



Government of the District of Columbia Department of Health  
DC-30/J-1 Visa Waiver Program Guidelines



**Effective October 1, 2016**

The following are the program guidelines governing the DC-30/J-1 Visa Waiver Program administered by the DC Department of Health (DOH). Under the DC-30/J-1 Visa Waiver Program (the Program), DOH makes recommendations to the US Department of State (State) for waivers of the two-year home-country physical presence requirement associated with the J-1 visa used by international medical graduates (IMGs) during their residencies in the US (22CFR40.202 and 22CFR41.63). DOH will issue waiver recommendations for IMGs who agree to provide care, for a period of no less than three years, in DC Health Professional Shortage Areas (HPSA) or Medically Underserved Areas (MUA) that are appropriate for the services the physician provides.

- I. [General](#)
- II. [Physician Eligibility Requirements](#)
- III. [Physician Participation Requirements](#)
- IV. [Sponsoring Facility Requirements](#)
- V. [Service Completion Letters](#)
- VI. [Physician National Interest Waiver Recommendations](#)
- VII. [Non-Compliance with Program Guidelines](#)
- VIII. [Signatures](#)

**I. General**

- A. DOH will make recommendations for up to 30 J-1 visa waivers between October 1 of a given calendar year and September 30 of the following calendar year. Waiver recommendations will be made for IMGs who are eligible according to the criteria outlined in [Section II](#) of the Program Guidelines.
- B. DOH will reserve twenty of the District's 30 annual waiver recommendations for IMGs who will be practicing at facilities that are located in currently-designated Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas/Populations (MUA/Ps). HPSA and MUA/Ps must be appropriate to the services the proposed facility provides, the facility's patient population, and the physician's discipline. Providers that propose to practice in a Population HPSA or MUP (i.e. Homeless or Low-Income) must demonstrate that the majority of their patients are from the population for which there is a shortage of health professionals (i.e. Homeless or Low-Income). Providers that are located in Population HPSAs or MUA/Ps but that do not have a patient profile of which the majority is from the designated population will be assessed for a Flex Spot, described below.



Government of the District of Columbia Department of Health  
DC-30/J-1 Visa Waiver Program Guidelines



- C. The DOH will issue up to 10 “Flex Spots” waivers for applicants who will be employed at facilities that are not located in HPSAs or MUA/Ps (or not located in HPSAs/MUA/Ps that are appropriate to the providers’ discipline and patient profile) but that serve the District’s underserved. To qualify for a Flex Spot, the physician’s sponsoring facility must serve a patient population of which at least 30% are Medicaid-insured or of which at least 45% are publicly insured and/or charged reduced fees according to an established Sliding Scale Fee Policy\*. The sponsoring facility must provide a report of the facility’s insurance payer mix as evidence.

*\*Sliding Scale Fee is a formal, posted up-front discount policy based on income or ability to pay and is tied to the Federal Poverty Levels (see: <http://aspe.hhs.gov/POVERTY/>). Bad debt write-offs are not included.*

- D. DOH will reserve up to ten of its 30 annual recommendations exclusively for primary care physicians practicing in general internal medicine, family medicine, pediatrics, obstetrics/gynecology, psychiatry, or geriatrics. The remaining 20 waiver recommendations will be used for both primary care physicians and select physician specialists, with preference always given to primary care physicians.
- E. Specialists will be considered for waivers if they practice in areas related to the leading causes of death in the District, which are:
1. Heart disease
  2. Cancer
  3. Cerebrovascular disease
  4. Accidents
  5. HIV/AIDS
  6. Chronic lower respiratory diseases

Other specialties (not listed above) will be considered on the basis of written letters attesting to the need for those specialties from the sponsoring facility or cognizant medical or government leaders representing the communities to be served. Each letter should provide a description of how the presence of the specialist will contribute to improving the health of District residents, the need for the specialist at the sponsoring facility (e.g. utilization and patient disease prevalence statistics), descriptive statistics on the patient population that will be served by the specialist, and a description of any unique qualifications, such as language proficiency, that make the specialist particularly suited to serve the facility’s patient population. Providers of the same specialty as the applicant, who are currently practicing in the community where the applicant will be practicing, may also submit letters of support for the waiver application. The facility may also submit letters from primary care providers who will be referring patients to the specialist. The sponsoring facility must provide documentation of linkages to primary care providers in



Government of the District of Columbia Department of Health  
DC-30/J-1 Visa Waiver Program Guidelines



the service area, including descriptions of referral and care coordination activities. Eligible specialists will be considered for Flex Spots as long as the criteria outlined in [Section I.C.](#) are met.

## **II. Physician Eligibility Requirements**

- A. Physician must have been trained in the United States under a valid J-1 visa and must be a graduate of an approved residency program.
- B. Physician must be a general practice primary care physician or a physician specialist (as outlined under [Section I.E.](#))
- C. Physician must have a contracted offer of employment from the sponsoring facility.
- D. Physician must be licensed to practice in the District by the employment start date referenced in the employment contract.

