



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI APPALACHIAN REGIONAL COMMISSION (ARC) J-1 VISA WAIVER PROGRAM
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.
- Applicants must submit 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).
- MORHPC will provide applicants with 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 both psychiatrists and specialists through the Appalachian Regional Commission J-1 Visa Waiver Program.
- The review cycle should be completed within 180 days.
- The U.S. 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 ARC 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 ARC J-1 VISA WAIVER PROGRAM APPLICATION
Application Information

Please submit one (1) original and one (1) hard copy of the completed application to the Mississippi Office of Rural Health and Primary Care (MORHPC) via postal address.

Please include a table of contents 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 application should be mailed to the following address:

Judy Newton, 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 email physicianvisawaiver@msdh.ms.gov

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 ARC J-1 VISA WAIVER PROGRAM
APPLICATION Application Exhibit Section**

Submit the following information in the order listed for the ARC J-1 Visa Waiver Program

Exhibit 1.	Sections A through N of the Conrad State 30 J-1 Visa Waiver Application
Exhibit 2.	Letter from Employer
Exhibit 3.	Copy of notarized, dated, executed tentative employment contract
Exhibit 4.	Legible copy of applicant's DS-2019/IAP-66 Forms , covering every period the applicant was in J-1 Status. They must be submitted in chronological order (from entry to present). Foreign trained provider must not have been "out of status" for more than 180 days since receiving a visa.
Exhibit 5.	Copies (front and back) of I-94 Entry and Departure Cards of applying physician.
Exhibit 6.	Copy of the applying physician's Curriculum Vitae (CV)
Exhibit 7.	Form GS-28 or Notice of Entry of Appearance as Attorney Authorized Representative
Exhibit 8.	Form DS-3035 J-1 Visa Waiver Recommendation Application Supplementary Applicant Information Pages
Exhibit 9.	Statement of Reason
Exhibit 10.	Third Party Barcode Page
Exhibit 11.	Waiver Division Barcode Page
Exhibit 12.	Copy of applying physician's Educational Commission for Foreign Medical Graduates Certificate.
Exhibit 13.	Proof of USMLE Step 1:_____ Step 2:_____ Step 3:_____ (List actual score) Please enter description of the applicant's discipline and specialty:
Exhibit 14.	Medical Degrees If applicant is still in a residency program, please indicate the anticipated completion date:-
Exhibit 15.	Copy of applying physician's Mississippi Medical License or documentation that application in process.
Exhibit 16.	Documentation of applying physician's Board Certification or Board eligibility status.
Exhibit 17.	Copy of applying physician's passport
Exhibit 18.	A copy of the applying physician's completed Waiver Review Application US Department of State Data Sheet.



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MISSISSIPPI ARC J-1 VISA WAIVER PROGRAM 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 below in the order listed.

Date

MORHPC Director's Name
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 J-1 Visa Waiver 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 ARC J-1 VISA WAIVER PROGRAM 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."



MISSISSIPPI ARC J-1 VISA WAIVER PROGRAM APPLICATION
Section C – Sponsoring Medical Facility Information Sheet

Name of Sponsoring Medical Facility _____

Street Address _____

PO Box _____

City _____ **9-Digit Zip Code** _____

County _____

Phone Number _____

Name of Chief Executive Official _____

Contact Person for Application _____

Phone 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 (specify) _____ | | |

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 | ☐ Public Health Department | |
| ☐ Federally Qualified Health Center Look-Alike ☐ Community Mental Health Agency | | |
| ☐ Other (specify) _____ | | |

Medicaid # _____ **Medicare #** _____



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI ARC J-1 VISA WAIVER PROGRAM APPLICATION

Section D – Applying Physician Information Sheet

Department of State Number _____ National Provider Identifier _____

Name (Last) _____ (First) _____ M.I. _____

Home Telephone # _____ Office # _____ Cell Phone # _____

Email _____

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 a Mississippi Medical License? Yes No

If not, has the physician applied for Mississippi Medical License? Yes No



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI ARC J-1 VISA WAIVER PROGRAM APPLICATION
Section E – Practice Site Information Sheet

Please label this section E. 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 _____ County _____

1. How long has this site been operational? _____ (Years)
2. If application is for a primary care physician, is this practice site located in a federally designated primarycare Health Professional Shortage Area (HPSA)? Yes No
3. If application is for a psychiatrist, is this practice site located in a federally designated Mental Health Professional Shortage Area (HPSA)? Yes No
4. Is there a Hospital/Provider Referral Arrangement for this physician? Yes No
5. 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

Patient breakdown by primary payer source for this reporting period (total should equal 100%):

- | | | |
|--|-------|---|
| a. Total Number of Unduplicated Patients | _____ | % |
| b. Medicare | _____ | % |
| c. Medicaid | _____ | % |
| d. SCHIP Patients | _____ | % |
| e. Private Insurance | _____ | % |
| f. Sliding Fee Scale Patients | _____ | % |
| g. Self-Pay / No Insurance | _____ | % |



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MISSISSIPPI ARC J-1 VISA WAIVER PROGRAM APPLICATION
Section F – Proof of Health Professional Shortage Designation

Please label this section F 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 serve patients from a currently designated federal HPSA.

Obtain proof of HPSA designation from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) website at: 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 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 to verify that other avenues, regionally and nationally, to secure a physician not bound by the two-year home residence requirement have been undertaken.

