



SOUTHEAST CRESCENT REGIONAL COMMISSION

Crescent Care 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:	

Crescent Care 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.

Packet 1: Must contain Items 1 through 27.

Packet 2: Must contain Items 1 through 27.

Checklist For SCRC use only.	Item #	Required Documentation/Information	Attorney Checklist
<input type="checkbox"/>	1	Form G-28 – Notice of Entry of Appearance as Attorney or Accredited Representative	<input type="checkbox"/>
<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	DS-3035 and Supplementary Applicant Information Pages	<input type="checkbox"/>
<input type="checkbox"/>		Statement of Reason?	<input type="checkbox"/>
<input type="checkbox"/>		Third Party Barcode?	<input type="checkbox"/>
<input type="checkbox"/>		Waiver Division Barcode?	<input type="checkbox"/>
<input type="checkbox"/>		Case number verified?	<input type="checkbox"/>
<input type="checkbox"/>		2 copies?	<input type="checkbox"/>
<input type="checkbox"/>	4	CV with social security number	<input type="checkbox"/>

<input type="checkbox"/>	5	DOS exchange visitor attestation form	<input type="checkbox"/>
<input type="checkbox"/>		Signed/Dated by physician;	<input type="checkbox"/>
<input type="checkbox"/>	6	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	<input type="checkbox"/>
<input type="checkbox"/>		160 hours/month of primary/specialty medical care	<input type="checkbox"/>
<input type="checkbox"/>		Service to Medicare/Medicaid/Indigent population	<input type="checkbox"/>
<input type="checkbox"/>		Base salary:	<input type="checkbox"/>
<input type="checkbox"/>		Name and address of each facility:	<input type="checkbox"/>
<input type="checkbox"/>	7	Proof of HPSA/MUA status	<input type="checkbox"/>
<input type="checkbox"/>		Status verified?	<input type="checkbox"/>
<input type="checkbox"/>	8	IAP-66/DS-2019	<input type="checkbox"/>
<input type="checkbox"/>		Verify from entry to present	<input type="checkbox"/>
<input type="checkbox"/>	9	Copy of I-94	<input type="checkbox"/>
<input type="checkbox"/>	10	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"/>	11	Letter of opinion from legal representation	<input type="checkbox"/>
<input type="checkbox"/>		Requesting NIW?	<input type="checkbox"/>
<input type="checkbox"/>	12	SCRC J-1 program guidelines	<input type="checkbox"/>
<input type="checkbox"/>		Signed/Dated by physician and employer	<input type="checkbox"/>
<input type="checkbox"/>	13	SCRC affidavit and agreement	<input type="checkbox"/>

<input type="checkbox"/>		Signed/Dated by physician;	<input type="checkbox"/>
<input type="checkbox"/>		All pages included?	<input type="checkbox"/>
<input type="checkbox"/>	14	Proof of prevailing wage data	<input type="checkbox"/>
<input type="checkbox"/>		Level I:	<input type="checkbox"/>
<input type="checkbox"/>		Level II:	<input type="checkbox"/>
<input type="checkbox"/>	15	Letters of community support	<input type="checkbox"/>
<input type="checkbox"/>		Two (2) local elected officials	<input type="checkbox"/>
<input type="checkbox"/>	16	Letters of recommendation	<input type="checkbox"/>
<input type="checkbox"/>	17	Copy of diploma(s), board certification(s), USLME scores, etc..	<input type="checkbox"/>
<input type="checkbox"/>		State medical license or application for license	<input type="checkbox"/>
<input type="checkbox"/>	18	Proof of existence for each facility	<input type="checkbox"/>
<input type="checkbox"/>	19	Copy of posted public notice of sliding fee payment for each facility	<input type="checkbox"/>
<input type="checkbox"/>	20	List of primary care or specialty physicians in county	<input type="checkbox"/>
<input type="checkbox"/>	21	Passport(s)	<input type="checkbox"/>
<input type="checkbox"/>	22	Physician statement	<input type="checkbox"/>
<input type="checkbox"/>		NIW statement (if applicable)	<input type="checkbox"/>
<i>If applicable (i.e. specialty physician):</i>			
<input type="checkbox"/>	23	Sponsor's letter	<input type="checkbox"/>
<input type="checkbox"/>	24	Service area description	<input type="checkbox"/>
<input type="checkbox"/>	25	Letter of support – chief medical officer	<input type="checkbox"/>

<input type="checkbox"/>	26	Letters of support – Two (2) local elected official	<input type="checkbox"/>
<input type="checkbox"/>	27	Optional: Additional information to support specialty waiver	<input type="checkbox"/>

Summary of Reviewer's Findings: