

**STATE OF MONTANA  
CONRAD STATE 30 J-1 VISA WAIVER  
PROGRAM GUIDELINES**



**DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES**

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## I. BACKGROUND

Physicians who attend medical school and receive a medical degree in a foreign country, international medical graduates, are permitted to come to the United States for residency training on a J-1 international exchange visitor visa. Upon completion of their residency training, these physicians are required to return to their home country for two (2) years before applying for a new U.S. visa.

The two-year home-return requirement may be waived if the physician is willing to practice medicine full time for three (3) years in an underserved area of the United States to increase access to primary care and specialty medical services.

The State of Montana can recommend up to thirty (30) visa waivers each year for primary care physicians to work in healthcare shortage areas. A maximum of ten (10) flex positions are available to specialty care physicians who practice at a health care facility which serves patients from healthcare shortage areas.

## II. PURPOSE

The Montana Department of Public Health and Human Services (MT DPHHS) aims to improve access to health care in underserved areas, Health Professional Shortage Areas (HPSAs). The purpose of the Conrad 30 J-1 Visa Waiver Program is to improve access to primary medical care in a HPSA for no less than two years while the J-1 physician participates in the program. Montana DPHHS can recommend to the U.S. Department of State that the two-year home obligation be waived for qualified international medical graduates.

The federal rules and regulations can be viewed here: <https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor.html>.

## III. POLICY

Preference for a J-1 visa waiver recommendation is given to physicians practicing in primary medical care such as Family Practice, Internal Medicine, Pediatrics, and Obstetrics/Gynecology. Psychiatrists who fill a documented primary mental health care need may also be considered for J-1 visa waivers. Physicians practicing in other specialty medical services, or outside of a HPSA serving patients from a designated area, may qualify for a J-1 visa waiver as a flex position. Montana may recommend up to thirty (30) J-1 visa waivers per year, with a maximum of ten (10) flex spots.

## IV. ELIGIBILITY AND QUALIFICATIONS FOR EMPLOYERS

The practice site must be physically located in an area with a current federal designation as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP) for primary medical care.

The practice site must have attempted to recruit a U.S. citizen or a permanent resident physician for a period of at least six months. An employer or owner of the practice site is not eligible if the owner or site has previously defaulted on a J-1 visa waiver contract.

Compensation offered to the J-1 Physician must be at least equal to the local prevailing wage for the position or the employer's actual wage for similarly employed U.S. workers, whichever is higher.

The employer's contract may not include a non-compete clause or restrictive covenant preventing or discouraging the J-1 physician from continuing to practice in any federally designated shortage area after the period of obligation has expired.

The employer is required to submit a letter indicating a desire to hire the physician. The letter should include a request to Montana DPHHS to act as an interested government agency and recommend a J-1 visa waiver to the physician. The letter must also include the name of the J-1 physician, their medical specialty, the physician's qualifications, and work schedule showing they intend to be employed full-time. The letter should include a statement that the J-1 physician will practice in a primary medical care or primary mental health care (for psychiatric specialty) capacity in an underserved area.

## V. ELIGIBILITY AND QUALIFICATIONS FOR J-1 PHYSICIANS

The foreign medical physician must be in their final year of residency or have completed residency. The physician must have an offer of full-time employment at a health care facility in a designated HPSA, or at a health care facility which serves patients from such designated areas.

The physician must agree to begin employment at the facility within ninety (90) days of receiving a waiver. Proof of a Montana medical license, or application for license, is required.

The physician must sign a contract to continue working at that health care facility full-time, forty (40) hours per week, for no less than three (3) years.

The Montana DPHHS recognizes that telehealth is a valuable tool for delivering health care and may be a necessary component of a physician's practice. Therefore, the MT DPHHS will permit J-1 visa waiver physicians to use telehealth as a component of their full-time practice obligation, provided that all conditions outlined in the policy, the physicians' employment agreement, and the J-1 Visa Program are met.

