NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DR. DEVDUTTA SANGVAI • Secretary
MARGARET L. SAUER MS, MHA • Director, Office of Rural Health

TO: All Interested Parties

FROM: Margaret L. Sauer, MS, MHA
Director

DATE: September 11, 2026

SUBJECT: North Carolina Conrad 30 J-1 Visa Waiver Program

Enclosed with this letter are guidelines and procedures for the North Carolina Conrad 30 J-1 Visa Waiver Program.

The North Carolina Office of Rural Health (ORH) is the interested government agency designated to implement the J-1 Visa waiver provision for foreign medical graduates provided by Section 220 of Public Law 103-416. **ORH does not work directly with physician candidates to locate an eligible site. A waiver request to ORH must come from an existing eligible site on behalf of a J-1 physician, and not directly from the physician.**

ORH will review completed application packets in the order that they are received. If ORH believes it is in the public interest that the physician remains in the United States, a waiver request will be submitted to the United States Department of State.

Thank you for your interest in North Carolina.

Attachments

North Carolina (NC) Conrad 30 J-1 Visa Waiver

Information for Foreign Physicians
Interested in Practicing in Underserved Areas of North Carolina

North Carolina's Office of Rural Health (ORH) assists rural and underserved communities by improving access to quality and cost-effective health care. ORH serves as the "interested government agency" to implement the waiver provision for foreign medical graduates provided by Section 220 of Public Law 103-416 in order to increase the number of physicians practicing in rural and underserved areas. Because of this, ORH is reviewing and processing waiver applications for physicians admitted to the United States under a J-1 visa before, on, or after the date of enactment of the law and before June 1, 1996.

APPLICATION PERIOD/J-1 VISA WAIVER SLOTS

- Application Period: Annually from October 1st to September 30th.
- Each year on October 1st, the State of North Carolina receives 30 J-1 Visa Waiver slots.
- Applications are not accepted prior to October 1st.
- Applications will continue to be processed until a total of thirty (30) physicians have been identified and approved for placement.
- Applications submitted to ORH must be from an existing eligible site on behalf of a J-1 physician and not come directly from a J-1 physician.
- **The U.S. Department of State (DOS) Waiver Review Division (WRD) has transitioned to an electronic submission process and now requires that ALL applications be submitted electronically.**
- **Include full Last Name and Case # in Subject line.**
- **Please submit the complete application as a PDF <u>in the order outlined in the Application Checklist</u>** to lisa.mckeithan@dhhs.nc.gov. **Hard copies are no longer required. Please submit all applications in the order of the Application Checklist.**
- In order to be good stewards of our Conrad 30 J-1 Visa Waiver slots, **<u>ALL</u>** providers practicing at sites located in designated Appalachian Regional Commission (ARC) J-1 Visa Waiver Program counties (Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Davie, Forsyth, Graham, Haywood, Henderson, Jackson, McDowell, Macon, Madison, Mitchell, Polk, Rutherford, Stokes, Surry, Swain, Transylvania, Watauga, Wilkes, Yadkin, and Yancey) are strongly encouraged to apply to the ARC J-1 Visa Waiver Program. The ARC J-1 visa program does not charge a fee effective June 2021 and has unlimited slots. ORH only has 30 slots. Refer to *Attachment G* for more information including the contact for ARC.
- **Ensure the waiver number is legible on the bottom of each page and not covering any information.**
- Waiver requests that do not comply with these requirements will not be considered.
- Applications will be processed in the order they are received.

The submission of a complete waiver package to ORH does not guarantee that ORH will recommend a waiver. In all instances, ORH reserves the right to recommend or decline any request for waiver. ORH will review the information contained in the **<u>completed application packet</u>**. Completed applications must include all required sections filled out (i.e. dates, NPI #, practice site addresses, 214 statement, full statement for termination clause). Incomplete forms may result in the loss of a J-1 Visa Waiver slot number. Upon favorable review of the complete application, ORH will recommend the waiver to the U.S. Department of State (DOS). If DOS finds the waiver request to be in the public interest, DOS will

recommend the waiver to U.S. Citizenship and Immigration Services (USCIS), the waiver granting authority. The USCIS will inform the candidate of its decision.

