



SOUTHEAST CRESCENT REGIONAL COMMISSION

J-1 Visa Waiver Program

Affidavit and Agreement

I, _____, being duly sworn, hereby request the Southeast Crescent Regional Commission (SCRC) to review my application for the purpose of recommending a 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 SCRC, the Federal Co-Chairwoman, any and all SCRC employees and representatives from any action or lack of action made in connection to this request.
2. I further understand and acknowledge that the entire basis for the consideration of my request is SCRC's desire to improve the availability of primary and specialty medical care in areas designated by the Secretary of the U.S. Department of Health and Human Services as a Health Professional Shortage Area (HPSA), Mental Health Professional Shortage Area (MHPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP) within SCRC's congressionally mandated footprint. I understand SCRC only provides J-1 visa waiver recommendations for physicians practicing at work sites located within SCRC's congressionally designated footprint, and I agree to practice therein. Furthermore, I understand the sponsorship of any waiver by Southeast Crescent Regional Commission is strictly voluntarily.
3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary or specialty medical care services to patients, including the indigent, for a minimum of forty (40) hours per week, or 160 hours per month, within a designated HPSA, MUA, MHPSA, or MUP located within SCRC's congressionally mandated footprint. Unless there are extenuating circumstances which SCRC approves, such service shall commence no later than 90 days after I receive approval by USCIS of my waiver request and shall continue for a minimum of three years or longer in accordance

with the employment contract.

4. I understand and acknowledge that SCRC does not provide letters of support or no objection for any instances of change in employment status. SCRC cannot and does not determine extenuating circumstances.
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 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.
7. I have read, signed, and fully understand the “Southeast Crescent Regional Commission J-1 Visa Waiver Program Guidelines”, a copy of which is attached to this request.
8. I expressly understand this waiver of my foreign residence requirement must ultimately be approved by the USCIS, and I agree to provide placement notification of the specific location and nature of my practice to SCRC when I commence rendering services within SCRC’s congressionally mandated footprint.
9. I declare and certify, under penalty of the provisions of 18 U.S.C. 1101, 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 SCRC to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.
10. I understand and acknowledge that if I willfully fail to comply with the terms of this “J-1 Visa Waiver Affidavit and Agreement,” SCRC’s Office of the Federal Co-Chairwoman will notify the USCIS that I am out of compliance. Additionally, any and all other measures available to the Office of the Federal Co-Chairwoman will be executed in the event of my non-compliance.

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

Physician's Signature: _____

Physician's Name: _____