The following conditions must be met for a J-1 visa waiver physician's telehealth services to be counted toward their three-year service obligation:

1. Contractual Agreement: The physician's employment contract must explicitly state that telehealth services are a part of their duties and must clearly define the scope, frequency, and location of these services.
2. Montana-Based Service: All telehealth services must originate from an approved location within the state of Montana, typically the physician's Primary Practice Site or an approved remote work location within the state.
3. Patient Location: Telehealth services must be provided to patients who reside in a federally designated HPSA, MUA (Medically Underserved Area), or Medically Underserved Population (MUP) in Montana, ensuring that the service is delivered to the intended population.
4. Compliance with Regulations: The physician and the employing facility must comply with all applicable state and federal laws, including those related to privacy (HIPAA), licensure, and reimbursement for telehealth services.
5. Full-time Obligation: The use of telehealth does not alter the physician's fundamental obligation to maintain a full-time practice of at least 40 hours per week.

## VI. APPLICATION PROCESS FOR NEW J-1 VISA WAIVERS

The Montana J-1 visa waiver application process consists of the following steps:

1. Obtain a J-1 visa waiver case number from the U.S. Department of State.
2. Identify practice sites in Montana eligible to employ J-1 physicians.

3. Secure an employment contract (contingent on securing the J-1 visa waiver).
4. Submit a J-1 visa waiver application to Montana DPHHS.
5. Montana DPHHS will review the J-1 visa waiver request.
  - a. If additional information is needed, or if the visa waiver is not recommended, Montana DPHHS will notify the applicant or their representative.
  - b. If a visa waiver is recommended, the application and recommendation letter will be sent to the U.S. Department of State.
  - c. The application will be reviewed by the U.S. Bureau of Citizenship and Immigration Services (BCIS). BCIS will notify the recipient if the J-1 visa waiver is granted or denied.

## VII. APPLICATION SUBMISSION TO MONTANA DPHHS

Submit one (1) unbound copy of the application materials to Montana DPHHS. Faxed applications will not be considered. Please do not use staples, brads, clips, separators, tabs, or stickies.

The application must include all the required documents listed on the Application Checklist (page 8).

1. Application Face Page (page 9)
2. Letter From Employer- A letter from the facility, on official letterhead including the telephone and fax number, indicating a desire to hire the physician. This must describe the reason for the request for the J-1 visa waiver including the physician's qualifications that will satisfy the healthcare needs and improve access to care for the underserved population of the service area. Please include any recruitment efforts and/or challenges you have experienced which would support the reason(s) for hiring the J-1 physician.
3. Health Professional Shortage Area (HPSA)/MUA-P Evidence Documents
4. Employment Contract- The full employment contract with all appendices must be attached. The contract must specify the employment term of no less than three years, full-time (40 hours per week), and include the compensation plan. The exact employment address must be specified. The discipline and specialty the physician will be performing must be listed. The contract may not contain a non-compete clause.
5. DS-2019's / I-94 Forms
6. Curriculum Vitae
7. Exchange Visitor Attestation (page 10)/ Foreign Medical Graduate Statement
8. Form G-28 / Letter of Representation
9. DS-3035 and Supplementary Application Information Page: U.S. Department of State J-1 Visa Waiver Recommendation Application and Supplementary Application Information.
10. Statement of Reason: The physician's personal statement explaining the reason(s) for not fulfilling the two-year home residency requirement and commitment to serving the underserved population in a health professional shortage area.
11. Third Party Barcode Page
12. Waiver Division Barcode Page

The J-1 physician's case number obtained from the U.S. Department of State must be affixed to each document. All documents must be on standard 8.5 x 11 inch white paper. Do not include any page separators, tabs, or extra documents not listed on the Application Checklist. Do not bind or staple any of the application documents. You may use a binder clip or rubber band around the packet. Applications should be mailed to:

MT PRIMARY CARE OFFICE, J-1 COORDINATOR  
 FAMILY & COMMUNITY HEALTH BUREAU  
 1625 11<sup>TH</sup> AVENUE  
 PO BOX 4210

MT Primary Care Office will review applications within 10 working days. Complete J-1 visa waiver recommendations will be forwarded to the U.S. Department of State for review. MT Primary Care Office will send a copy of the recommendation to the physician and, if applicable, their appointed representative.

The U.S. Department of State will review the application. If approved, they will forward the application to the U.S. Citizenship and Immigration Services (USCIS). The BCIS will send notification of their decision directly to the physician and their representative.

