



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 residence 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: Health Professional Shortage Area (HPSA) or Federally Qualified Health Center (FQHC) identifier number(s) for the practice site(s)
 - ◆ Must include confirmation of required facility patient-access policies (i.e., ability to pay, Medicare/Medicaid/CHIP acceptance where applicable, sliding fee scale, usual/customary rates)
 - ◆ Evidence of employer's regional and national recruitment efforts, including names of non-foreign physicians applying and/or interviewed and reasons why they were not hired
- **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 with a HPSA score of 7 or higher, 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; see 22 CFR 41.63(c)(4)(ii) for format / required information.)
 - ◆ Must include required DOS/22 CFR language
 - ◆ Must include site identifiers (HPSA or FQHC Identifier 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

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

Upload completed applications as PDF files to to the National Institutes of Health (NIH) Box.

For questions related to the submission of clinical care waiver requests, please reach out to J1PhysClinicalWaiver@hrsa.gov