It is important to note that **the waiver of the two-year residence requirement is not a visa**. Physicians submitting applications through the state waiver program must submit an application to the USCIS and be approved for H-1B visa status prior to employment in North Carolina. No person who has obtained a change of status under subparagraph (A) of Attachment F and who has failed to fulfill the terms of a contract with a health facility shall be eligible to apply for an immigrant visa, for permanent residence, or for any other change of non-immigrant status until it is established that such person has resided and been physically present in the country of his nationality or his last residence for an aggregate of at least two years following departure from the United States.

Please note: ORH does not issue a letter of completion for the three-year service commitment. Physicians are encouraged to request this letter from their employer.

NC CONRAD STATE 30 J-1 WAIVER PROGRAM

Procedures for J-1 Visa Waiver Requests

CANDIDATE ELIGIBILTY

Primary Care & Specialist Waivers: North Carolina welcomes all physicians to apply for waiver slots to address the needs in underserved areas of North Carolina. Slots will be filled with eligible applications on a first-come, first-served basis. ORH will review these completed application packets in the order they are received.

Primary Care:
Primary Care Physicians practicing in a designated Health Professional Shortage Area (HPSA) must match their specialty and provide **at least 40 hours per week of direct patient care**.

Specialists:
Specialist Physicians providing **at least 40 hours per week of direct patient care** in a HPSA are welcome to apply. For Specialists, sites must be located in an area proven to have a shortage for that Physician's specialty and will work to meet the needs of patients in that area.

Flex Waivers Ten (10) slots may be used for Flex positions for:

- Physicians not practicing in an HPSA and providing **at least 40 hours per week of direct patient care.** Please note: Practice sites are any locations where patients are seen. If patients are seen at a practice site that is not located in an HPSA, then this physician would fill a Flex slot.

Forensic Pathologists: Acceptance of Medicare/Medicaid is not required by the practice site for Forensic Pathologists only.

All candidates must:

- Agree to accept assignment for Medicare/Medicaid (Forensic Pathologist exempt).
- Obtain a letter of no objection from his/her home country if candidate has a financial obligation to his/her home country.
- Agree to submit the NC J-1 Visa Service Participant Annual Report as outlined in Attachment D.

OTHER J-1 VISA WAIVER PROGRAMS

In addition to the Conrad 30 J-1 Visa Program, J-1 visa waivers are available in NC through the Appalachian Regional Commission (ARC) and the U.S. Department of Health and Human Services (HHS). The ARC program is open only to physicians practicing in HPSAs located within Appalachian counties. The HHS program is open only to primary care physicians practicing in HPSAs scoring 7 or above. In an effort to maximize available resources and improve access to healthcare in underserved areas, waiver applicants that are eligible for the ARC or HHS J-1 Visa Programs are strongly encouraged to utilize these programs prior to applying for Conrad 30. These programs do not have an application/processing fee and have unlimited slots available versus Conrad 30 J-1 Visa Program being limited to 30 slots. Please refer to Attachment G for more details.

PRACTICE SITE ELIGIBILITY

- Employers can be, but are not limited to, publicly funded health care facilities or private entities.
- All practice sites for Primary Care physicians must be located in a Primary Care or Mental Health (for Psychiatry) Health Professional Shortage Area (HPSA), if applicable.
- For Specialists, sites must be located in an area proven to have a shortage for the specialty applying. Documentation demonstrating the shortage must be submitted by the hiring entity with the application.
- If practice is located in a population or specialty shortage area, the practice is strongly encouraged to use a Sliding Fee Discount Schedule that assures no financial barriers to care for those below 200% of poverty and must post a statement of nondiscrimination based on ability to pay in the waiting rooms.
- Must accept assignment for Medicare/Medicaid (Forensic Pathology only are exempt.)
- Must assure that at least 80% of patients seen by sponsored physician will be from the HPSA or shortage area to which physician is assigned.
- Specialist physicians must assure the availability of after-hours and inpatient coverage and participation in emergency care services.
- If practice site is located in an Appalachian Regional Commission (ARC) J-1 Visa Waiver Program county (Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Davie, Forsyth, Graham, Haywood, Henderson, Jackson, McDowell, Macon, Madison, Mitchell, Polk, Rutherford, Stokes, Surry, Swain, Transylvania, Watauga, Wilkes, Yadkin, and Yancey), the employer is strongly encouraged to apply to the ARC J-1 visa program. The ARC program has unlimited slots compared to ORH only having 30 slots and does not charge a fee (effective June 2021). Refer to *Attachment G* for more information including the contact information for ARC.

