



Kentucky Public Health

Prevent. Promote. Protect.

KENTUCKY DEPARTMENT FOR PUBLIC HEALTH (KDPH) Division of Prevention and Quality Improvement

**Health Care Access Branch
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STATE 30 J-1 VISA WAIVER APPLICATION INFORMATION

The Kentucky State 30 J-1 program recommends waivers of the home residency requirements for primary care physicians (family medicine, pediatrics, medical/pediatrics, obstetrics/gynecology, and internal medicine) in federally designated Health Professional Shortage Areas (HPSAs) or federally designated Medically Underserved Areas (MUA) and for psychiatrists in mental health HPSAs. Priority is given to physicians practicing internal medicine, family medicine, pediatrics, obstetrics/gynecology, and psychiatry. Critical access hospitals and safety net providers including community health centers, local health departments, publicly owned health facilities, and FQHC's will be given preference for a waiver recommendation.

The program may support physicians in other specialties when exceptional statewide or regional need for the specialty is substantiated. Any remaining sub specialty applications will be ordered by the HPSA score and MUA Index of Medical Underservice score. If the facility is located in both a HPSA and MUA, the HPSA score will be used for prioritization. Scores can be located at <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx> or <https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx> .

KDPH will issue up to 10 "Flex waivers" for applicants who will be employed at facilities that are not located in HPSAs or MUA/Ps but serve the state's underserved patients. To qualify for a flex waiver, the physician's sponsoring facility must serve a patient population of at least 30% Medicaid-insured or a minimum of 45% are publicly insured and/or charged reduced fees according to an established "Sliding Scale Fee Policy."

Physicians must work full-time (at least 40 hours per week at the approved worksite) for a minimum of three years providing services in a HPSA or MUA, excluding flex applications. For providers working in multiple locations, priority will be given to applicants whose percentage of hours worked in a HPSA or MUA are equal to 50% or more of the required 40-hours worked per week, excluding flex applications. The percentage of hours worked at each location must be clearly documented in the application materials. Patients must be seen by the physician at the facility address(es) provided in the application.

Applications are accepted from October 1st-October 31st, or the last business day of the month of October, if the 31st falls on a Saturday or Sunday. If any waivers remain available after the October deadline, applications will be accepted until July 30th or until all waivers have been awarded, whichever comes first. Waivers will be evaluated with priority given in the following order:

1. Applicants who will practice psychiatry, family medicine, internal medicine, obstetrics/gynecology, medical/pediatrics or pediatrics.
2. Subspecialty applications(including hospitalists) will be ordered by the HPSA Score or MUA score. In cases where the facility is located in both a HPSA and MUA, the HPSA score will be used for prioritization.
3. Flex waivers.

The provider must have ALL criteria in by the application deadlines to be considered for a letter of support (slot position). An administrative review will be completed in order to determine that all criteria have been submitted.

Other J-1 physician visa waiver programs exist in Kentucky in addition to the State-30 program: the Appalachian Regional Commission (ARC), Delta Regional Authority (DRA) and Health and Human Services (HHS). More can be learned about these programs by visiting their respective websites. KDPH recommends that any application that qualifies for consideration under these other programs be submitted under that program in lieu of the State-30 program.

The Kentucky Department for Public Health J-1Visa Waiver Program is completely voluntary and discretionary and may be modified at any time. The submission of a completed application does not ensure that the Kentucky Department for Public Health will recommend a waiver.

Instructions for Applying for a Waiver of the Two-year Foreign

Residence Requirement

Pursuant to the requirements of Public Law 107-273, enacted November 2, 2002, international medical graduates who have an offer of full-time employment at a health care facility in a federally designated HPSA or federally designated MUA, who agree to begin employment at the facility within 90 days of receiving such waiver, receive proper work authorization from USCIS, and who are willing to sign a contract to work at the approved facility full-time (40 hours per week) for a period of not less than three years may apply for a waiver.

Procedures for Waiver Applications

There are five steps to processing a waiver review application

STEP 1. Obtain a U.S. Department of State Case Number.

To apply, applicants must complete and send a J-1 Visa Waiver Review Application (available at <https://j1visawaiverrecommendation.state.gov/>), a self-addressed, stamped, legal-size envelope and a cashier's check or money order for \$120 U.S. dollars per application, payable to the U.S. Department of State.

