



Minnesota J-1 Visa Waiver Program

APPLICATION GUIDANCE 2024

Minnesota Department of Health

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Application Guidance Part 1: Overview

1.1 General Information

- **Announcement Title:** Minnesota J-1 Visa Waiver Program
- **Minnesota Department of Health (MDH) Program Website:**
<https://www.health.state.mn.us/facilities/ruralhealth/j1/index.html>
- **Application Deadline: October 18, 2024**

1.2 Program Description

The Minnesota Department of Health (MDH) is committed to improving access to health care in underserved areas of the state. The Minnesota J-1 Visa Waiver Program, administered by the Office of Rural Health and Primary Care (ORHPC), is one strategy to address the shortage of physicians in rural and underserved urban areas. Due to the difficulties some areas experience recruiting and retaining physicians, many communities turn to international medical graduates (IMGs) and J-1 visa waivers to fill their physician vacancies.

The program, sometimes called the Conrad 30 Waiver Program, was created by federal legislation in 1994. The program is intended to help communities recognized as federal shortage areas hire J-1 IMGs where recruitment of U.S.-trained physicians has been unsuccessful. J-1 IMGs may apply to the U.S. Department of State (DOS) requesting a waiver of the J-1 visa requirement to return to the IMG's home country for two years upon completion of the J-1 exchange visitor program. The waiver allows an IMG to remain in the U.S. to practice medicine in designated service areas.

Any application to the DOS for a J-1 visa waiver must be accompanied by a recommendation from the government of the state where the IMG will practice, confirming that the applicant fills a community need for services. The Minnesota J-1 Visa Waiver Program allows IMGs and their sponsoring employer to seek a recommendation from MDH. As defined by the J-1 Visa Waiver Program guidelines, the employer of the IMG submits their application materials to MDH for review. These applications are reviewed and evaluated by a committee of reviewers. Based on the evaluation results, MDH provides a list of recommendations to the DOS.

1.3 Application Slots and Timeline

Through the J-1 Visa Waiver Program, MDH can recommend up to 30 waivers for physicians living and working in Minnesota. Generally, MDH receives more applications than it can recommend, and recommendations are allocated through a competitive process.

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Types of Waiver Recommendations	Number
<i>J-1 Visa Waiver:</i> Practice site is located in an area designated by the U.S. Health Resources and Services Administration as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP).	20-30
<i>Flex Waiver:</i> Practice site is not located in a designated HPSA, MUA, or MUP, but the facility serves a significant proportion of patients who reside in a HPSA, MUA, or MUP.	Cannot exceed 10
Total Waiver Recommendations	30

Timeline

- **Application Process Opens:** August 12, 2024
- **Application Deadline:** October 18, 2024 at 4:30 pm Central Time. MDH will not review applications received after October 18, unless fewer than 30 applications have been received (see note below).
- **Decision Date/Announcements:** MDH anticipates that J-1 visa waiver recommendations will be completed and announced to applicants by early January 2025.

Note: MDH historically receives more applications than it can recommend. MDH ORHPC will announce in early November whether 30 complete, eligible applications have been received. If 30 complete applications have not been received by the deadline, applications will be received on a first-come, first-served basis, until 30 complete applications have been received.

1.4 Eligible Applicants

The request to MDH for a waiver recommendation must come from the sponsoring U.S. health care facility registered to do business in Minnesota, on behalf of a J-1 physician. Please note that the application cannot come directly from a J-1 physician or physician's representative.

For the facility to seek a waiver recommendation from MDH on behalf of the physician, the following eligibility requirements must be met:

- The physician must have an active case number assigned by the U.S. Department of State (DOS) for their J-1 visa waiver request.
- The physician must have been admitted to the United States under section 101(a)(15)(J) of the Immigration and Nationality Act (INA) to receive graduate medical training and must hold a visa that is current.
- The physician must have a full-time employment contract to practice medicine in H-1B nonimmigrant status at a health care facility located in an area designated by the U.S. Department of Health and Human Services as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP), or primarily serving patients who reside in a HPSA, MUA, or MUP. The employment contract

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must include the provisions that the physician agrees to work at the health care facility for at least three years and at least 40 hours per week.