The recruitment information must state the specific position listed in this application and the practice site location. Ads must contain date information that can be used to verify at least three (3) months of recruitment effort that had regional and national reach.

3. Current state or federal prevailing wage information for same type position and geographic area.



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MISSISSIPPI ARC J-1 VISA WAIVER PROGRAM APPLICATION
Section G – Documentation for Placement of Non-HPSAs

If this application is for a placement in a Non-HPSA, label the section G and submit the following information. Patient origin data (by county) for previous calendar year.



MISSISSIPPI ARC J-1 VISA WAIVER PROGRAM APPLICATION
Section H – Facility Federal Co-Chairman Policy Acknowledgement Signature Page

Please label this section H.

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 (3) years or longer, as a specific state policy may require. Travel or on-call time may not be included in the forty (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 reasonably good faith effort to recruit a U.S. doctor for the job opportunity in the same salary range without success during the six (6) 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 ARC J-1 VISA WAIVER PROGRAM APPLICATION

Section I – Legal Notice Publication Requirement

Please label this section I and submit the following information in the order listed.

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 Mississippi ARC J-1 Visa Waiver 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 ARC J-1 VISA WAIVER PROGRAM APPLICATION

Section J – Physician Assurances

Please label this section J. By initialing, I am certifying that the information submitted in this application is correct and true to the best of my knowledge.

Initial I, _____, Printed Name

hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1101, 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 of agency or any state department of public health, or equivalent, other than the Mississippi State Department of Health, to act on my behalf in any matter relating to a waiver of my two-year home country physical presence requirement.

Initial I do hereby declare and certify that _____, the Sponsoring Medical Facility, will submit the MSDH J-1 Visa Waiver Physician Employment Verification Form for the initial 30 days after my employment begins and annual thereafter, until my three-year commitment is completed. I understand that failure to submit this report accurately and completely will result in a report of non-compliance to the U.S. Immigration and Naturalization Service.

Initial I 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 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, that the sponsoring facility provides medical care services to Medicare and Medicaid-eligible patients, indigent patients, and uninsured patients.

Initial I further declare and certify that I have no contractual obligation to return to my home country. (If such a contractual obligation exists, the J-1 Physician must obtain a letter of "no objection" from the home country or the embassy in Washington D.C.).

Initial I agree to accept assignment under Section 1842 (b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under Part B of Title XVII of such Act (Medicare).

Initial I hereby do certify the following: that the Sponsoring Medical Facility has read and intends to comply with the Mississippi ARCJ-1 Visa Waiver Program Guidelines. That the Applying Physician is not a relative or acquaintance of the employer. That the Sponsoring Medical Facility has funds currently available to support the requested position, including support personnel. That the Sponsoring Medical Facility is providing a salary for the applying physician that is comparable to U.S. physicians in the geographic area. That the Sponsoring Medical Facility was not successful with attempts to recruit a U.S. physician for this position. That the Sponsoring Medical Facility will notify the MSDH if the Applying Physician ceases to work full time, ends employment, or plans to petition the United States Citizen and Immigration Services for early termination of the three-year employment obligation period because the facility closes or due to extenuating circumstances. That the Sponsoring Medical Facility agrees to site visits by the MSDH.

Original Signature

Date



MISSISSIPPI ARC J-1 VISA WAIVER PROGRAM APPLICATION
Section K – Employer Assurances

Please label this section K. By initialing, I am certifying that the information submitted in this application is correct and true to the best of my knowledge.

- _____
Initial 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.
- _____
Initial 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.
- _____
Initial I do hereby declare and certify that_____, the Sponsoring Medical Facility, will submit the MSDH J-1 Visa Waiver Physician Employment Verification Form for the initial 30 days after my employment begins and annual thereafter, until my three-year commitment is completed. I understand that failure to submit this report accurately and completely will result in a report of non-compliance to the U.S. Immigration and Naturalization Service.
- _____
Initial I hereby certify that the Sponsoring Medical Facility has made a contractual offer for three (3) years of full-time (40 hours per week) to the 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 ninety (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.
- _____
Initial 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. I 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.
- _____
Initial On behalf of the sponsoring medical facility, I 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.

Original Signature

Date



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI ARC J-1 VISA WAIVER PROGRAM APPLICATION
Section L – Applying Physician Federal Co-Chairman’s Policy Acknowledgement
Signature Page

Please label this section L.

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 (3) years or longer, as a specific state policy may require. Travel or on-call time may not be included in the forty (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 reasonably good faith effort to recruit a U.S. doctor for the job opportunity in the same salary range without success during the six (6) 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 as 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
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.**

Printed Name of Applying Physician

Signature of Applying Physician

Date



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI ARC J-1 VISA WAIVER PROGRAM APPLICATION

Section M – 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 ninety (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 is 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," acopy 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 Ireceive 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 VisaWaiver 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.

PROPOSED PHYSICIAN J-1 VISA WAIVER POLICY ACKNOWLEDGEMENT SIGNATURE CERTIFICATION SECTION

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

Printed Name of Applying Physician

Signature of Applying Physician

Date

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

(Signature Notary Public)



MISSISSIPPI ARC J-1 VISA WAIVER PROGRAM APPLICATION
Section N – ARC J-1 Visa Waiver 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 me. 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 my 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, I will agree to pay to, proposed employer, the sum of \$250,000.00 for failure to fulfill my minimum three-year contract. In addition to liquidated damages, _____, proposed employer will recover from 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