



J-1 Visa Waiver Application Checklist

Name of reviewer:		Physician's name:	
Date received:		DOS case number:	
Review process start date:		DOB:	
Copy of check:		Country of origin:	
Date sent to DOS:		Specialty:	
Tracking number:		Current address:	
Copy of SCRC's letter:			
Copy of shipping receipt:		Phone number:	
Sent attorney SCRC letter:		Email:	
Recorded in database:		HPSA number:	
Reviewer notes:		MUA number:	
		Term:	
		Work site:	
		*Provide additional worksites with HPSA/MUA number(s) on separate page.	
		County:	
Attorney:		Employer name:	
Firm name:		Employer contact name:	

Attorney address:		Employer address:	
Attorney phone number:		Employer phone number:	
Attorney fax number:		Employer fax number:	
Attorney email:		Employer email:	

J-1 Visa Waiver Application Checklist

Two packets are required for submission to the U.S. Department of State and to the Southeast Crescent Regional Commission.

Please e-mail application to j1visa@scrc.gov. Paper applications will not be accepted. Check should be mailed to the SCRC office.

Checklist For SCRC use only.	Item #	Required Documentation/Information	Attorney Checklist
		Packet #1	
<input type="checkbox"/>	1	IGA Letter of Support - <i>SCRC to complete</i>	
<input type="checkbox"/>	2	Cover letter from employer/facility	<input type="checkbox"/>
<input type="checkbox"/>		NIW support?	<input type="checkbox"/>
<input type="checkbox"/>		HPSA number:	<input type="checkbox"/>
<input type="checkbox"/>		MUA number:	<input type="checkbox"/>
<input type="checkbox"/>		FIPS number:	<input type="checkbox"/>
<input type="checkbox"/>		Physician information	<input type="checkbox"/>
<input type="checkbox"/>		Medicare/Medicaid/Indigent pop. (3-year data)	<input type="checkbox"/>
<input type="checkbox"/>		Patient-to-Physician ratio:	<input type="checkbox"/>
<input type="checkbox"/>	3	Proof of HPSA/MUA status	<input type="checkbox"/>
<input type="checkbox"/>	4	Copy of executed contract	<input type="checkbox"/>
<input type="checkbox"/>		Signed/Dated by physician and employer	<input type="checkbox"/>
<input type="checkbox"/>		3-year service? 5-year service (NIW)?	<input type="checkbox"/>
<input type="checkbox"/>		No non-compete clause beyond the three-year commitment	<input type="checkbox"/>
<input type="checkbox"/>		160 hours/month of primary/specialty medical care	<input type="checkbox"/>

<input type="checkbox"/>		Statement of service to Medicare/Medicaid/Indigent population	<input type="checkbox"/>
<input type="checkbox"/>		Base Salary – Fair Wages	<input type="checkbox"/>
<input type="checkbox"/>		Name and address of each facility	<input type="checkbox"/>
<input type="checkbox"/>	5	IAP-66/DS-2019	<input type="checkbox"/>
<input type="checkbox"/>		Copy of I-94	<input type="checkbox"/>
<input type="checkbox"/>	6	Curriculum Vitae with social security number	<input type="checkbox"/>
<input type="checkbox"/>	7	Exchange Visitor Attestation/Foreign Medical Graduate Statement	<input type="checkbox"/>
<input type="checkbox"/>	8	Form G-28/Letter of Representations	<input type="checkbox"/>
<input type="checkbox"/>	9	Recruiting documentation	<input type="checkbox"/>
<input type="checkbox"/>		Recruitment overview sheet	<input type="checkbox"/>
<input type="checkbox"/>		National/State/State Medical Schools/Other	<input type="checkbox"/>
<input type="checkbox"/>		45-day minimum recruitment period	<input type="checkbox"/>
<input type="checkbox"/>	10	DS-3035 and Supplementary Applicant Information Pages	<input type="checkbox"/>
<input type="checkbox"/>	11	Statement of Reason	<input type="checkbox"/>
		Personal/professional reasonings, choice in employer/what the employer and site have to offer, dedication to underserved communities and patients	
<input type="checkbox"/>	12	Third Party Barcode Page	<input type="checkbox"/>
<input type="checkbox"/>	13	Waiver Division Barcode Page	<input type="checkbox"/>
<input type="checkbox"/>		Packet #2	<input type="checkbox"/>
<input type="checkbox"/>		SCRC J-1 program guidelines	<input type="checkbox"/>
<input type="checkbox"/>		SCRC affidavit and agreement	<input type="checkbox"/>
<input type="checkbox"/>		Copy of check/shipping receipt	<input type="checkbox"/>

ADDITIONAL WORKSITES

Name: _____
Street: _____
City: _____ State: _____ Zip Code: _____
County: _____
HPSA : _____ MUA : _____

Name: _____
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City: _____ State: _____ Zip Code: _____
County: _____
HPSA : _____ MUA : _____

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City: _____ State: _____ Zip Code: _____
County: _____
HPSA : _____ MUA : _____

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City: _____ State: _____ Zip Code: _____
County: _____
HPSA : _____ MUA : _____