- The physician must have obtained a “no objection” statement in writing from their home country if they are contractually obligated to return to their home country upon completion of the exchange program, or the physician must provide a notarized statement attesting that they have no contractual obligation to return to their home country.
- The physician must agree to begin employment at the health care facility specified in the waiver application within 90 days of receipt of the waiver, not the date their J-1 visa expires.

1.5 Questions and Answers

All questions regarding the application process must be submitted by email to MN_Health.J1NHW@state.mn.us. All answers will be posted within five business days at <https://www.health.state.mn.us/facilities/ruralhealth/j1/index.html>.

Questions must be submitted no later than 4:30 p.m. Central Time on October 4, 2024.

To ensure the proper and fair evaluation of all applications, other communications regarding this application guidance, including telephone, written, or internet, initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

Application Guidance Part 2: Program Details

2.1 Priorities

MDH ORHPC is committed to improving access to health care in underserved areas of the state. The Minnesota J-1 Visa Waiver Program upholds that commitment by addressing the shortage of physicians in rural and underserved urban areas. A J-1 visa waiver waives the two-year home residency requirement and allows a physician to stay in the U.S. to practice. To receive the waiver, a physician must be sponsored by a health care facility located in a federally designated shortage area or primarily serving patients who reside in a shortage area.

2.2 Federal Shortage Designation Areas

Shortage designation identifies an area, population, or facility experiencing a shortage of health care services. There are several types of shortage designations. The criteria for designations are determined by the U.S. Health Resources and Services Administration (HRSA). To determine whether a health care facility is in a designated shortage area, visit the HRSA website and use the searchable database: [Find Shortage Areas \(hrsa.gov\)](https://www.hrsa.gov/shortage).

A brief explanation of the different designation types is provided:

- **Health Professional Shortage Area (HPSA):** A HPSA is a geographic area, population group, or health care facility that has been designated by HRSA as having a shortage of health professionals.
- **Medically Underserved Area (MUA):** MUAs have a shortage of primary care health services within a geographic area, such as a county, a group of neighboring counties, or a group of urban census tracts.
- **Medically Underserved Population (MUP):** MUPs have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to health care. Some examples include:
 - People experiencing homelessness
 - People who are low-income
 - People who are eligible for Medicaid
 - Native Americans
 - Migrant farm workers

Additional information and guidelines for understanding the shortage designation can be found on the HRSA website: [What is Shortage Designation? | Bureau of Health Workforce \(hrsa.gov\)](https://www.hrsa.gov/shortage).

2.3 Obtaining a J-1 Visa Waiver Application Case Number

To be eligible to apply to the Minnesota J-1 Visa Waiver Program, the applicant must have an active J-1 Visa Waiver case number with the DOS. This application process is not managed by MDH; applicants must initiate the process directly with the DOS. See the DOS website for more

information: <https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor.html>.

MDH advises starting the DOS application process well in advance. This process can take time, and applications to MDH without this number will not be reviewed.

2.4 Flex Waiver

In order for a physician to qualify for a J-1 visa waiver, the sponsoring health care facility must be located in a federally designated shortage area (HPSA, MUA, MUP). Up to 10 of the state's 30 waiver slots each year may be used for practice locations outside of designated shortage areas, when the facility can demonstrate that it serves a significant proportion of patients who live in shortage areas. These waivers are generally referred to as "flex" waivers.

In addition to all other documentation required for a J-1 visa waiver, an application for a flex waiver must include documentation that the facility where the physician will practice, and specifically the specialty in which the physician will practice, serves a significant proportion of patients who live in designated shortage areas. Documentation should include the number and percentage of patients served by the facility, and specifically the physician's specialty, who reside in a HPSA, MUA or MUP.

