

J-1 WAIVER PROGRAM CHECKLIST

- DS-3035 Review Application Form, Data Sheet (current edition) (2 copies).
- A letter from the head of the organization that wishes to hire the J-1 physician (Original and 1 copy).
- Signed valid contract of full time employment from the time BCIS grants a waiver of the two-year home-country residency requirement (2 copies).
- Evidence that the facility is in a federally designated Health Professional Shortage Area (HPSA) or in a Medically Underserved Area (MUA) or that serves a Medically Underserved Population (MUP) (2 copies).
- Legible copies of the physician's IAP-66/DS-2019 forms, covering every period the physician was in J-1 status. IAP-66/DS-2019 forms must be submitted in chronological order (2 copies of each item).
- Curriculum Vitae (2 copies).
- Form G-28 or letter from law office (2 copies).
- Description of the J-1 physician's proposed responsibilities and schedule (hours per day and days per week). Provide a statement of how the J-1 physician's employment will satisfy important unmet needs, including the health care needs of the specific community and preventive programs the physician will initiate or continue that address health problems prevalent in the specific community, etc. If the provider will work in multiple sites, please describe the proposed responsibilities and schedule at each site (1 copy).
- Documentation demonstrating unsuccessful recruitment efforts at least 6 months prior to submitting the application and a written description of these efforts. (1 copy of each item)
- Physician Application (1 original).
- Service Site Application – one for each service site (1 original).
- Sliding Discount-to Fee Schedule and policy/procedure (1 copy).
- Three letters of community support on appropriate letterhead (1 original for each letter).
- Copy of the physician's license or license application (1 copy).

APPLICATION REVIEW CHECKLIST (**FOR ADHS USE ONLY**)

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| <input type="checkbox"/> Administrative review completed | Date _____ |
| <input type="checkbox"/> Case number on all pages | Date _____ |
| <input type="checkbox"/> Need letter/e-mail sent | Date _____ |
| <input type="checkbox"/> Approval review/score | Date _____ |