EMPLOYMENT AGREEMENT

The physician must demonstrate a bona fide offer of full-time employment at an approved practice site in the State of North Carolina. The employment agreement must specify the following:

- The physician agrees to a three-year employment agreement with the approved practice site(s);
- *Please note that the details related to the facility name(s) and each address where the applicant will be working must be documented in the employment agreement/contract. WRD obtains this information directly from the employment agreement/contract submitted with the application for their waiver recommendation to USCIS.
- The physician agrees to begin employment at the approved practice site within 90 days of receiving a visa waiver;
- The physician will provide at least forty (40) hours per week of direct patient care;
- The physician agrees to work at least forty-eight (48) weeks per year;
- The physician agrees to accept assignment for Medicare and Medicaid patients;
- The physician will be granted hospital admitting privileges, if applicable;
- The physician agrees to participate in call arrangements, which are specifically stated in the employment agreement;
- Must include a statement by the foreign medical graduate agreeing to the contractual requirements set forth in Section 214 (l) (1) (B) and (C) of the Immigration and Nationality Act; (see Attachment F);
- Must include language ***that nothing in this Agreement is intended to constitute a non-compete clause, non-solicitation agreement, or restrictive covenant, preventing or discouraging the Physician from continuing to practice in any federally designated shortage area after the original term of this Agreement has expired***.

- Must include language ***that the employment agreement may not be terminated without cause and may not be terminated by mutual agreement***.

PROGRAM NOTICES

The North Carolina J-1 Visa Waiver Program is designed to be consistent with the laws, regulations, health care programs, and policies of the State of North Carolina, DOS, and USCIS and is not intended to replace a viable search for a graduate of an accredited U.S. medical school.

NC ORH reserves the right to recommend or deny any request for a waiver. Submission of a waiver application to NC ORH does not guarantee support by NC ORH; nor does support by NC ORH guarantee final waiver approval by DOS/USCIS.

Physicians admitted to the North Carolina State Conrad 30 J-1 Visa Waiver Program and their sponsoring employers are expected to comply with this Policy in its entirety. Failure to uphold this Policy may result in a report of noncompliance to USCIS for the J-1 physician and jeopardize the employer's eligibility for future participation in the program.

NC ORH requires submission of an annual Statement of Service form (See Attachment D). **ORH does not issue a letter of completion for the three-year service commitment.** Physicians are encouraged to request this letter from their employer.

APPLICATION PROCESS

- ORH will review completed application packets in the order that they are received.
- Completed application packets must be received from the employing practice or representing attorney's office.
- The U.S. Department of State (DOS) Waiver Review Division (WRD) has transitioned to an electronic submission process and now requires that ALL applications be submitted electronically.
- **Please send one** PDF version of the complete application to Lisa.McKeithan@dhhs.nc.gov
- **Hard copies are no longer required.**
- All required information and documentation must now be submitted in PDF format **in the order outlined in the Application Checklist (Please note the order of the Application Checklist has changed)**
- **Include full Last Name and Case # in Subject line**
- Submit Application Cover Sheet(s) and Attachment E- Third Party Agreement as separate attachments as PDF documents. Do not include within the Application.
- Submit only one physician PDF application packet per email. Do not combine multiple physicians' applications into one email.
- All the required information and documentation must be submitted in the order described in the Application Checklist, separated by a colored divider page, appropriately labeled with the name of the document behind it.
- Must use most current documents in guidelines. Do not use old Application Cover sheet.
- Do not change or make deletions to any documents or submit documents as Word documents such as the Tri-Party Agreement.
- Applications may not be submitted before October 1st.
- Application submission date will be based on the date and time the PDF document is received by email.
- Please **allow 15 working days to determine receipt of application, completeness and assignment of slot numbers**. ORH will send a confirmation email that the application is received, but will not announce slots until after the 15th working day;

- Questions from site representatives or attorneys prior to submitting the application may be directed **to Lisa McKeithan, Placement Services Manager,** at **919-527-6481;** Lisa.McKeithan@dhhs.nc.gov
- Applications will continue to be processed until thirty (30) physicians have been identified and approved for placements.