2.5 Terms and Definitions

Employer

All applications must be submitted by the employer. For the purposes of these waiver guidelines, an employer is an entity listed as the legal employer in the employment contract, or an entity that contracts with a multi-specialty physician practice to provide physician staffing. If the employer is a health system, the department or health care facility within the organization in which the physician physically works is the facility practice site. Each submitted application must be for the employment of only one physician. If the employer is submitting more than one application, each application must be submitted separately.

U.S. Health Care Facility Practice Site

The physical facility where the physician works is the physician practice site. This may be different from the employer's principal business location, and it must represent where the employee is providing direct service to the patient community. Application information on shortage designation areas, sliding fee scale and charity policy, and data on patients served must be specific to the practice site and program, not the entire employer organization or health system.

2.6 Review and Selection Process

Review Process

Recommendations will be allocated through a competitive process. Applications will be initially reviewed by MDH staff for eligibility and completeness. Applications that meet the minimum requirements will be forwarded to a review committee for selection of up to 30 applications that best meet the needs of the state. The review will be competitive based on a comparison of all qualified applications submitted before the application deadline.

Only 30 waivers can be granted per state per federal fiscal year. A J-1 visa waiver will not be recommended by the state until the application has been reviewed and selected by the review committee. Up to 30 selected applications will be submitted to the U. S. Department of State for subsequent federal review.

MDH will review all committee recommendations and is responsible for recommendation decisions. **The recommendation decisions of MDH are final and not subject to appeal.** Additionally:

- MDH's participation in the J-1 Visa Waiver Program is completely discretionary and voluntary and may be modified or discontinued at any time.
- The submission of a complete waiver package to MDH does not ensure that MDH will recommend a waiver. In all instances MDH reserves the right to recommend or decline any request for a waiver.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this application guidance. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

The review committee will review each application to confirm that it meets eligibility requirements and determine whether the sponsoring health care facility is located in a federally designated shortage area (HPSA, MUA, MUP). The committee will also assess whether applications for a flex waiver meet the requirement of serving a significant proportion of patients who live in designated shortage areas.

If the number of eligible applications exceeds the number of available slots (20-30 for standard J-1 visa waivers and up to 10 for flex waivers), the criteria below will be considered when making recommendations to the DOS.

Criteria for prioritizing eligible applications:

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- Primary care physicians. This includes Family Medicine, General Internal Medicine, General Surgery, Geriatrics, Obstetrics and Gynecology, Pediatrics, and Psychiatry.
- Physician specialties in which there is a high need and a shortage of physicians to serve the population.
- Physician practice site outside the 7-county Twin Cities metropolitan area.
- Physician's demonstrated skill and experience in working with culturally and linguistically diverse patients.
- Physician's understanding of the community in which they will work and other factors that demonstrate likely retention.

Notification

MDH anticipates notifying all applicants of funding decisions via Foundant, the online portal, by early January 2025.

Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications **MUST** be received by MDH via the online portal no later than **4:30 p.m. Central Time on October 18, 2024.**

Late applications will not be accepted. It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer, or technology problems.

3.2 Application Submission Details

All application materials must be submitted via the ORHPC online application portal (see below). Note that **MDH no longer requires a paper copy of the application and will not review hard copies of application materials mailed to MDH.** MDH will print materials from the online portal when submitting recommendations to the U.S. Department of State.

Applicants must submit all the J-1 visa waiver required application elements via the portal, scanning and uploading documents to the online system as necessary. Incomplete applications will be rejected and not evaluated.

All documents submitted via the portal must contain the case number assigned by the U.S. Department of State. Please locate this number in an easily identifiable area. **The case number must be present on every page of every document.**

Online Portal

ORHPC requires application submissions to be made through an online [Application Portal](#). Access the [ORHPC Grantee Guide](#) for instructions on how to use the online application portal.

If your organization has submitted an application to ORHPC through the portal, and you already have a user account, please enter your credentials and log in. If you forgot your password, please use the "Forgot Your Password?" link to reset your password. If your organization is registered in the system, but you do not yet have a user account, please contact MN_health.J1NHW@state.mn.us to receive a username and password.

