



# Checklist for Applicants (Facilities or Institutions) Requesting a J-1 Visa Waiver for Clinical Care

## Required Documents for All Healthcare Facilities or Institutions (for the foreign residency requirement waiver)

- ▶ **HHS Form 426:** Application for waiver of the two-year foreign residence requirement
- ▶ **Submitter cover letter:** Identifying the submitting institution and contact
- ▶ **USCIS Form G-28 (if represented by counsel):** Notice of entry of appearance as attorney or accredited representative

## Additional Required Documents for Clinical Care Waiver (45 CFR 50.5)

- ▶ **Healthcare Facility letter on official letterhead:**
  - ◆ Signed and dated by the facility director
  - ◆ Must include: HPSA/MUA/MUP or FQHC identifier number(s) for the practice site(s)
  - ◆ Must include confirmation of required facility patient-access policies (ability to pay, Medicare/Medicaid/CHIP acceptance where applicable, sliding fee scale, usual/customary rates)
- ▶ **State health department acknowledgment/support letter** (or copy of request if pending)
- ▶ **Executed employment contract:**
  - ◆ Must be signed by facility head and physician, dated, and notarized
  - ◆ Must meet all required terms: Three-year term, 40 hours/week, start within three months of approval, eligible site(s) specified, termination only for cause, and *no non-compete/restrictive covenant*
- ▶ **Prevailing wage documentation**
- ▶ **Proof of healthcare facility existence** (e.g., articles of incorporation, business license, or equivalent)
- ▶ **Employer attestation** (separate document from facility letter):
  - ◆ Must include required DOS/22 CFR language
  - ◆ Must include site identifiers (HPSA or MUA/MUP/FQHC number, FIPS county code, census tract or 9-digit ZIP code)
- ▶ **Letter of Need** (U.S. Department of State requirement)

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- **Administrative documentation:** Copies of all Forms IAP-66 and/or DS-2019 and current visa status materials
- Any other relevant facts for consideration

## Application Requirements

- ✓ **Eligible institutions** (employers or health facilities) may apply.
- ✓ Submit all materials by email as **PDF files**.
- ✓ **Group attachments** as separate PDFs as noted in [the instructions](#) for submittal.
- ✓ All applications must include the **U. S. Department of State (Form DS-3035) case number and barcode** to be eligible for review.
- ✗ **Individuals may not submit** their own application.
- ✗ **Do not include social security numbers (SSNs)** or unnecessary sensitive data to minimize personally identifiable information (PII).

## Submit Your Application

Email completed applications as PDF files to [J1EVClinicalHealthCareWaivers@hhs.gov](mailto:J1EVClinicalHealthCareWaivers@hhs.gov).