OTHER J-1 VISA WAIVER PROGRAMS

In addition to the Conrad 30 J-1 Visa Program, J-1 visa waivers are available in NC through the **Appalachian Regional Commission (ARC) and the U.S. Department of Health and Human Services (HHS).** The ARC program is open only to physicians practicing in HPSAs located within Appalachian counties. The HHS program is open only to primary care physicians practicing in HPSAs scoring 7 or above. In an effort to maximize available resources and improve access to healthcare in underserved areas, waiver applicants that are eligible for the ARC or HHS J-1 Visa Programs are strongly encouraged to utilize these programs prior to applying for Conrad 30. These programs do not have an application/processing fee and have unlimited slots available versus Conrad 30 only having 30 slots available. Please refer to Attachment G for more details.

APPLICATION CHECKLIST

ORH will not begin processing an application until a completed packet is received. All required information and documentation must be submitted in the order described in the Application Checklist, separated by a colored divider page, appropriately labeled with the name of the document behind it. Application packets will be considered complete when the following information has been received from the employing practice **in the following order:**

☐ 1. **Applicant's case file number** should be listed on the bottom right-hand corner of each page of the application and appear legible. **Please do not use stickers that block the content of the application.**

☐ 2. Completed **Application Cover Sheet Form** for each practice site. **Please submit Application Cover Sheet(s) as a separate attachment(s). Do not combine within complete Application:** Conrad 30 Application Cover Sheet

☐ 3. **Email a PDF version of the complete application to Lisa.McKeithan@dhhs.nc.gov**
Hard copies are no longer required. Include full Last Name and Case # in Subject line

☐ 4. **Letter from the Employer** where the physician will be employed. This letter should:

- ☐ include the full name and signature of the Administrator to include phone, street address and email address on company letterhead and,
- ☐ describe the health care facility, practice site location(s) (street address, zip code and county), and existing nature/extent of its medical services and,
- ☐ demonstrate how the health care facility has attempted to recruit a graduate of an accredited U.S. medical school (include specific advertising sites). **Please do not include copies of ads or invoices as part of the narrative.**
- ☐ describe the foreign medical graduate's qualifications, proposed responsibilities and how their employment will satisfy important unmet health care needs of the service area community.

☐ 5. **Screenshot** showing the facilities are federally designated Health Professional Shortage Areas (HPSA) with the **HPSA ID number**, if applicable (please reference https://data.hrsa.gov/tools/shortage-area); HPSA scores must correspond with provider types. For example: Psychiatrist must use Mental Health HPSA scores, not Primary Care Health HPSA scores.

☐ 6. **Employment agreement** between the physician and the health care facility* which includes:

☐ the name, ☐ address of the specific practice site(s) and ☐ a specific geographic area or areas in which the foreign medical graduate will practice medicine. (The physician must demonstrate a bona fide offer of full-time employment from an approved practice site within the State of North Carolina).
*Please note that the details related to the **facility name(s) and each address** where the applicant will be working must be in the contract. WRD pulls this information directly from the contract submitted with the application for our waiver recommendation to USCIS.

☐ that the employment agreement shall be valid for at least 3 years,

☐ that the physician agrees to begin employment at the approved practice site within 90 days of receiving USCIS visa waiver,

☐ that the physician will provide at least forty (40) hours per week of direct patient care,

☐ that the physician agrees to work at least forty-eight (48) weeks per year,

☐ that the physician agrees to accept assignment for Medicare and Medicaid patients,

☐ that the physician will be granted hospital admitting privileges, if applicable,

☐ that the physician agrees to participate in call arrangements (which are stated specifically in the employment agreement),

☐ that includes a statement by the foreign medical graduate agreeing to the contractual requirements set forth in Section 214 (k) (1) (B) and (C) of the Immigration and Nationality Act (now known as 214(1); (see Attachment F). If this is not included in the employment agreement, a signed statement from the physician is acceptable.

☐ Must include language that ***nothing in this Agreement is intended to constitute a non-compete clause, non-solicitation agreement, or restrictive covenant, preventing or discouraging the Physician from continuing to practice in any federally designated shortage area after the original term of this Agreement has expired***.