If your organization does not already have a profile in the system, you will need to create an account. Please click on "Create New Account" to complete the registration process and create your login credentials.

The organization profile will be created under the name of the **employer organization**, and the application must be initiated by the employer. To add collaborators, such as a law firm, to the

application, follow the instructions provided in the [ORHPC Grantee Guide](#). The portal is the main method of communication from MDH to the applicant. It is advisable to add all collaborators to get timely application updates.

Once in the system, click on the “Apply” link located on the upper tool bar on the home page. You will be redirected to a list of open applications in the system; select the appropriate program and click “Apply.”

If you have questions after reading the guide, please contact Siham Abdellah at 651-201-3634 or MN_health.J1NHW@state.mn.us.

3.3 Application Instructions

The online portal has multiple sections of the application. Each section must be fully completed for the application to be considered.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this application guidance, as such materials will not be considered or evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation. The submission of inaccurate or misleading information may be grounds for disqualification from the program, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in submitting an application will be borne by the applicant.

Section 1: Project Name

Section 1 of the application is the Project Name. This section identifies the J-1 visa waiver applicant.

The project name should follow this convention: Physician’s first, middle, and last name / Name of Employer / Priority preference #.

If the employer is submitting more than one application for consideration, the employer may choose to prioritize applications. For example, “3 of 20” indicates that this application is the employer’s third-highest priority out of 20 applications. The employer’s priority will be considered in the application process but will not supersede the program priorities or competitive review process.

Section 2: Physician Information

Section 2 of the application collects basic information about the J-1 visa waiver applicant, including:

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- Full legal name (first, middle, last)
- Date of birth
- Sex or Gender
- City and Country of birth
- Country of citizenship
- Specialty
- Email address
- Type of waiver sought (regular or flex)
- DOS case number
- Visa status; and
- Board certification or eligibility to practice medicine in Minnesota; if licensure is pending, provide USMLE and ECFMG documentation

Section 3: Legal Counsel

Section 3 of the application collects basic information about the legal counsel representing the applicant, including:

- Legal counsel law firm name, address, and phone number; and
- Legal counsel primary contact name and email.

Section 4: Employer and Health Care Facility Practice Site

In Section 4, the applicant will identify the employer and the location of the applicant's practice site facilities.

- The employer information should align with the legal employer of the physician.
- The practice site should be the address where the physician will work. If the legal employer and the practice site are the same, the applicant will fill in the same information for employer and practice site #1.
- If the employer or practice site uses a business name in the community other than the legal name, provide this name under assumed name (DBA).
- There is space to indicate up to four practice sites. If this physician practices at more than four locations, please identify the top four practice sites.
- The online application form requires users to enter in HPSA and MUA/P IDs for the practice sites. If there is not an assigned HPSA or MUA/P ID number, enter "N/A" into those fields.

Section 5: Required Attachments

Scan and upload the following required attachments. Each element must be uploaded as separate file, corresponding to the section number listed below.

1. Summary of Situation: A letter from the head of the health care facility at which the physician will be employed that:

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- Requests that the Minnesota Department of Health act as an interested government agency and recommend a J-1 visa waiver for the physician;
 - Summarizes how the health care facility has attempted to recruit qualified U.S. physicians;
 - Describes the physician's qualifications and proposed responsibilities and how their employment will satisfy important unmet health care needs of a medically underserved community; and
 - States unequivocally that the facility is offering the physician at least three years of employment in a job that will improve access to health care for underserved Minnesotans.
2. Shortage Designation: Provide documentation that the physician's practice sites are in a HPSA, MUA or MUP. Search for shortage designation areas at <https://data.hrsa.gov/tools/shortage-area>.
- Regular J-1 visa waiver request: All practice site locations must be in a HPSA/MUA/MUP designated area. Application should contain documentation for all site locations to demonstrate that they meet the shortage designation requirement.
 - Flex request: Practice sites that are not located in a HPSA/MUA/MUP designated area will need to provide documentation that the sites, and specifically the specialty in which the physician will practice, serve a significant proportion of patients who reside in a HPSA, MUA, or MUP. Documentation should include the number and percentage of patients served by the facility, and specifically the physician's specialty, who reside in a HPSA, MUA or MUP.
3. Employment Contract:
- The application must demonstrate a bona fide offer and acceptance of a full-time employment contract to practice medicine in H-1B nonimmigrant status at a health facility. Submit a copy of the complete contract. The physician must agree to begin employment at the health care facility specified in the waiver application within 90 days of receipt of the waiver.
 - The offer must contain a provision, and the physician must agree, to practice primary or specialty care medicine at the health care facility for at least three years and at least 40 hours per week.
 - All contractual provisions and documents must be submitted. This includes, but is not limited to, offer letters, bonus offers, and retention loans.
 - Contracts that include protected time for activities other than patient care, such as research or teaching, must specify how many hours per week will be dedicated to those activities and how many hours per week will be dedicated to patient care.
 - Addresses of all practice sites should be included in the contract, to confirm that the physician will practice in a designated shortage area or serve a significant proportion of patients who reside in shortage areas.

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4. Immigration Documentation:
 - a. Date of first entry to the United States. Applicants who entered the United States on a J visa before February 1, 1999 should use the date February 1, 1999 in this field.
 - b. DS-2019 or IAP-66 form for each year the applicant has resided in the U.S.
 - c. If you have a spouse or children who had J-2 status, list them as requested in the online application. Review frequently asked questions about dependent J-2 spouses and children: [FAQs: Waiver of the Exchange Visitor Two-Year Home-Country Physical Presence Requirement \(state.gov\)](#)
 - d. Note that I-94 numbers and Alien Registration Numbers are no longer required for processing.
5. CV and Letters of Recommendation: Provide a copy of the applicant's curriculum vitae (CV). Provide up to three letters of recommendation.
6. Exchange Visitor Attestation/Foreign Medical Graduate Statement: Provide a notarized statement that the physician does not have another pending J-1 visa waiver request to any U.S. government department or agency or any other state department of public health.
7. Form G-28: Provide a copy of the completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative.
8. Form DS-3035: Provide a copy of the completed Form DS-3035, J-1 Visa Waiver Recommendation Application.
 - a. Third-Party Barcode: Provide a copy of the Third-Party Barcode page.
 - b. Waiver Review Division Barcode: Provide a copy of the Waiver Review Division Barcode page.
9. Statement of Reason/Denial Impact Letter: Provide a one- to three-page letter from the facility director explaining issues specific to the application that will help the review committee select J-1 visa waiver recipients who best meet the needs of the state. The letter should explain how the physician's work will benefit the community and the impact on the community if the waiver request is denied. Documentation illustrating the demand for care in the physician's specialty area at the practice site should include, for example, the patient-to-physician ratio for that specialty at that site, wait times for that specialty at that site, and the number of full-time physicians needed in the specialty at that site to handle the patient load.
10. Medical Facility: Provide a detailed description of the health care facility practice site's capacity, patient demand, and ability to support the physician in working full-time to meet the three-year service obligation. Note that the description should pertain to the physician's practice site(s) specifically. The description should address the types of services provided and how the facility will improve access to care for residents experiencing a shortage of available health care.
11. Charity Care Policy: Provide a copy of the facility's Charity Care Policy. Application must demonstrate that the facility has a written indigent care policy for determining discounts or charity care based on the patient's ability to pay. The policy should include the percentage of clientele annually who receive sliding fee discounts or who are using

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Medicare/Medicaid. The policy must be posted in a location that is accessible to patients and potential patients.