## **III. Physician Participation Requirements**

- A. Participant must provide the Health Care Access Bureau (HCAB) with a copy of the United States Customs and Immigration Service (USCIS) letter of J-1 visa waiver approval within 45 days of the date on the letter. Participant must begin employment within 90 days of receiving the waiver.
- B. Participant must work at the sponsoring facility providing direct patient care for a minimum of 40 hours per week (or 80 hours per two weeks) for at least three years. Travel time, hospital rounds, on-call hours, teaching, and research cannot be included in the work requirement.
- C. Participant may work part-time if provided written approval from the sponsoring facility and the USCIS. Part-time employment will be calculated to equal a total of three years of full-time employment, with the commitment period not to exceed six years.
- D. Participant may choose to work additional hours beyond the 40-hours-per-week waiver commitment either at the sponsoring facility or at another facility so long as the primary employment contract does not restrict the participant's ability to do so. If the participant is employed by another facility for these non-waiver commitment hours, an additional H-1B visa is required.



**Government of the District of Columbia Department of Health  
DC-30/J-1 Visa Waiver Program Guidelines**



- E. Participant must notify the HCAB in writing in the event of extended leave. Documented maternity leave and extended severe illness leave of three months or less will not be added to the total three-year commitment. Leave taken in excess of three months will be added to the length of the service commitment.
- F. Participant must notify the HCAB in writing in the event of employment termination or practice relocation. Written notification must be provided within 10 days of such an event.
- G. Participant must provide prior written notification to the HCAB before any foreseeable change in employment.
- H. In the event of employment termination, the participant must secure - within three months of termination - employment at a substitute facility that meets the eligibility requirements outlined in [Section I.B.](#) The three-year commitment will be subsequently extended by the amount of time during which the participant was not actively providing services. DOH will consider a participant who does not find employment within three months to be [noncompliant](#). A participant who is within three months of completing his/her commitment at the time of employment termination may request an early completion by submitting documented evidence of extenuating circumstances.
- I. Participant must enroll in the DC Medicaid and Healthcare Alliance programs within the first 30 days of employment and submit proof to the HCAB of enrollment (participant identification numbers) within 90 days of employment. Any participant who is unable to provide such proof must provide a written explanation to be reviewed and approved by the HCAB.
- J. Participant must provide semi-annual service verification reports (in October and April) to the HCAB for the duration of the three-year commitment (for a total of six submissions) for providers employed full-time. Reporting forms will be provided by the HCAB and will gather information on the physician's schedule and - on an annual basis - the physician's patient profile by payer class. Participants agree to provide additional practice information as requested by the HCAB.
- K. Participant must participate in all HCAB recruitment and retention survey efforts including those that are administered to the physician after completion of his/her three-year work requirement. Accordingly, the participant must provide updated contact information to the HCAB at the end of his/her service commitment.



**Government of the District of Columbia Department of Health  
DC-30/J-1 Visa Waiver Program Guidelines**



- L. Participant must attend trainings and meetings as scheduled by the HCAB, for a maximum of two trainings per year. The HCAB will schedule trainings and meetings so as to cause minimal disruption to the physicians' practice schedule.
- M. Participant must not seek legal recourse against any government entity that rescinds a waiver recommendation or revokes a waiver.

**IV. Sponsoring Facility Requirements**

- A. Facility must ensure the J-1 visa waiver physician works at the facility for a minimum of 40 hours per week (or 80 hours per two weeks) - not including travel time, hospital rounds, on-call hours, teaching and research - for at least three years.
- B. Facility must provide information for the semi-annual (October and April) service verification reports that the physician must submit to the HCAB during his/her three-year waiver commitment. Report forms will be provided by the HCAB and will request information on the physician's schedule and - on an annual basis - the physician's patient profile by payer class.
- C. Facility must notify the HCAB in writing within 10 days of any changes relating to the physician's employment, including but not limited to disciplinary leave, termination, site relocation or site transfer.
- D. Facility must notify the HCAB if the contact name, telephone and mailing information for an employer representative changes during the course of the physician's participation in the DC-30/J-1 Visa Waiver Program.
- E. Facility must assist the HCAB, as requested, in subsequent HPSA/MUA designation activities by providing DOH with practice information for physicians employed by or affiliated with the facility.

**V. Service Completion Letters**

A participant who completes all participation requirements associated with the DC-30/J-1 Visa Waiver Program may request a service completion letter from the DOH; the DOH will not automatically provide service completion letters.

DOH will not issue service completion letters prior to the participants' fulfillment of the participation requirements but will provide the letter within 30 days of all requests that are



Government of the District of Columbia Department of Health  
DC-30/J-1 Visa Waiver Program Guidelines



submitted at the time of or following the participants' successful completion of their requirements.