☐ Must include language that ***the employment agreement may not be terminated without cause and may not be terminated by mutual agreement***.

☐ 7. **DS-2019/I-94 - USDOS Certificate of Eligibility for Exchange (J-1) Status** issued to the foreign medical graduate seeking the waiver with no time gaps. Ensure all forms are legible.

☐ 8. **Candidate's Curriculum Vitae**;

☐ 9. **Exchange Visitor Attestation/Foreign Medical Graduate** signed and dated statements:

I, _____ (name of exchange visitor) hereby declare and certify, under penalty of the provisions of 18 USC, 1101, that: (1) I have sought or obtained the cooperation of The State of North Carolina Office of Rural Health; and (2) I do not now have pending, nor will I submit during the pendency of this request, another request to any U.S. Government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

I, _____ (Full Name) certify that I do not have a financial obligation to my home country of _____ and that I am not obligated to return to my home country to practice my medical specialty.

If required, a "no objection" letter from the candidate's home government that includes a statement like the following: (the following template language can be used as a guide)

"the Government of _____ has no objection if (name and address of medical graduate) does not return to _____ satisfy the two-year foreign residency requirement of Section 212 (e) of the Immigration and Nationality Act;"

☐ 10. **Form G-28/Letter of Representation** (if applicable)

☐ 11. **DS 3035 and Supplementary Applicant Information pages.** (Department of State – J-1 Visa Waiver Recommendation Application)

☐ 12. **Statement of Reason**

☐ 13**. Third Party Barcode Page** with assigned waiver review number

☐ 14. **Waiver Division Barcode Page**

☐ 15. **Letter of reference** on program's letterhead from the physician's Residency/Fellowship Program Director that addresses: (see Attachment B)

☐ the physician's level of skill in handling medical problems around primary care,

☐ how the physician relates to patients and staff in the medical setting,

☐ the physician's ability to relate to patients, particularly patients with limited educational background,

☐ other information which may be helpful in considering this physician for employment.

☐ 16. A signed copy of the **Tri-Party Agreement** between the physician, the employing practice and ORH. (see Attachment E). Do not change Third Party Agreement to word doc. ALL practice sites must be included on Third Party Agreement. **Please submit as a separate attachment. Do not include within the complete Application.**

☐ 17. Submit three (3) PDF Attachments. **Please *ONLY* submit the following requested documents**:

1. Application Cover Sheet(s)
2. Full Application (Do NOT include Attachments D, F or G as part of the full Application that is submitted to WRD.)
3. Attachment E- Tri-Party Agreement

ATTACHMENT B

Required Letter of Reference

A letter on the program's letterhead from the Residency/Fellowship Program Director, which addresses the questions below, must be forwarded to the employer, with a copy sent to ORH. It is preferred that these questions be answered by the Residency/Fellowship Program Director; however, the Office of Rural Health will accept a letter from a staff physician who has primarily supervised the J-1 physician directly and can thoroughly address these issues in relation to the J-1 physician's practice of primary care medicine.

Residency/Fellowship Program Director:

1. Please comment on this physician's level of skill in handling medical problems around primary care.

2. How does this physician relate to patients and staff in the medical setting?

3. Please comment on this physician's ability to relate to patients, particularly patients with a limited educational background.

4. Please add any other information which you feel may be helpful to us in considering this physician for employment.

ATTACHMENT D
EXAMPLE FORM - ANNUAL REPORT – EXAMPLE FORM
NORTH CAROLINA J-1 VISA WAIVER SERVICE PARTICIPATION

An example of an Annual Report is included below. This form should not be submitted with the application. A fillable report will follow upon NC J-1 Visa Waiver approval and must be submitted on an annual basis thereafter during the three-year service obligation.

Failure to return this form upon request to ORH may result in consequences; such as, the termination of this agreement, a noncompliance report to US Citizenship & Immigration Services (USCIS), and/or the ineligibility of the facility for future placements.