12. Recruitment and Retention Efforts: Provide a description of the efforts made to recruit and retain U.S. physicians. It must clearly demonstrate that a suitable U.S. physician cannot be found through recruitment or any other means. In addition to the description of the recruitment efforts, include copies of all job postings, advertisements, and agreements with placement services. Also provide a statement detailing the plans for retaining the physician during and beyond the three-year obligation. Retention efforts may include, for example, orientation, mentoring, and team-building activities; support for the physician's spouse to find work; connections to school, childcare, and elder care; and encouraging involvement in the community.
13. Licensure Documentation or Eligibility:
 - Licensure Documentation: Provide a copy of the physician's Minnesota medical license or active application. The physician does not need to have a Minnesota license to apply for a waiver. The application may include documentation of an active license application to show that the physician will have a license by their start date.
 - If the physician does not have a Minnesota medical license and is including documentation of an active license application, the applicant must also provide documentation of successfully passing the required examinations of the United States Medical Licensing Examination (USMLE) in the form of the USMLE transcript. The application must also include documentation of Educational Commission for Foreign Medical Graduates (ECFMG) certification.
14. Policy Affidavit and Agreement: Provide a copy of the completed J-1 Visa Waiver Policy Affidavit and Agreement form. The form can be found at <https://www.health.state.mn.us/facilities/ruralhealth/j1/docs/j1affid.pdf>.
15. No Contractual Obligation: Provide a "no objection" statement from the physician's home country if the physician is contractually obligated to return to their home country upon completion of the exchange program, or a notarized physician statement of no contractual obligation with their home country.
16. Optional: Physician Personal Statement: Physician may choose to provide a personal statement to give the review committee more information about their situation and commitment to providing care to underserved Minnesota communities.

Additional supporting documentation: There is also space in the online form to upload additional required or relevant documents (for example, dependent immigration documentation).

Part 4: Application Checklist

Application Elements	
Obtain a J-1 Visa Waiver Case Number from the U.S. Department of State	
Create and complete an online application in the MDH Application Portal for each physician application.	
Complete and upload to the online application all required attachments listed below (with J-1 Visa Waiver Case Number on every page of every document):	
1. Summary of Situation	A letter from the head of the facility at which the physician will be employed.
2. Shortage Designation	Documentation that the practice site is in, or serves a significant proportion of patients from, a shortage area. https://data.hrsa.gov/tools/shortage-area
3. Employment Contract	Valid employment contract with the health care facility to practice medicine full-time for at least three years.
4. Immigration Documentation	Provide first date of entry and a DS-2019 (or IAP-66) for each year the physician has been in the U.S. If you have a spouse or children who had J-2 status, list them and their documentation.
5. CV and Letters of Recommendation	Physician curriculum vitae and up to three letters of recommendation.
6. Exchange Visitor Attestation	Notarized statement that the physician does not have another pending J-1 visa waiver request to another state or federal government entity.
7. Form G-28	Provide a copy of the completed form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
8. Form DS-3035	Provide a copy of the completed Form DS-3035: J-1 Visa Waiver Recommendation Application Provide a copy of the Third-Party Barcode page. Provide a copy of the Waiver Review Division Barcode page.
9. Statement of Reason/Denial Impact Letter	Letter from the facility director explaining how the physician's work benefits the community and impact on the community if the waiver request is denied.
10. Medical Facility	Description of the practice site.
11. Charity Care Policy	A copy of the charity care policy and description of how it is made available.
12. Recruitment and Retention	Description of recruitment and retention efforts, including copies of job postings.
13. Licensure Documentation or Eligibility	Copy of physician's MN medical license or pending licensure application. If licensure pending, also submit USMLE transcript and ECFMG certification.

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Application Elements	
14. Policy Affidavit and Agreement	Provide a copy of the completed J-1 Visa Waiver Policy Affidavit and Agreement form, found here: https://www.health.state.mn.us/facilities/ruralhealth/j1/docs/j1affid.pdf
15. No Contractual Obligation	“No objection” statement from home country or notarized physician statement that they have no contractual obligation with their home country.
16. Optional: Physician Personal Statement	Physician may choose to provide a personal statement to give the review committee more information about their situation and commitment to providing care to underserved Minnesota communities.