission J-1 Visa Waiver Program Guidelines.

That I am not a relative or acquaintance of the sponsoring medical employer.

That I will begin employment under a three-year contract at the site(s) listed in this application within 90 days of receipt of the waiver.

That I will provide medical care a minimum of 40 hours per week to citizens of a primary medical care or mental Health Professional Shortage Area; and under penalty of the provisions of 18 U.S.C. 1001, that I will provide medical care services to Medicare and Medicaid-eligible patients, indigent patients, and uninsured patients.

That I will comply with the requirement to submit the MSDH Annual J-1 Visa Waiver Physician Employment Verification FORM in accordance with the Mississippi Appalachian Regional Commission J-1 Visa Waiver Program Guidelines.

That I will notify the Mississippi State Department of Health (MSDH) if I plan to petition the United States Citizen and Immigration Services for early termination of the 3-year period because the practice site closes or due to extenuating circumstances.

That I understand submission of this application to the MSDH does not guarantee that the MSDH will recommend approval of the application to the federal level. And furthermore that, an approval recommendation by the MSDH to the federal level does not guarantee that the application for the J-1 Visa Waiver will be approved by the United States Citizen and Immigration Services.

That the information submitted in this Application is correct and true to the best of my knowledge.

**CERTIFICATION SECTION (this page must be notarized)**

**I declare under the penalties of perjury that the foregoing is true and correct.**

\_\_\_\_\_  
**Signature (Applying Physician)**

\_\_\_\_\_  
**Date**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
**Signature (Notary Public)**



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION  
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SECTION Z- Application Exhibit Section**

**Label this Section Z and submit the items listed below in the order listed.**

- Exhibit 1. Copy of applying physician's Curriculum Vitae (CV).
- Exhibit 2. G-28, if appropriate.
- Exhibit 3. Copy of applying physician's passport.
- Exhibit 4. Readable copies of all applying physician's Certificates of Eligibility for Exchange Visitor (J-1) Status forms for each year in J-1 status (from entry to the present). Foreign trained provider must not have been "out-of-status" for more than 180 days since receiving a visa. Submit in chronological order.

***An explanation must be provided for any period spent in some other visa status, out of status, or outside the United States.***

- Exhibit 5. Copy of applying physician's Social Security Card.
- Exhibit 6. Copies (front and back) of I-94 Entry and Departure Cards of applying physician.
- Exhibit 7. Copies of applying physician's medical degree.
- Exhibit 8. Proof of applying physician's passage of United States Medical Licensing Examinations (USMLE 3 Steps).
- Exhibit 9. Copy of applying physician's Educational Commission for Foreign Medical Graduates Certificate.
- Exhibit 10. Documentation of applying physician's Board Certification or Board eligibility status.
- Exhibit 11. A copy of the applying physician's completed Waiver Review Application US Department of State Data Sheet.
- Exhibit 12. Copy of notarized, dated, executed tentative employment contract (See "Employment Contract" Section of Guidelines for minimum requirements).
- Exhibit 13. Copy of applying physician's Mississippi Medical License or documentation that application in process.