

1. Complete form and upload electronic copy of the application package using this link:

[J-1 Visa Waiver FY2023-2024 \(smartsheet.com\)](https://smartsheet.com)

2. Send the original unbound copy directly to:

Oklahoma State Department of Health
Jana Castleberry, Director
Office of Primary Care and Rural Health Development
123 Robert Kerr Avenue, RM 1702
Oklahoma City, Oklahoma 73102

Please create one Adobe PDF file for the electronic package. Original hardcopy should be arranged in the following order:

1. Sponsoring Employer Cover letter

In this section, the head of the organization proposing to hire the J-1 visa physician must submit a cover letter on the facility's letterhead that includes an original signature. The cover letter must:

- Request that the OSDH act as an interested government agency and recommend a waiver for the J-1 visa physician; and
- State unequivocally that the facility is offering the J-1 visa physician at least three (3) years of employment

2. Evidence of HPSA/MUA

(Please note: Information on current HPSAs can be found at <https://data.hrsa.gov/tools/shortage-area/by-address>. Please attached ONE page that shows each practice address and the associated HPSA/MUA number. (Note: This does not apply to "Flex" positions.) This section must include federal designated health professional shortage area (HPSA) or Medically Underserved Area (MUA) in the geographic areas the J-1 visa physician proposes to provide patient care. If the facility or sites are not located in a HPSA or MUA, please indicate any nearby HPSAs or MUAs in which the J-1 visa physician will serve patients.

3. Valid employment contract

This section must contain the employment contract which states the name and address of the facility and is signed and dated by **both** the J-1 visa physician and the employer. The contract must specify an offer of employment to the J-1 visa physician to provide full-time patient care for a period of at least three (3) years AND must also include the name and address of all practice locations in which the J-1 visa physician will be working. Full-time employment is defined as an average of 40 hours per week.

4. Federal Immigration Forms

This section must include:

1. Legible copies of the DS-2019 form for the entire period in J-1 status from entry to present
2. I-94
3. Proof of passage of any examinations required by the U.S. Immigration and Naturalization Service

5. Curriculum Vitae

This section must provide a copy of the physician's curriculum vitae. (Please note the previous requirement for diplomas, license and board certifications have been removed. CV should include education and certification information.)

6. Department of State Exchange Visitor Attestation Statement

The J-1 visa physician must submit a notarized, signed, and dated statement of agreement to the requirements set forth in Section 214(1) of the Immigration and Nationality Act (INA), which states:

- The J-1 visa physician has received a full-time employment at a health facility and agrees to begin employment at such facility within 90 days of receiving a J-1 visa waiver; and
- The J-1 visa physician agrees to continue work in accordance with INA requirements for a total of not less than three (3) years in an area designated as a HPSA or MUA; and
- The J-1 visa physician agrees, under penalty of the provisions of 18 USC 1001, that he/she will not submit a request to any other U.S. Government department or agency or any equivalent to act on his/her behalf in any matter relating to a waiver of his/her two-year home residency requirement while the current application for a J-1 visa waiver is pending with the OSDH

7. Department of State Forms and Department of State Case Number

This section must include the DS-3035 form, any supplementary pages, Waiver Division barcode and if applicable, the third-party barcode page. If the facility and/or J-1 visa physician are represented by an attorney, the attorney must submit a G-28 Entry of Appearance form on behalf of each represented party.

8. Statement of Reason