1.	Reporting period (mm/dd/yy):		From	
			To	
A.	J-1 Visa Waiver Service Participant Name:			
	Email:			
B.	Specialty:			
C.	Employer:			
D.	Practice Name Contact:			
E.	Medicare Provider Number:			
F.	Medicaid Provider Number:			
G.	Obligation Period (mm/dd/yy):		From	
			To	
H.	Employer Type: Not-For-Profit or For-Profit (enter correct choice):			
I.	Do you have a special condition of your employment with (employer's name):			
	Are you fulfilling this condition? Yes or No (enter correct choice):			
	Comments:			

All Information below is to be completed by the J-1 Practitioner.

2. Location of full-time clinical practice:

A.	Practice Name:		
	Street Address:		
	City, State, Zip Code:		
	Telephone: (Area Code/Number)		
B.	Enter daily office hours (include administrative time):		
	*Do not include time spent in an on-call status in practice hours.		
	Sunday:		
	Monday:		
	Tuesday:		
	Wednesday:		
	Thursday:		
	Friday:		
	Saturday:		
C.	Average hours worked per week at approved practice:		
D.	Average hours worked per week treating patients at hospital:		
E.	List the names and locations of nursing homes you currently serve:		
	Average total hours per week treating patients in nursing homes:		

SAMPLE

3. Number of total patient encounters (visits)* by source of payment:

A.	Medicare (exclude # Medicare crossover to Medicaid visits:	
B.	Medicaid (exclude # Medicare crossover to Medicaid visits:	
C.	Full-pay and Commercial Insurance:	
D.	Reduced Pay:	
E.	No-pay:	
F.	Other:	
	Total:	

4.	Number of weeks not at approved practice due to illness, vacation, or continuing medical education during:	
A.	This reporting period:	
B.	Twelve months prior to this period:	
C.	Twelve months prior to the last twelve-month period:	

5.	Percent of Medicare patients from whom you accepted assignment:	
A.	If above is less than 100%, please explain the circumstances:	
B.	Do you accept assignment under Part B of Medicare as full payment for services? Yes or No (enter correct answer):	
6.	Is a notice posted in your waiting room stating that a sliding fee scale is employed by your practice, and that patients will be treated regardless of the ability to pay? Yes or No (enter correct answer):	
7.	During reporting period, how many additional hours were outside of approved practice(s) (e.g., local emergency room)?	
8.	Gross income from work this reporting period was:	

Date report completed (mm/dd/yy):	
Signature of J-1 Service Participant:	
Notice: Whoever, in any matter within the jurisdiction of that North Carolina "interested State Agency," knowingly and willing falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious, or fraudulent statement or entry, shall be deemed in default of Agreement with ORH and Employer and ORH shall so notify USCIS.	
After completing this report including Section 1 for accuracy and securing employer acknowledgement of review of completed report, please email within 20 days of receipt to: **Lisa.McKeithan@dhhs.nc.gov** **IMPORTANT:** Please format Subject line: **J-1 Visa Waiver SOS *<physician's last name, first name>***	
Employer Acknowledgement of Review of Completed Annual Report:	
Date of Review: (mm/dd/yy)	
Signature of Employer Representative:	
Name Printed or Typed:	
Position or Title:	

ATTACHMENT E- Third Party Agreement

AGREEMENT BETWEEN_____,
(Name of Physician Applicant)

_____
(Name of Employer and ALL Practice Site Locations with full Address[es])

and THE NORTH CAROLINA OFFICE OF RURAL HEALTH

TERM - This Agreement, made and entered into this _____day of _____, _____ by and between _____ hereinafter referred to as Physician Applicant, _____ hereinafter referred to as Employer, and the North Carolina Office of Rural Health, hereinafter referred as ORH. The terms of this Agreement shall commence as of _____ (date) and end not earlier than _____(date). The Employer shall notify ORH immediately if the Employment Agreement with the Physician Applicant is changed or terminated for any reason.

SERVICE - The Physician Applicant and the Employer agree to accept assignment for all Medicare and Medicaid patients presenting for care. The Physician Applicant and the Employer agree to offer services to patients regardless of their ability to pay for such services.

EMPLOYMENT CONTRACT - The employment contract between the Physician Applicant and Employer is deemed to be part of this Agreement and must be no less than three (3) years in duration. The Physician Applicant agrees to work full-time (40 hours/week) for 48 weeks out of the calendar year. Paid time-off may be included within those 48 weeks at the discretion of the Employer.