Once the Waiver Review Division has received the J-1 Visa Waiver Review application, they will use the self-addressed, stamped, legal-size envelope, to send a case number and an instruction sheet on how to proceed. This instruction sheet will include a list of documents that are required by the Waiver Review Division. The Kentucky Department for Public Health will require additional items in order to consider the request for a recommendation. All items needed for KDPH support listed below. *If the Waiver Review Division asks for an item that is not on the list below, be sure to include that item.*

STEP 2. Submit the complete J-1 Visa Waiver Review Application to the Kentucky Department for Public Health. These are required by the Kentucky Department for Public Health in order to make a decision for a recommendation. Items to be included in this recommended order:

Cover sheet with index

- a. Department of State Case Number Sheet
- b. Department of State J-1 Visa Waiver Review Application (Form DS-3035)
- c. Physician's personal statement regarding reasons for not wishing to fulfill the two-year foreign residency requirement **and** the following signed and dated statement:

I, _____ (name of exchange visitor) hereby declare and certify, under penalty of the provisions of 18 USC, 1001, that: (1) I have sought or obtained the cooperation of the Kentucky Department for Public Health; and (2) I do not now have pending, nor will I submit during the pendency of this request, another request to any U.S. Government department or

agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

- d. A letter from the Director of the medical facility containing the following information:
- ✓ Request that the Kentucky Department for Public Health act as an interested government agency.
 - ✓ Summarize how the health care facility has attempted to locate a qualified U.S. physician.
 - ✓ Describe the physician’s qualifications and how their employment will satisfy unmet needs in the HPSA/MUA.
 - ✓ Describe the unique and unmet medical needs of the community to be served, prevalent health problems of the community, and steps the sponsoring organization and applicant physician would take to meet these needs.
 - ✓ Describe the effect of a waiver denial.
 - ✓ State that the facility is offering the physician at least three years employment as a primary care physician, psychiatrist, or medical specialist in a HPSA or MUA, unless applying for a flex waiver.
 - ✓ Attest that the facility provides services to indigent uninsured patients, Medicaid, and Medicare populations.
 - ✓ A description of the physician's proposed duties and responsibilities as well as a schedule (hours per day, days per week, and locations) that the physician will work.
- e. Evidence that the facility is in a federally designated Health Professional Shortage Area (HPSA) or a federally designated Medically Underserved Area. (MUA) **A notarized statement** submitted by the sponsor describing the facility location, identifying the specific HPSA or MUA to be served, and stating that the facility is located in a HPSA or MUA can satisfy this requirement.
- f. A copy of the completed employment contract. The contract must state that the physician will practice full time (at least 40 hours per week excluding on call and travel time) in the HPSA or MUA (unless applying for a flex waiver) and specify the site where services will be provided. Employment must commence within 90 days from the time USCIS grants approval to work and all proper work authorization from USCIS have been received. Contract must be for not less than 3 years, and indicate what services will be provided. The contract must include the full address of the primary and any secondary worksite(s). Both the physician and the employer must sign the contract. The contract may not include a “Non-Compete” clause and should include a statement of omission of the non-competite clause. An “Exchange Visitor Attestation” must be included as

an addendum. A copy of an example of an attestation may be viewed on the KDPH J1 Visa Waiver website.

- g. Legible copies of all DS-2019 forms, covering every period of your participation in an exchange visitor program, copies of I-94 Entry and Departure document of physician and family members, and proof of passage of examinations required by USCIS. Attach an explanation for any period spent in some other visa status, out of status, or outside of the United States.
- h. A KDPH physician information sheet. The physician information sheets must be signed and notarized by the physician.
- i. A KDPH sponsor information sheet. The sponsor sheet must be signed and notarized by the authorized representative of the sponsoring employer.
- j. A copy of the physician's Curriculum Vitae, diplomas, and professional certifications.
- k. Personal letters of support and letters of recommendation.
- l. Documentation of Recruitment/Retention efforts:

Please include documentation of previous efforts to recruit a U.S. physician. These efforts must have occurred at least 3 months but not longer than 12 months prior to submission of the J-1 Visa Waiver application. The applicant must describe in detail all recruiting efforts to recruit an American born physician including but limited to the following:

- ✓ Evidence of national advertisements or listings in recognized medical journals, web sites, or professional placement services. **National Advertisements must include the city or county in which the practice is located and the specialty or subspecialty of the physician being recruited.**
 - ✓ Local and Regional ads
 - ✓ Evidence of listings with the medical schools of the University of Kentucky, University of Louisville and University of Pikeville. The sponsor must also provide evidence of receipt of the requests from the medical schools including a copy of the correspondence sent to the schools. Such listings may be with either the medical placement services operated by the medical schools or the individual residency programs of each medical school in the specialty being recruited.
- m. Evidence of Kentucky medical licensure eligibility including proof of passing USMLE and ECFMG examinations, copies of current licenses held and copies of board certifications. Information on Kentucky medical licensure eligibility can be obtained from the Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222 or from the KBML web site <http://kbml.ky.gov/>.
 - n. A detailed description of the medical facility. Provide information regarding the nature and extent of the medical services offered, a description or floor plan of the facility, and a listing of the physicians currently practicing at the facility.

- o. Include any sliding fee scale policy that has been developed and utilized by the practice and a copy of the public notice.
FLEX waivers only: Include a report of the facility's insurance payer mix.
- p. Letter of "No Objection" from the home government if the physician has received education funding from the home country. If the physician has no such obligation, include a notarized statement stating so.

THE FOLLOWING INFORMATION IS REQUIRED, IN ADDITION TO THE INFORMATION LISTED ABOVE, FOR A PHYSICIAN WHO WISHES TO PRACTICE A SPECIALTY (including hospitalists):

(Other than family medicine, medical/pediatrics, pediatrics, obstetrics/gynecology, and internal medicine)

- a. The reason an additional physician with this specialty is needed i.e., incident rates, impact of this service not being available in this area, etc. Please be specific.
- b. The current availability of this specialty to the community and whether their practice provides a discount to individuals 200% below the poverty level.
- c. If this specialty is not available in the community, advise the closest location where these services can be obtained, and if public transportation is available.
- d. Service area demographics and any other information this Department may use to determine exceptional need for the specialty. Please list your source(s) for this information.
- e. Letter of Support from the Chief of Staff of the hospital to which the J-1 physician would admit or refer patients speaking to the need for this specialty.
- f. Letter of Support from representatives of primary care centers and primary care physician practices in the area speaking to the need for this specialty.
- g. Provide evidence of HPSA Score or MUA Score (if applicable) of facility.

Please provide two complete sets, an original and a copy, in the order listed, to:

**Kentucky Department for Public Health
Division of Prevention and Quality Improvement
Attn: KY J-1 Visa Waiver Program Administrator**

275 East Main Street, HS1W-D
Frankfort, Kentucky 40621

Please Note:

- **ALL** documents must have your U.S. State Department case file number clearly visible on each page.
- Discounts must be offered to all patients with family incomes, below 200% of poverty, of all providers in the employing practice and not only to the patients of the J-1 provider. Notice of the availability of this discount must be posted in a conspicuous location at the practice site
- If application is missing items, applicant will be notified of the incomplete application. Applicant will be given 5 business days or until October 31st for submission of missing materials. Please note this will be on a first come, first serve basis.

STEP 3. If the recommendation is granted, the KDPH will submit all requested documents and required letters on your behalf to the Dept. of State Waiver Review Division **At this point, KDPH is no longer directly involved in the process.** You may check on the status of your application **ONLY** by calling the U.S. Department of State @ (202) 663-1600 or going to <https://j1visawaiverstatus.state.gov/Default.aspx>. Your case number will be needed in order to obtain the status of your application.

STEP 4: At the conclusion of the review process by the United States Department of State Waiver Review Division, the Waiver Review Division will forward its recommendation directly to the USCIS. You will receive a copy of that recommendation at the address listed on your DS-3035. If your application is denied, you will be notified directly by the Waiver Review Division.

STEP 5: USCIS acts on the J-1 Visa Waiver Application.

Thank you for your interest in serving the medically underserved in Kentucky