**VI. Physician National Interest Waiver (PNIW) Recommendations**

A. DOH will provide recommendation letters for Physician National Interest Waivers (PNIW) for non-Flex Spot DC-30/J-1 Visa Waiver Program participants who have successfully completed (i.e. complied with all participation requirements) their three-year service commitment and who commit to providing services at their current or other qualifying DC facility for an additional two years (for a total of five years of service in a DC HPSA or MUA). To request a PNIW recommendation letter, the physician must submit an application to the HCAB containing the following:

1. Letter from lawyer requesting letter of support for PNIW;
2. Letter from sponsoring facility in support of PNIW;
3. Letter of intent from the physician;
4. Copy of current DC licensure;
5. Evidence that the sponsoring facility is located in a DC HPSA or MUA that is appropriate for the services provided and the populations served; and
6. Copy of signed employment contract committing the applicant to an additional two years of employment with a qualifying sponsoring facility (i.e. located in a DC HPSA or MUA that is appropriate for the services provided and the populations served).

B. A Flex Spot participant requesting a PNIW recommendation must submit:

1. Items 1-5 of [Section VI.A](#) (above); and
2. A contract with a qualifying sponsoring facility (i.e. a facility that is located in a HPSA or MUA that is appropriate for the services provided and the populations served) that covers a minimum of five years of employment.

No part of the Flex Spot participant's J-1 visa waiver service time (i.e. at a facility that is *not* located in a HPSA or MUA that is appropriate for the services provided and the populations served) can be applied towards the five-year service requirement associated with the PNIW.

C. A participant requesting a PNIW recommendation letter prior to completing his/her DC-30/J-1 Visa Waiver service commitment must submit:

1. Items 1-5 of [Section VI.A](#) (above); and



**Government of the District of Columbia Department of Health  
DC-30/J-1 Visa Waiver Program Guidelines**



2. An employment contract with the sponsoring facility that demonstrates that the physician will meet the five-year service requirement associated with the PNIW.

A physician may apply for a PNIW recommendation letter at the time that he/she applies for participation in the DC-30/J-1 Visa Waiver Program by submitting the items listed in the Section VI.A of the Program's Application Guidelines.

- D. A physician who has participated in another state's Conrad-30/J-1 Visa Waiver Program and wishes to be considered for a DC DOH PNIW recommendation letter must submit:
  1. Items 1-5 of [Section VI.A](#) (above);
  2. A letter of completion from the J-1 visa waiver state's Primary Care Office; and
  3. A contract with a qualifying sponsoring facility within the District of Columbia for the remaining years of the five-year PNIW service requirement.
- E. For J-1 Waiver Program participants, the DOH will not consider any portion of an applicant's residency training as meeting the PNIW service requirement.
- F. For applicants who completed residency training under H1-B visa, the time spent in residency may count towards the PNIW service requirement, given the sponsoring facility is located in a HPSA or MUA that is appropriate for the services provided and the populations served. A physician who has not participated in any state Conrad-30/J-1 Visa Waiver Program may request a PNIW recommendation letter from the DC DOH by submitting:
  1. Items 1-5 of [Section VI.A](#) (above);
  2. A letter from the state's Primary Care Office stating full-time service provided at a qualifying sponsoring facility was located in a HPSA or MUA that is appropriate for the services provided and the populations served;
  3. A completion letter from the residency program;
  4. Copies of the physician's H1-B approval notice; and
  5. A contract with a qualifying sponsoring facility within the District for the remaining years of the five-year PNIW service requirement.
- G. The DOH will not issue PNIW recommendations for physicians proposing to complete his/her PNIW service requirement in jurisdictions outside of DC.

For DC-30/J-1 Visa Waiver Program participants who have successfully completed their J-1 Program participation requirements and are proposing to complete their PNIW service requirements in another state, the DOH will provide, upon request, a service completion letter attesting to the participants' successful completion of the J-1 visa waiver



**Government of the District of Columbia Department of Health  
DC-30/J-1 Visa Waiver Program Guidelines**



requirements; however, DOH will not provide these participants with PNIW recommendations.

- H. DOH reserves the right to deny any requests for a PNIW recommendation letter. The DOH will provide the applicant or the applicant's representative a written justification for any denial.

**VII. Non-Compliance with Program Guidelines**

- A. In the event that a participant is found to be out of compliance with the participation requirements outlined in [Section III](#), DOH reserves the right to:
  - 1. Notify the USCIS of non-compliance and recommend that the two-year home residency requirement be reinstated;
  - 2. Deny participant requests for service completion letters; and
  - 3. Deny requests for letters of support for the PNIW application.
- B. In the event that a facility is found to be out of compliance with the sponsoring facility requirements outlined in [Section IV](#), DOH reserves the right to deny the facility's future requests for a J-1 visa waiver recommendation.





Government of the District of Columbia Department of Health  
DC-30/J-1 Visa Waiver Program Guidelines



VIII. Signatures

I have read and understand the DC-30/J-1 Visa Waiver Program Guidelines.

\_\_\_\_\_  
J-1 Physician Name (Printed)

\_\_\_\_\_  
J-1 Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employing Facility Representative Name (Printed)

\_\_\_\_\_  
Employing Facility Representative Signature

\_\_\_\_\_  
Date

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Name (Printed)

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_