**Section 591.120 Application Materials and Processing**

a) Application materials are available from the Department's web site at: https://dph.illinois.gov/content/dam/soi/en/web/idph/forms/topics-services/life-stages-populations/rural-underserved-populations/j1-waiver-program/j-1waiver-application922021.pdf.

Applications shall be sent to:

J-1 Visa Waiver Program

Illinois Department of Public Health

Center for Rural Health

535 West Jefferson Street, Ground Floor

Springfield, Illinois 62761-0001

or electronically to: dph.j1waiver@illinois.gov.

b) The application materials shall include the following:

1) A statement from the physician's employer describing prior recruitment difficulties, the expected practice arrangement for the physician, and the impact on the medical facility and the patients it serves if the waiver is not approved;

2) An attestation from each medical facility where the physician will work that it accepts all patients regardless of the ability to pay, accepts Medicaid and Medicare on assignment, and uses a sliding-fee scale based on federal poverty guidelines to discount services to low-income uninsured persons. The attestation must also state that these discounts are offered to all patients of all providers at the medical facility and not only to the patients of the J-1 waiver applicant. This is not required for forensic pathologists who apply for a J-1 waiver and propose to work at a medical examiner’s office;

3) A copy of the executed employment contract between the physician and the employer.

A) The contract shall include:

i) The name and address of the medical facility where the physician will work (if the physician will work at more than one medical facility, the contract shall contain this information for each facility);

ii) If the physician will work at more than one medical facility, a statement on which medical facility the physician will predominately work. For purposes of this Part, predominately means the physician will work at least 21 hours (per week) at this medical facility;

iii) A statement that the physician will practice full-time.

iv) A statement that any amendments to the contract will adhere to State and federal J-1 visa waiver requirements;

v) A statement that termination of the physician may be only for cause;

vi) A statement that the physician will begin working at the medical facility within 90 days after receiving the waiver, completing graduate medical education, or receiving employment authorization (whichever is later) from the U.S. Department of Homeland Security, Citizenship and Immigration Services;

vii) A list of benefits and insurance to be provided to the physician;

viii) A statement that the employer will not add additional work locations without approval of the Department; and

ix) A statement that the contract will be in effect for, at a minimum, three years.

B) The employment contract shall not include the following, in accordance with 22 CFR 41.63(i):

i) A non-compete clause;

ii) A liquidated damages clause; or

iii) A termination without cause provision.

4) A statement from the employer that the salary offered to the physician is equivalent to that offered to all other physicians with equivalent skills and experience recruited by employer;

5) A letter from the chief medical officer or other high-level hospital executive verifying that hospital admitting privileges will be granted to the physician and, if not, how admissions of the physician's patients will be arranged. If the physician will work at multiple hospitals, each hospital shall submit this letter in the application;

6) A letter from at least one local organization or agency, such as the chamber of commerce, local health department, or other community-based organization, demonstrating support for the physician's waiver application;

7) A copy of the applicant's Illinois medical license or application for an Illinois medical license;

8) A copy of the applicant's completed U.S. Department of State, J-1 Visa Waiver Recommendation Application (DS-3035);

9) A copy of the applicant's curriculum vitae;

10) A copy of the IAP-66/DS-2019 Form (Certificate for Exchange Visitor J-1 Status) for each year the applicant was in J-1 status;

11) Copies of the applicant's U.S. Customs and Border Protection I-94 Entry and Departure Cards;

12) Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative (if applicant is represented by an attorney);

13) A personal statement from the applicant regarding the applicant's reasons for not wishing to fulfill the two-year country of nationality legal residence requirement;

14) For specialists who apply through the J-1 visa waiver flex option, documentation that a shortage exists in their specialty for patients they propose to serve who reside in an HPSA, that is greater than the norm. This shortage is determined by creating a ratio of physicians to the population using a listing of physicians in that specialty who provide service in the HPSA and the population of the HPSA using the most recent data available. If the ratio of physician to population is greater than 1:10,000, a greater shortage of that specialty exists in the HPSA than is the norm. Documentation may include, but not be limited to, the following:

A) A listing of specialists who provide service in the HPSA; or

B) If there are no specialists who provide service in the HPSA, the applicant shall provide a summary listing the number of patients in the HPSA who migrated out of the HPSA to seek service. This summary shall be for the most recent 12-month period and shall include the travel time and distance these patients incurred to obtain service;

15) For specialists who apply through the J-1 visa waiver flex option, documentation comparing wait times for an appointment with a physician of the same specialty for patients who reside in the HPSA they propose to serve. Documentation may include, but not be limited to, the following:

A) A listing of specialists who provide service in the HPSA, including the average wait time for an appointment; or

B) If there are no specialists who provide service in the HPSA, the applicant shall provide a summary listing the number of patients who migrated out of the HPSA to seek service. The summary shall be for the most recent 12-month period and shall include the average wait time for an appointment;

16) A completed and notarized Certification Statement A regarding the contractual requirements set forth in section 214(k)(1)(B) and (C) of the Immigration and Nationality Act;

17) A completed and notarized Certification Statement B describing the applicant's obligation to the applicant's country of nationality or country of last legal residence. If the applicant has a contractual obligation to return to the applicant's country of nationality or country of last legal residence, the applicant shall obtain a letter from that country stating no objection to the applicant remaining in the United States;

18) A completed and notarized Certification Statement C attesting that the applicant's medical license has never been suspended or revoked and that the applicant is not subject to any criminal investigation or proceedings by any medical licensing authority;

19) A completed and notarized Certification Statement D regarding the accuracy of the application materials; and

20) A completed and notarized Certification Statement E regarding medical specialty status. (Certification Statements A through E are included in the waiver application form provided by the Department.)

c) If the physician proposes to work at a medical facility that currently has another J-1 waiver physician working at the medical facility and that physician is not compliant with the reporting requirements in Section 591.140(a), the application will be deemed incomplete (see subsection (d)(1)(B)).

d) When an application is received, the following will occur:

1) The Department will determine whether the application is complete. A review will determine whether all applicable requirements have been addressed and whether all required materials and documentation have been submitted (see subsections (a) through (c)).

A) If the application is complete, the application will be considered for a waiver recommendation (see Section 591.130).

B) If the application is incomplete, the Department will notify the applicant or the applicant's authorized representative in writing. The applicant will have 30 calendar days (from the date of the Department's notification) to address the issues identified by the Department and submit requested information or materials. If the applicant does not respond to the Department's notification within the prescribed time frame or if supplemental materials or information fail to address the issues identified by the Department, the application will be null and void and the applicant will be notified.

2) The Department will notify the applicant (or the applicant's authorized representative) in writing of the Department's determination with regard to the waiver application. If the Department recommends a waiver, the application package will be forwarded to the U.S. Department of State, Waiver Review Division.

(Source: Amended at 47 Ill. Reg. 3093, effective February 21, 2023)