



SOUTHEAST CRESCENT REGIONAL COMMISSION

J-1 Visa Waiver Program

Application Requirements

Each J-1 Visa waiver application packet must contain the items listed within the SCRC checklist.

If documentation required in the checklist is omitted or does not meet the Commission Program Guidelines, the application will be mailed back to the attorney and will be placed in the back of the current applications that are in the SCRC queue for review. The SCRC checklist should be completed and included in the J-1 visa waiver application to the Commission.

- Send **Packet 1** (*Items 1-27*) directly to Southeast Crescent Regional Commission.
Attach check to Packet 1
- Send **Packet 2** (*Items 1-27*) directly to 15 Lake Drive, Wilson, AR 72395
 - ATTN: Bevin Hunter, J-1 Visa Reviewer
 - Attach copy of check to packet 2
- Place the U.S. Department of State Case Number on all pages.
- Tab the application by the numbers listed below in the following order.

Please send the application processing fee (check or money order) of \$3,000.00, payable to Southeast Crescent Regional Commission, to:

Southeast Crescent Regional Commission
Attn: J-1 Visa Waiver Staff
1901 Assembly Street
Columbia, SC 29201

1. Form G-28 – Notice of Entry of Appearance as Attorney or Accredited Representative
2. Cover letter
The employer shall submit a cover letter with original signature, on the facility's letterhead. The cover letter should be addressed to the Southeast Crescent Regional Commission and state the facility is in a designated shortage area, provide the shortage area identifier number, and the Federal Information Processing Standards (FIPS) county code and census tract or block numbering area, and physical address for each worksite. The cover letter should also include patient data for the facility to include numbers and percentages of Medicaid, Medicare, and Uninsured patients served for the past three years. The cover letter should also outline details from the sponsor specifically outlining what services the physician will provide to the citizens in the facility's service area and how their training will impact the patients in this service area. Furthermore, this letter also must contain current patient to physician ratios in the practice area.
3. DS-3035 and Supplementary Applicant Information Pages
(2 copies of each) (Applicant must have Case Number prior to submitting application.)
4. Curriculum Vitae, including Social Security Number
5. Department of State Exchange Visitor Attestation Form
6. Copy of executed employment contract. The employment contract should include:
 - a. Name and address of each worksite
 - b. 3-year service term commitment
 - c. 40 hours per week or 160 hours per month of direct patient care
 - d. Base salary amount
 - e. No non-compete clause beyond the service term
 - f. Language regarding care to patients utilizing Medicare, Medicaid, and indigent patients
 - g. Employer and employee signature and date
7. Proof of current HPSA, MUA, MUP or MHPS
A designation for community by worksite address.
8. Readable copies of J-1's IAP-66/DS-2019 forms
(For entire period in J-1 Status; from entry to present.)
9. Copy of Form I-94

(Front and back)

10. Documentation of employer's regional and national recruitment efforts

Include a recruitment overview letter from the employer outlining the recruitment efforts and responses to advertisements placed for physicians. This letter should include recruitment duration dates, forms and kind of recruiting done, and responses received from those recruitment efforts.

As stated in the SCRC J-1 Visa Waiver Program Guidelines, advertisements should be conducted at three levels:

- a. in publications which are national in scope,

- b. in-state publications, and
- c. written notifications to the respective state's medical schools.

Documentation should include copies of advertisements for this job published in newspapers, journals, state medical schools, mail-outs, etc., and other supporting documentation which demonstrates good faith efforts in giving American physicians an opportunity to apply.

Examples of out-of-state publications which are acceptable include newspapers with national circulation (such as the USA Today or The Wall Street Journal) or medical journals (such as JAMA or the New England Journal of Medicine).

Examples of in-state publications which are acceptable include newspapers with major in-state circulation (such as *CHARLESTON POST & COURIER*, *The Miami Herald*, or *ATLANTA JOURNAL-CONSTITUTION*) publications which are circulated in the practice area such as local newspapers/magazines, or in-state medical journal or publications.