REPORTING REQUIREMENTS - Physician Applicant and Employer agree to submit, in a timely manner, the NC J-1 Visa Waiver Annual Report Form (see Attachment D). Failure to return the Form to ORH may result in consequences such as the termination of this agreement, a noncompliance report to US Citizenship & Immigration Services (USCIS), and/or the ineligibility of the Employer and/or Physician Applicant for future placements.

TRANSFERS – The Physician Applicant must request and receive written authorization from ORH prior to relocating to another site. The Employer shall notify ORH immediately if the Employment Agreement with the Physician Applicant is changed or terminated for any reason. Failure to notify ORH immediately may result in the ineligibility of the Employer and/or Physician Applicant for future placements.

DEFAULT - If, for any reason, the Physician Applicant does not fulfill (his or her) obligation under the terms of this agreement, ORH will notify the USCIS.

_____ _____
Physician Applicant Signature Date

_____ _____
Employer Signature Date

_____ _____
Margaret L. Sauer, Director Date
NC Office of Rural Health

ATTACHMENT F

103 P.L. 416

[*220] Sec. 220. WAIVER OF FOREIGN COUNTRY RESIDENCE REQUIREMENT WITH RESPECT TO INTERNATIONAL MEDICAL GRADUATES.

(a) Waiver. Section 212 (e) of the Immigration and Nationality Act (8 U.S.C. 1182(e) is amended.

(1) in the first proviso by inserting "(or, in the case of an alien described in clause (iii), pursuant to the request of a State Department of Public Health, or its equivalent)" after "interested United States Government agency"; and

(2) by inserting after "public interest" the following" "except that in the case of a waiver requested by a State Department of Public Health, or its equivalent the waiver shall be subject to the requirements of section 214(l)".

(b) Restrictions of Waiver. - Section 214 of such Act (8 U.S.C., 1184) is amended by adding at the end the following:

(l) Restrictions on waiver.

(1) In the case of a request by an interested State agency, or by an interested Federal agency, for a waiver of the 2-year foreign residence requirement under section 212(e) [8 USCS § 1182(e)] on behalf of an alien described in clause (iii) of such section, the Attorney General shall not grant such waiver unless—

in the case of an alien who is otherwise contractually obligated to return to a foreign country, the government of such country furnishes the Director of the United States Information Agency with a statement in writing that it has no objection to such waiver;

(B) in the case of a request by an interested State agency, the grant of such waiver would not cause the number of waivers allotted for that State for that fiscal year to exceed 30;

(C) in the case of a request by an interested Federal agency or by an interested State agency—

(i) the alien demonstrates a bona fide offer of full-time employment at a health facility or health care organization, which employment has been determined by the Attorney General to be in the public interest; and

(ii) the alien agrees to begin employment with the health facility or health care organization within 90 days of receiving such waiver, and agrees to continue to work for a total of not less than 3 years (unless the Attorney General determines that extenuating circumstances exist, such as closure of the facility or hardship to the alien, which would justify a

lesser period of employment at such health facility or health care organization, in which case the alien must demonstrate another bona fide offer of employment at a health facility or health care organization for the remainder of such 3-year period); and

(D) in the case of a request by an interested Federal agency (other than a request by an interested Federal agency to employ the alien full-time in medical research or training) or by an interested State agency, the alien agrees to practice primary care or specialty medicine in accordance with paragraph (2) for a total of not less than 3 years only 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, except that--

(i) in the case of a request by the Department of Veterans Affairs, the alien shall not be required to practice medicine in a geographic area designated by the Secretary;

(ii) in the case of a request by an interested State agency, the head of such State agency determines that the alien is to practice medicine under such agreement in a facility that serves patients who reside in one or more geographic areas so designated by the Secretary of Health and Human Services (without regard to whether such facility is located within such a designated geographic area), and the grant of such waiver would not cause the number of the waivers granted on behalf of aliens for such State for a fiscal year (within the limitation in subparagraph (B)) in accordance with the conditions of this clause to exceed 10; and

(iii) in the case of a request by an interested Federal agency or by an interested State agency for a waiver for an alien who agrees to practice specialty medicine in a facility located in a geographic area so designated by the Secretary of Health and Human Services, the request shall demonstrate, based on criteria established by such agency, that there is a shortage of health care professionals able to provide services in the appropriate medical specialty to the patients who will be served by the alien.

