The state of North Dakota is committed to assisting all residents of North Dakota to have access to quality, affordable health care. Therefore, the North Dakota Health is prepared to consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 visas under certain conditions.

This process applies to physicians who have been admitted to the United States in, or acquiring, a J visa status before June 1, 1996.

The Department of Health's policy is completely discretionary, voluntary and may be modified or terminated at any time. The submission of a complete waiver package to the Department does not ensure that the Department will recommend a waiver. In all instances the Department reserves the right to recommend or decline any request for a waiver.

A waiver request to the Department of Health must come from a U.S. health care facility on behalf of a J-1 physician and not directly from a J-1 physician.

All of the required information and documentation must be submitted in a single package with documents presented in the order set forth. Waiver requests that do not comply with these requirements will not be considered.

Requests for a waiver of the foreign residence requirement must be made by local medical facilities directly to the University of North Dakota School of Medicine and Health Sciences Department of Community Medicine and Rural Health (hereinafter referred to as the Department). Upon request, an information packet is sent detailing the information/documentation that is needed in order to submit an appropriate case file for review.

Each case is reviewed by the Department. A recommendation is made and the case file is sent to the North Dakota Department of Health to make the final determination. Only thirty (30) waivers can be granted per state per year. Each case file is assigned a priority number. After thirty (30) case numbers are assigned, the remaining cases will be assigned a priority number and carried over to the next fiscal year for processing.

The North Dakota Department of Health makes the decision as to whether they recommend a request that the residence requirement be waived. If the decision is positive, the case file, along with necessary cover memos, are sent to the U.S. Information Agency (USIA).

As of October 1, 1999, the United States Information Agency (USIA) was integrated into the Department of State. The Waiver Review Division of the Office of Legislation, Regulation and Advisory Assistance in the Visa Office of the Bureau of Consular Affairs (formerly the USIA
Waiver Review Branch) reviews applications and makes recommendations to the INS. The process takes approximately six weeks.

The U.S. Immigration and Naturalization Service makes the final determination and will inform the requestor and the North Dakota Department of Health of their decision. This process takes approximately three months.

**WAIVER REQUEST GUIDELINES**

Submit waiver request with one original and two copies of entire package to:

Mary Amundson, M.A.
UND School of Medicine & Health Sciences
Center for Rural Health
P.O. 9037
Grand Forks, ND 58202-9037

1. The request must be accompanied by a letter from the head of the medical facility at which the physician will be employed that:
   a) requests that the North Dakota Department of Health act as an interested government agency and recommend a waiver for the J-1 physician.
   b) summarizes how the medical facility has attempted to locate qualified U.S. physicians.
   c) describes the physician's qualifications, proposed responsibilities and how their employment will satisfy important unmet health care needs of a medically underserved rural community.
   d) states unequivocally that the medical facility is offering the physician at least three years of employment.
   e) states the medical facility accepts medicaid/medicare eligible patients and medically indigent patients.
   f) summarizes the effect on the area of a waiver denial.

2. The request must include a detailed description of the medical facility which includes the nature and extent of its medical services.

3. The physician must demonstrate a bona fide offer of full-time employment at a medical facility (a copy of the complete contract). The contract must specify the following:
   a) the physician must agree to work at the medical facility in which he/she is employed for a total of not less than 3 years.
   b) the physician must practice medicine a minimum of 40 hours per week in the geographic area or areas which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals.
   c) the physician must agree to begin employment at such facility within 90 days of receiving a waiver.
4. The physician, prior to employment, must meet all medical licensure requirements for the state of North Dakota.

5. The request must include copies of all IAP-66 "Certificate of Eligibility for Exchange Visitor (J-1) Status" for the physician, INS forms I-94 for the physician and any family members, and proof of passage of examinations required by INS.

6. Recruitment/retention efforts must be described. It must be clearly demonstrated that a suitable replacement for the physician cannot be found through recruitment or any other means. Copies of advertisements, agreements with placement services, etc. should be provided. If this information is not available, submit a strongly-worded, detailed statement that describes recruitment efforts. In addition, the medical facility's long range plans for retention of the physician during and beyond the three year obligation must be detailed.

7. The request must contain a complete vitae of the physician and letters of recommendation.

8. The physician must complete and sign the Signature Page and Commitment to Comply Page.

9. The facility must commit that they will not facilitate the process of acquiring permanent residence for the physician until he/she has been employed in accordance with these requirements for at least three years and that they will provide semi-annual reports to the Department that will monitor the physician's compliance with the three year service obligation.

10. The request must contain a Physician Data Sheet which must be completed by the physician.
STATEMENT OF COMMITMENT TO COMPLY

TO: WHOM IT MAY CONCERN:

RE: J1VISA WAIVER REVIEW AND RECOMMENDATION PROCESS

I hereby certify that as a condition of the North Dakota Department of Health's support in obtaining my waiver request, I will provide primary care health services, which includes the provision of services to Medicare/Medicaid and medically indigent patients, at the locations state below, a minimum of 40 per week.

Locations:

____________________________________

____________________________________

____________________________________

____________________________________

Physician signature          Date

I hereby verify as a condition of the North Dakota Department of Health's support in obtaining a waiver, the clinician noted above will be employed full-time in a clinical practice with our organization at the locations above.

____________________________________          Date

Administrator signature
I, _______________ hereby declare and certify, under penalty of the provisions of 18U.S.C. 1101, that I do not now have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency of any state department of public health, or equivalent, other than ________________________________ to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement. (F22 CFR 514.44(c)(4)(iii)).
WAIVER PACKAGE CHECKLIST

1. LETTER FROM FACILITY
2. DETAILED DESCRIPTION OF MEDICAL FACILITY
3. VALID OFFER OF EMPLOYMENT WITH MEDICAL FACILITY FOR AT LEAST THREE YEARS.
4. PROOF OF LICENSURE ELIGIBILITY
5. NO OBJECTION LETTER FROM HOME GOVERNMENT
6. COPIES OF ALL IAP-66'S OF PHYSICIAN, COPIES OF I-94'S OF PHYSICIAN AND FAMILY MEMBERS, PROOF OF PASSAGE OF EXAMINATIONS REQUIRED BY INS.
7. RECRUITMENT/RETENTION EFFORTS
8. PHYSICIAN CURRICULUM VITAE AND LETTERS OF RECOMMENDATION
9. SIGNATURE PAGE
10. COMMITMENT TO COMPLY PAGE
11. PHYSICIAN DATA SHEET