



J-1 Visa Waiver Program Compliance Guidelines

The Southeast Crescent Regional Commission will administer compliance of the J-1 Visa Waiver Program in three steps:

1. The administrator of the facility and the physician will sign and return the “Physician Employment Verification Form”, within the first week that the physician begins work. Include copies of documentation that physician is in H-1B status including approval notices from USCIS, the physician's I-94 forms and a copy of the H-1B visa stamp from the physician's passport if the physician has already been granted an H-1B visa. If the physician was not licensed in the state of practice at the time the application for the waiver was submitted, a copy of the physician’s state medical license must be included with this form.
2. Compliance Surveys are due on June 15th (covering the period from December 1-May 31) and December 15th (covering the period from June 1-November 31) of each year. The surveys will be completed and returned separately to the Commission by both the J-1 physician and the administrator of the facility. The surveys are not identical and will ask confidential questions to both the J-1 physician and the administrator. This survey also requests the number of Medicare, Medicaid, and indigent patients that the facility and the physician has treated in that six-month period, and whether both parties have otherwise complied with the terms of the SCRC J-1 Visa Waiver Program.

The SCRC has established formal deadlines for these surveys. Both surveys should be returned to the SCRC within 15 business days from the due date. If both surveys are not returned within the initial 15 business days, the SCRC will notify the employer that the survey(s) should be returned within an extension period of 15 business days. If the surveys are not returned within the extension period and if the employer has made no effort or attempt to comply with SCRC Compliance Guidelines, SCRC will notify the appropriate agencies that compliance efforts were unsuccessful and recommend the taking of appropriate enforcement actions.

3. The SCRC or an agent representing the SCRC will conduct unannounced site visits at random during the three-year employment period. If the physician or employer is found to be out of compliance, the SCRC will immediately notify the appropriate agencies and recommend the taking of appropriate enforcement actions.



J-1 Visa Waiver Program

Physician Employment Verification Form

- ▶ This form is not to be submitted with the waiver application but is to be completed and mailed to the SCRC within the physician's first week of practice.
- ▶ Include copies of the physician's state medical license with this form if they were not included / available at the time the J-1 Waiver Application was submitted. Also include copies of I-94 renewals and approval notices with this document.
- ▶ If the physician will be providing services for the employer at different sites than the office site listed below, please provide those addresses on a separate page and attach to this form.

PHYSICIAN:

Name: (print or type) _____

Employment Start Date: _____ Specialty: _____

I-612 Approval Date: _____ H-1(b) Approval Date: _____

Address: Home: _____ Office: _____
Street Street

City/State/Zip City/State/Zip

Home Phone Work Phone

Physician's E-mail Address: _____

I hereby certify that I, the undersigned, do provide primary health care services at the above stated address for a minimum of 40 hours per week or 160 hours per month.

Physician's Signature _____ Date: _____

EMPLOYER:

Name of Employer: _____

Address: _____ City/State/Zip: _____

County: _____

Type of Medical Practice: _____
(*Example: General Practice, Family Medicine, Pediatrics, etc.*)

Point of Contact Name: _____

Phone Number: _____ Email: _____

I do hereby certify that Doctor _____ is
employed by _____ and
provides 40 hours of direct patient care per week, or 160 hours per month, at the above stated
address.

Employer's Signature

Employer's Printed Name

Date