



MISSISSIPPI STATE DEPARTMENT OF HEALTH

TO: Prospective Conrad State 30 J-1 Visa Waiver Physician Employers/Sponsors

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

RE: Mississippi Conrad State 30 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 Conrad State 30 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 Conrad State 30 J-1 Visa Waiver Program Application for placement of a foreign-trained J-1 Visa physician. Attached please find the Mississippi Conrad State 30 J-1 Visa Waiver Program Application, Addendum for Specialists, and Guidelines.

THE FOLLOWING IS IMPORTANT INFORMATION PERTAINING TO THE MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER APPLICATION PROCESS:

- Health care facilities/sites interested in employing J-1 Visa Waiver physicians must submit the Mississippi Conrad State 30 J-1 Visa Waiver Program Application.
- The Site Predetermination Application (*Sections A through M of the Conrad State 30 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 Conrad State 30 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 those counties which are a part of the Appalachian Regional Commission (ARC) are not eligible to recruit primary care J-1 Visa physicians through the Conrad State 30 J-1 Visa Waiver Program. Primary Care includes: family practice, general practice, general pediatrics, obstetrics, and general internal medicine. The ARC J-1 Visa Waiver Program must be used to request waivers for facilities located in those counties which are a part of the Appalachian Regional Commission (ARC) who are interested in primary care J-1 physicians. However, facilities located in ARC counties can recruit psychiatrists and specialist under this Conrad State 30 J-1 Visa Waiver Program.
- A non-refundable processing fee of \$1,500.00 is required to process a Mississippi Conrad State 30 J-1 Visa Waiver Application. A check or money order from the sponsoring facility should be payable to the Mississippi State Department of Health and submitted with the completed Conrad State 30 J-1 Visa Waiver Application. No complete Conrad State 30 J-1 Visa Waiver Application will be processed without payment of the processing fee.
- 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 CONRAD STATE 30 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 CONRAD STATE 30 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 M of the *Mississippi Conrad State 30 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*. 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 Conrad State 30 J-1 Visa Waiver Program Application* (Sections N through S). Physician information is the focus of the *Complete Mississippi Conrad State 30 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 CONRAD STATE 30 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)).



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
SITE PREDETERMINATION APPLICATION
SECTION B- 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 STATE DEPARTMENT OF HEALTH

**MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
SITE PREDETERMINATION APPLICATION
SECTION C- 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 Previous Calendar Year

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



**MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
SITE PREDETERMINATION APPLICATION
SECTION D- 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 CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
SITE PREDETERMINATION APPLICATION
SECTION E- Documentation**

Please label the section E 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. 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 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 to verify that other avenues, regionally and nationally, to secure a physician not bound by the 2-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.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
SITE PREDETERMINATION APPLICATION
SECTION F- Documentation for Placements in Non-HPSAs**

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

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



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
SITE PREDETERMINATION APPLICATION
SECTION G- Addendum for Specialist Applicants**

If this application is for placement of a specialist, label this section G and provide the following information listed below:

1. A brief description (not to exceed one paragraph) of some of the types of illnesses, diseases or health conditions treated by the specialty discipline.
2. Proof that the practice site is located in a Physician Scarcity Area (PSA) for specialist. If the practice site is not located in a PSA for specialist, provide the information requested in #3 below.
3. A brief description (not to exceed one paragraph) of the need related to this specialty discipline in the HPSA to be served. The information may include prevalence or incidence data, expected increases in diseases, illnesses and health conditions related to the specialty discipline, expected increases in patient volume, wait times for appointments, etc.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
SITE PREDETERMINATION APPLICATION
SECTION H- Legal Notice Publication Requirement**

Please label this section H 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 CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
SITE PREDETERMINATION APPLICATION
SECTION I- HIV and Tuberculosis Screening Requirement**

Label this Section I and provide the information requested below:

Pursuant to the MISSISSIPPI CONRAD STATE 30 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 CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
SITE PREDETERMINATION APPLICATION
SECTION J- 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
(this page must be notarized)**

Signature (Sponsoring Medical Facility Chief Executive Official)

Date

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____

Signature (Notary Public)



**MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
SITE PREDETERMINATION APPLICATION
SECTION K- 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 CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
SITE PREDETERMINATION APPLICATION
SECTION L- 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 CONRAD STATE 30 J-1 VISA WAIVER PROGRAM APPLICATION
Complete Application Information**

The following sections N through S constitute the *Complete Mississippi Conrad State 30 J-1 Visa Waiver Program Application*. Please submit one (1) original and two (2) copies of the information required by the *Complete Mississippi Conrad State 30 J-1 Visa Waiver Program Application*. 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 Conrad State 30 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 STATE DEPARTMENT OF HEALTH

MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
COMPLETE APPLICATION
SECTION N- 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 CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
COMPLETE APPLICATION
SECTION O- 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 CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
COMPLETE APPLICATION
SECTION P- 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 full-time 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 (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 CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
COMPLETE APPLICATION
SECTION Q– 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 CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
COMPLETE APPLICATION
SECTION R- 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 Conrad State 30 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 Conrad State 30 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 CONRAD STATE 30 J-1 VISA WAIVER PROGRAM
COMPLETE APPLICATION
SECTION S- Application Exhibit Section**

Label this Section S 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.