#### VIII. MT DPHHS APPLICATION REVIEW STANDARDS

1. MT DPHHS intends that the proposed placement of the J-1 physician will not adversely affect or compromise the delivery of health care in the medically underserved area.
2. MT DPHHS will consider any disciplinary actions or proceedings taken by the Montana Board of Medical Examiners (or comparable professional medical review boards in other states) against the J-1 physician or the potential employer.
3. MT DPHHS will consider any investigation, indictment, or conviction for violations of federal, state, or local laws, regulations, or ordinances related to the medical practice of employment including its principal owners, administrators, or medical directors.
4. MT DPHHS has the discretion to limit the number of J-1 visa waivers for employers who submit multiple applications. Federally funded clinics or State agencies that provide healthcare to the indigent, uninsured, or institutionalized populations will be given an exception.
5. Employers may not impose additional requirements on J-1 physicians beyond the practice policies and expectations for non-J1 physicians.
6. The MT DPHHS will review each waiver application to determine the impact that the placement will have on the accessibility of care in the underserved area. The proposed placement must not adversely affect or compromise the delivery of health care in underserved areas in the state.
7. MT DPHHS does not guarantee or ensure that a complete submission will result in a visa waiver recommendation. MT DPHHS reserves the right to recommend or decline any waiver request.
8. J-1 physicians currently completing a residency program in the State of Montana will receive priority consideration for a visa waiver recommendation.

#### IX. MT DPHHS SEMI-ANNUAL REPORTING REQUIREMENTS

The J-1 physician and the Chief Executive Officer, or Administrator, of the employing organization must provide MT DPHHS with employment verification reports on a bi-annual basis.

1. The first report must be submitted within 30 days of employment.
2. Subsequent reports must be submitted every six months.
3. A final report due upon completion of the three-year commitment.

Failure to submit accurate and truthful semi-annual reports will delay confirmation of the physician's service toward a National Interest Waiver. Lack of cooperation from the employing organization may jeopardize future J-1 physician visa waiver recommendations.

The J-1 physician and their representative have an obligation to communicate any employment-related changes to the Montana Primary Care Office as soon as possible.

#### X. ADDITIONAL INFORMATION

U.S. Citizenship and Immigration Services (USCIS) of the Department of Homeland Security, formerly Immigration and Naturalization Service (INS) has the final say in the approval/disapproval of a J-1 Visa Waiver application. <http://www.immigration.gov/graphics/howdoi/exchvisit.htm>

Bureau of Healthcare Workforce (BHW), located in the U.S. Department of Health and Human Services, Health Resources & Services Administration, processes requests for designation of HPSAs and MUA/Ps. <http://bhpr.hrsa.gov/healthworkforce/>

U.S. Department of State, Waiver Review Division is the federal agency that reviews the recommendations submitted by MT DPHHS and submits its own recommendation to the USCIS for final determination. <https://travel.state.gov/content/travel/en/us-visas.html>

## MONTANA STATE CONRAD 30 J-1 VISA WAIVER APPLICATION CHECKLIST

TAB	ITEM	CHECK
1	Montana State Conrad 30 J-1 Visa Waiver Application Face Page	
2	Letter from Employer	
3	HPSA/ MUA Evidence Documents	
4	Employment Contract	
5	DS-2019's / I-94	
6	Curriculum Vitae	
7	Exchange Visitor Attestation / Foreign Medical Graduate Statement	
8	Form G-28 / Letter of Representation	
9	DS-3035 and Supplementary Applicant Information Pages	
10	Statement of Reason	
11	Third Party Barcode Page	
12	Waiver Division Barcode Page	



MONTANA STATE CONRAD 30 J-1 VISA WAIVER APPLICATION

**Physician's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Citizenship Country: \_\_\_\_\_

Discipline/Specialty: \_\_\_\_\_ DOS Case Number: \_\_\_\_\_

Residency School: \_\_\_\_\_ Residency Completion: \_\_\_\_\_

MT Medical License #: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Attorney/Representative:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Physician Practice Location:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Practice Setting (Inpatient/Outpatient): \_\_\_\_\_ HPSA ID#: \_\_\_\_\_

MONTANA STATE CONRAD 30 J-1 VISA WAIVER PROGRAM  
U.S. DEPARTMENT OF STATE  
EXCHANGE VISITOR ATTESTATION

I \_\_\_\_\_ hereby declare and certify, under  
(physician name)

penalty of the provisions of 18USC. 1001, that: (1) I have sought or obtained cooperation of the State of Montana, Department of Public Health and Human Services; and (2) I do not now have pending nor will I submit another request to any U.S. Government department or agency or its equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date