



Physician Visa Waiver Program Required Application Packet Materials

2024-2025 Application Period (submit 1 packet electronically and one hard copy of the following materials)

- 1. Completed G-28**
- 2. Proof of Need:** Provide a list of the Health Care Professional Shortage Areas (HPSAs)/ Medically Under-Served Areas/Populations (MUA/MUPs) or if a flex spot, information on patient population that is served by this facility
- 3. Letter from Employer (on official letterhead with phone, fax, and e-mail):** The healthcare facility head which employs the physician must:
 - Request that the Rhode Island Department of Health act as an interested government agency and recommend a waiver for the J-1 physician;
 - Describe the physician's qualifications, proposed responsibilities, and how he/she will satisfy important unmet healthcare needs of a medically underserved community; and
 - State unequivocally that the physician has been offered a 40-hour, three-year position in a job consistent with the Department's mission.
- 4. Valid contract of employment:** Must satisfy the requirements set forth in the federal Conrad State 30 J-1 waiver law (INA Section 214(l)) and accompanying federal regulations; and the RIDOH Physician Visa Waiver Program and the RI general laws.
- 5. Description of Recruitment/Retention Efforts:** Describe recruitment efforts. Applications for community-based placements must also include a five-year site review of prior J-1 placements (five-year review of prior J-1 placement(s) at the site and the physician's current employment. If a physician is no longer at the site, a brief explanation must be given).
- 6. Curriculum Vitae and copy of Medical Degree** for the physician- a personal e-mail, NPI number, any languages spoken, and all work with underserved must be included
- 7. Copies of all ECFMG scores (all three steps).**
- 8. Proof of J-1 Visa Status:** Include copies of all DS-2019 "Exchange Visitor Program Certificate of Eligibility for Exchange Visitor (J-1) Status" forms for the physician and any family members as required by Immigration and Naturalization Services (INS). Submit most recent I-94
- 9. Completed J-1 Visa Waiver Recommendation Application:** include a signed statement of reason that includes all requirements set forth in INA Section 214 (I)
- 10. Freedom from Obligations in Home Country:** A statement from the physician of whether he or she is contractually obligated to return to their home country, and if so obligated, a statement of non-objection from the home government.

Rhode Island Requirements: The application cycle is open on October 1, 2024. Preference will be given to Physicians who have done their residency in Rhode Island or are in Primary Care.

CLAS Champion: Get training on Culturally and Linguistically Appropriate Services (CLAS) provided by the Department of Health's Health Equity Institute.

We strongly encourage participants to volunteer. Volunteer options can be clinical or nonclinical. If non-clinical volunteer service is proposed, it must fulfill one or more of the Department of Health's three Strategic Priorities.

Please also submit 1 electronic packet for the Department of State (in this order)

State Health Cover Letter (Support document(s) if necessary)

Letter from Employer

HPSA/MUA Evidence documents

Employment Contract

DS-2019's/I-94

Curriculum Vitae

Exchange Visitor Attestation/Foreign Medical Graduate Statement

Form G-28/Letter of Representation

DS-3035 and Supplementary Applicant Information Pages

Statement of Reason

Third Party Barcode Page

Waiver Division Barcode Page