11. Letter of Opinion from Legal Representation

The attorney submitting the J-1 Visa waiver application should submit a letter of opinion to the Southeast Crescent Regional Commission simply stating that to the best of their knowledge the information in the application is truthful, and that he / she believes the applicant is eligible for the J-1 visa waiver and an ensuing H-1B visa. The letter shall further state that to the best of their knowledge the facility in the application has followed all rules and regulations outlined by the Southeast Crescent Regional Commission policy to request a J-1 Visa Waiver for a physician the facility wishes to employ.

12. SCRC's J-1 Policy Guidelines

(Signed and dated by employer and physician;)

13. J-1 Affidavit and Agreement

(Signed by the physician. Include all Pages of Document)

14. Proof of Prevailing Wage Data

(From the U.S. Department of Labor indicating the Level I and Level II wage for the position in the practice area.)

15. Letters of community support (For Primary Care Physicians Only)

The application must include at least three letters of support. A minimum of two letters must be provided by practicing physicians in the area who are permanent residents or U.S. citizens and are not affiliated with the sponsor or worksite. The other letter(s) may come from community leaders or local elected officials. Letters shall be addressed to the Federal Co-Chairwoman of the Southeast Crescent Regional Commission. No form letters.

16. Letters of recommendation

Letters may come from those who know the J-1 physician's qualifications, such as medical directors who oversaw the physician's residency training. Letters shall be addressed to the Federal Co-Chairwoman of the Southeast Crescent Regional Commission. No form letters.

17. Copies of physician's diplomas, licenses, board certifications, USMLE scores, etc.

18. Current proof of existence for each facility

(Facilities must provide proof of existence such as business license, occupancy permit, phonebook listing, or website information.)

19. Copy of facility's posted public notice of sliding fee payment arrangement.

20. List of all physicians in the county serving in the same capacity as the J-1 visa waiver applicant.

21. Copy of complete passport

(Including all blank pages)

22. Physician Statement

A personal statement from the physician stating the reasons for not wishing to fulfill the two-year country residence requirement to which the physician agreed to at the time of accepting the exchange visitor status. The statement should further include the physician's reasons for practicing in this particular field of medicine, how their expertise could impact the patients in the locality, and the reasons for accepting the employment contract with the facility in the application.

If the physician is requesting a waiver to practice specialty medicine, the following information (items 23-27) must be provided in addition to items 1-22.

23. Sponsor's Letter

A letter from the sponsor outlining the reasons a physician or an additional physician with this particular specialty is needed in this area. The letter shall also contain information concerning the impact of this service not being adequately available to the area, the closest location where this specialty is available if not in this area, whether public transportation is available, and evidence that a physician of this specialty would be viable in the service area.

24. Service Area Description

A description of the service area demographics and any other information the Commission may use to determine exceptional need for the specialty. Reliable service area descriptions include information from community assessment surveys, the U.S. Census Bureau, and other reputable agencies. Wikipedia is not considered a reliable source.

25. Chief Medical Officer Letter of Support

A letter of support from the Chief Medical Officer of the facility to which the J-1 Physician would provide services to patients speaking to the need for this specialty.

26. Letters of Support

The application must include at least three letters of support. At least two (2) letters of support from representatives of primary care centers and primary care physician practices (not affiliated with the sponsor or the worksite) in the area speaking to the need for this specialty. The other letter may come from community leaders or local elected officials. No form letters.

27. Additional Information to Support Specialty Waiver Request

Any additional evidence that would tend to show the shortage and need for the specialist, such as letters of support from other physicians of the same specialty or local health officers in the service area.

Application Timeline

- Applicants must submit **Packet 1 (Items 1-27)** and **Packet 2 (Items 1-27)** to the Southeast Crescent Regional Commission.
- The Commission will make a recommendation on the J-1 Visa Waiver application within 60 days of the receipt of a complete application. If approved, the Commission will forward the application to the U.S. Department of State. The time period may be extended to allow for additional investigation.
- SCRC does expedite the review of applications for an additional fee.



U.S. Department of State Exchange Visitor Attestation

I, _____, hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not now have pending, nor am I submitting during the pendency of this request, another request to any U.S. Government department or agency or any other State Department of Public Health, or any equivalent, other than the Southeast Crescent Regional Commission, to act on my behalf in any matter relating to a waiver of my two-year home-country physical-presence requirement.

Signature

Date