J-1 Visa Waiver Review and Recommendation Process
For the State of Nebraska

The State of Nebraska is committed to assisting all residents of Nebraska to having access to quality, affordable health care. Therefore, the Nebraska Department of Health & Human Services is prepared to consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 visas under certain conditions.

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

A waiver request to the Nebraska Department of Health & Human Services must come from a Nebraska health care facility (clinic or hospital) on behalf of a J-1 physician and not directly from a J-1 physician.

Description of the Waiver Review Process

Request for a waiver of the foreign residence requirement must be made by a local health care facility (clinic or hospital) directly to the Nebraska Department of Health & Human Services, Office of Rural Health. Upon request, an information packet will be sent detailing the information/documentation that is required.

Each case will be reviewed on a case by case basis by the Nebraska Office of Rural Health. The review and submission process by the State of Nebraska usually takes two weeks, the entire application process including the review by the Department of State and U.S. of Citizenship and Immigration Services takes 3 – 4 months.

Only thirty (30) waivers can be granted per state per year. Each case file will be assigned a priority number. The non-shortage area requested applications (up to 10 of the 30) will be reviewed in the same manner as other applications.

If the Nebraska Department of Health & Human Services decides to recommend a waiver, the application and letter of support will be sent to the U.S. Department of State. The representative on the G-28 form and the sponsoring employer will be notified when the application is sent (usually within two weeks of receipt of the application packet).

The U.S. Department of State will check with the organization that issued the IAP-66 "Certificate of Eligibility for Exchange Visitor (J-1) Status", bringing the person into the U.S. If that organization has no objections to the person being granted the waiver and the case has all the necessary documentation, US Department of State will forward the package to the U.S. Citizenship and Immigration Service (USCIS) with a favorable recommendation. The U.S. Citizenship and Immigration Service (USCIS) will inform the requestor and the Nebraska Department of Health & Humans Services of its decision.

Nebraska J-1 Visa Waiver Request Requirements

Please only include these documents, adding additional documentation will slow down the application process

1. **A letter from the head of the facility** at which the physician will be employed that:

   - Requests that the Nebraska Department of Health & Humans Services act as an interested government agency and request a waiver for the J-1 physician.

   - Summarizes how the health care facility has attempted to locate qualified U.S. physicians. Delineate past efforts and include copies of advertisements, or agreements with placement services, or submit a strongly-worded, detailed statement describing recruitment efforts. In addition, the health care facility's long range plans for retention of the J-1 physician must be detailed.

   - Provides a detailed description of the health care facility, including the nature and extent of its primary care medical services and current health care providers. Assure that the health care facility and the physician will accept Medicaid and Medicare eligible patients.

   - Agree to participate in efforts to provide requested survey data in a timely manner to monitor applicant's work status, practice location and other requested information. This requires email and contact information of the individual being hired and the clinical/site manager.

2. **Evidence that the facility is in a HPSA, MUA or MUP (if applicable)** (https://data.hrsa.gov/tools/shortage-area/by-address)
3. **Employment Contract signed by both parties**, which includes:
   - name and address of the health care facility
   - the specific geographic area where they will practice medicine
   - full-time employment (a minimum of 40 hours a week)
   - for a minimum of three years
   - to begin practice within 90 days of receiving a waiver from INS
4. **DS-2019/I-94 Forms**
5. **Curriculum Vitae**
6. **J-1 Visa Waiver Affidavit and Agreement**
7. **Copy of Passport**
8. **Form G-28**/Letter of Representation
9. **DS-3035 and Supplementary Applicant Information Pages**
10. **Statement of Reason (a personal statement, one page or less from the applicant as to why they are seeking to stay in the US)**
11. **Department of State Case file #** (http://j1visawaiverstatus.state.gov/)
12. **Third Party Barcode Page**
13. **Waiver Division Barcode Page**

J-1 Visa Waiver Delivery Instructions and Processing

- **Please send all documents in the order listed above with page dividers and table of contents for easier processing.**
  - **Documents should be in one PDF file.**
  - **Send PDF File to Heidi Peirce, Director of the Office of Rural Health. E-mail is heidi.peirce@nebraska.gov**
  - **Please do not include extra documents in your submission package. It can slow down the process for your client.**

- **The Office of Rural Health will process the documents, looking to ensure documents are present and filled out. Once processed, she will send her recommendation attached to the package of your paperwork to the US State Department.**

- **The Rural Health Office will also send you a copy (via email) of their recommendation letter for your records.**

- **Paperwork will be processed within two weeks. Once the paperwork arrives at the US State Department, it can take up to 120 days for their decision.**

- **Hard copies of the submission package are no longer necessary for submission.**

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J-1 Visa Waiver Affidavit and Agreement

I _____, being duly sworn, hereby request that the Nebraska Department of Health & Human Services review my application for the purpose of recommending waiver of the foreign residency requirement set forth in my J-1 visa, pursuant to the terms and conditions as follows:

I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the State of Nebraska, the Nebraska Department of Health & Human Services, any and all State of Nebraska employees, agents and assignees from any action or lack of action made in connection with this request.

I further understand and acknowledge that the entire basis for the consideration of my request is a Nebraska Department of Health & Human Services voluntary policy and a desire to improve the availability of medical care in Federal Health Professional Shortage Areas.

I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render medical services to patients, for a minimum for forty (40) hours per week within an area designated by the Secretary of Health as having a shortage of health care professionals. Such service shall commence not later than ninety (90) days after I receive notification of approval by both the U.S. Citizenship and Immigration Service (USCIS) and the U.S. Department of Labor and shall continue for a period of at least three (3) years.

I further agree that any employment agreement I enter into pursuant to paragraph 3 shall not contain any provision which modifies or amends any of these terms of this J-1 Visa Waiver Affidavit and Agreement.

I understand and agree that my medical care services rendered pursuant to paragraph 3 shall be in a Medicare and Medicaid certified facility which has an open, non-discriminatory admission policy.

I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Affidavit and Agreement, the Nebraska Department of Health & Human Services will notify USCIS.

I will provide requested survey data in a timely manner to monitor my work status, practice location and other requested information. This information is to be collected by the Nebraska Department of Health & Human Services and/or designated collaborating entities.

I declare under the penalties of perjury that the foregoing is true and correct.

_____

Subscribed and sworn to me: Month ___ Day ___ Year _____.

_____ Notary Public

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