(2)

(A) Notwithstanding section 248(a)(2) [8 USCS § 1258(a)(2)], the Attorney General may change the status of an alien who qualifies under this subsection and section 212(e) [8 USCS § 1182(e)] to that of an alien described in section 101(a) (15) (H)(i)(b) [8 USCS § 1101(a)(15) (H)(i)(b)]. The numerical limitations contained in subsection (g)(1)(A) shall not apply to any alien whose status is changed under the preceding sentence, if the alien obtained a waiver of the 2-year foreign residence requirement upon a request by an interested Federal agency or an interested State agency.

(B) No person who has obtained a change of status under subparagraph (A) and who has failed to fulfill the terms of the contract with the health facility or health care organization named in the waiver application shall be eligible to apply for an immigrant visa, for permanent residence, or for any other change of nonimmigrant status, until it is established that such person has resided and been physically present in the country of his nationality or his last residence for an aggregate of at least 2 years following departure from the United States.

(3) Notwithstanding any other provision of this subsection, the 2-year foreign residence requirement under section 212(e) [8 USCS § 1182(e)] shall apply with respect to an alien described in clause (iii) of such section, who has not otherwise been accorded status under section 101(a)(27)(H) [8 USCS § 1101(a)(27)(H)], if--

(A) at any time, the alien ceases to comply with any agreement entered into under subparagraph (C) or (D) of paragraph (1); or

(B) the alien's employment ceases to benefit the public interest at any time during the 3-year period described in paragraph (1)(C).

ATTACHMENT G

Other J-1 Visa Waiver Programs to consider prior to applying for the Conrad 30 are listed below. These programs have unlimited slots; whereas, the Conrad 30 J-1 Visa Waiver program only has 30 slots.

Appalachian Regional Commission (ARC) J-1 Visa Waiver Program

In order to be good stewards of our Conrad 30 J-1 Visa Waiver slots, **ALL** providers practicing at sites located in designated Appalachian Regional Commission (ARC) J-1 Visa Waiver Program counties are strongly encouraged to apply to the ARC J-1 Visa Waiver Program. The ARC J-1 visa program does not charge a fee effective June 2021 and has unlimited slots. ORH works with the ARC J-1 Visa Waiver Program to enable medical providers in the ARC counties in North Carolina to recruit and employ international medical graduates who may obtain a waiver of their two-year home residency requirements and practice in a health shortage area. For further information on the ARC J-1 Visa Waiver Program, visit the ARC website. The contact information for the ARC is:

Deann Reed Fairfax, Program Specialist, Office of the General Counsel
DFairfax@arc.gov
https://www.arc.gov/j-1-visa-waivers/

ARC NC Counties: North Carolina (31 counties): Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Davie, Forsyth, Graham, Haywood, Henderson, Jackson, McDowell, Macon, Madison, Mitchell, Polk, Rutherford, Stokes, Surry, Swain, Transylvania, Watauga, Wilkes, Yadkin and Yancey

ORH will provide a letter of support for the ARC Program.

1. **Please complete this Application Cover Sheet ARC Waiver Program Application Cover Sheet**
2. **Submit Cover Sheet and complete ARC Waiver Application as 2 separate attachments to Lisa.McKeithan@dhhs.nc.gov**

US Department of Health and Human Services Exchange Visitor Program- Clinical Care Waiver

The U.S. Department of Health and Human Services (HHS) manages this program as it relates to clinical care. Physicians must deliver health care services for three years in a mental health or primary care shortage area.

Clinical Care Waiver- Primary health care services located in Primary Care Health Professional Shortage Areas (HPSA) scoring 7 or above. HHS primary care includes family medicine, general internal medicine, general pediatrics, obstetrics & gynecology or general psychiatry. For more information, please visit the website located at Exchange Visitor Program.

ORH will provide a letter of support for the HHS Exchange Visitor Program Clinical Care Waiver. **Please complete this Application Cover Sheet HHS Exchange Visitor Program Application Cover Sheet and submit to Lisa.McKeithan@dhhs.nc.gov**