



NATIONAL INTEREST WAIVER LETTER OF ATTESTATION REQUEST GUIDELINES

I. Purpose:

The Kentucky Department for Public Health (KDPH), Health Care Access Branch (HCAB), has the responsibility within the Commonwealth of Kentucky to provide a Letter of Attestation in support of a foreign physician's request for a National Interest Waiver (NIW) from the U.S. Citizenship and Immigration Services (USCIS). The foreign physician's work must be in an area that has been designated as having a shortage of health care providers by the Secretary of Health and Human Services, and must be deemed by KDPH to be in the public interest. NIW applications will not be accepted for physicians whose waiver was issued as a flex (non-designated) slot.

This document is to establish a process for foreign physicians to request a Letter of Attestation from KDPH for NIW application.

II. Procedure:

All correspondence should go through the Kentucky Department for Public Health, Health Care Access Branch, 275 East Main Street, HS2WB, Frankfort, KY 40601. Documents should be placed in the following order, separated by a divider page, appropriately labeled with the number in reference to the document being submitted:

1. A letter from the employer or immigration law firm requesting a Letter of Attestation in support of the NIW physician. Please include the following:
 - a. Employer requesting the NIW, full address, employer representative contact information
 - b. Physician name, home address, contact information, and specialty
 - c. Law firm name, address and contact person, if applicable
2. Table of Contents
3. Letter from the employer with a description of:
 - a. the service area, facility, and population for which the physician will work, and
 - b. prior service in the HPSA or MUA for a minimum of six months with HPSA or MUA ID number, and

- c. how the approval of the waiver is in the national interest.
- 4. Physician's current KY medical license
- 5. Copy of the physician's employment contract and addendum to increase the term to five years, which includes an agreement to work full-time for a minimum of 40 hours per week

If the physician's J-1 visa waiver was sponsored by another state, the documentation should additionally include:

- 6. A recommendation letter from the State Primary Care Office
- 7. A letter of support from the facility in the other state which includes:
 - a. A description of the facility and its medical services,
 - b. What the physician's responsibilities and qualifications were related to that facility, and
 - c. A copy of that contract specifying that the physician practiced 40 hours a week full-time in a HPSA or MUA.
- 8. A letter of good standing from the other state's Board of Medicine
- 9. A copy of the most recently issued I-94 forms
- 10. A copy of the DS-2019 forms

The physician will be notified in writing of the approval or denial of the request for a KDPH letter of attestation. If the request is approved, an attestation letter signed will be provided to the physician.