

STATE OF MONTANA CONRAD 30 J-1 VISA WAIVER PROGRAM

POLICY

The Montana Department of Public Health and Human Services (DPHHS) and the Montana Primary Care Office are committed to improving access to primary medical and mental health care by participating in the U.S. Department of State Conrad 30 J-1 Visa Waiver program. Foreign medical graduates may apply for a J-1 visa waiver with a commitment to work in a healthcare shortage area. The J-1 visa waiver program application cycle runs from October 1 to September 30 each year.

The federal requirements for the MT DPHHS J-1 program include a limit of 30 total J-1 positions each year. Up to 10 of the available 30 positions can be flex positions. MT DPHHS will prioritize complete J-1 visa waiver applications based on the order received and limit the number of positions available for primary care, specialty care, and flex positions according to the [Priority of Positions Policy](#).

The J-1 physician must agree to work at a health facility in a designated Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/P), or for flex positions they must agree to serve patients from a shortage area, for three (3) years on a full-time basis, no less than 40 hours a week. The J-1 physician must begin working within 90 days of receiving the J-1 visa waiver. Visa waiver recommendations are reviewed by the Montana Primary Care Office and forwarded to the U.S. Department of State. 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>.

I. EMPLOYER RESPONSIBILITY

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 or psychiatry, or for flex positions they must agree to serve patients from a shortage area.

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 may be ineligible to participate in the program if the 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 must include a request to Montana DPHHS to act as an interested government agency to recommend a J-1 visa waiver for the physician. The letter must also include the name of the J-1 physician, their medical specialty, the practice location(s), the physician's qualifications, and work schedule showing they intend to be employed full-time (40 hours per week). The letter should include a statement that the J-1 physician will practice in an underserved area.

II. PHYSICIAN ELIGIBILITY

The foreign medical physician must meet all the following:

1. Have already completed, or be in, their final year of residency or fellowship.
2. Have an offer of full-time employment at a health care facility committed to serving patients from a designated shortage area.
3. Have a contract to work forty (40) hours per week, for no less than three (3) years.
4. Have an unrestricted medical license to practice in Montana.
5. Will begin employment at the facility within ninety (90) days of receiving the J-1 visa waiver.

III. TELEHEALTH

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.

IV. APPLICATION PROCESS

The general process to obtain a J-1 visa waiver includes 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. Obtain a Montana medical license.
5. Submit a J-1 visa waiver application to Montana DPHHS.
6. 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 and their representative if the J-1 visa waiver is granted or denied.

V. APPLICATION SUBMISSION

The J-1 physician's case number obtained from the U.S. Department of State must be listed on each document. All documents must be on standard 8.5 x 11-inch white paper. Do not use staples, brads, clips, separators, tabs, or stickies. You may use a binder clip or rubber band around the packet. The application must include all the required documents listed on the Application Checklist:

1. Application Face Page
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/MUP evidence documents
4. Employment Contract- Include the full employment contract with all appendices. 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 site location(s) exact address must be specified. The discipline and specialty the physician will be performing must be included. The contract may not contain a non-compete clause.
5. DS-2019's and I-94 Forms
6. Curriculum Vitae
7. Exchange Visitor Attestation and Foreign Medical Graduate Statement
8. Form G-28 (Letter of Representation is optional)
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

Submit one (1) unbound copy of the application materials by mail to Montana DPHHS. Faxed applications will not be considered. Applications must be mailed to:

MT PRIMARY CARE OFFICE, J-1 COORDINATOR
MONTANA PRIMARY CARE OFFICE
1625 11TH AVENUE
PO BOX 4210
HELENA, MT 59620-4210

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 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. The status of the application can be checked here: <https://j1visawaiverstatus.state.gov/Default.aspx>.

VI. MT DPHHS J-1 VISA WAIVER 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 employment site .
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. Employers may not impose additional requirements on J-1 physicians beyond the practice policies and expectations of non-J1 physicians.
5. 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.
6. U.S. Citizenship and Immigration Services (USCIS) of the Department of Homeland Security has the final say in the approval/disapproval of a J-1 visa waiver application.

VII. SEMI-ANNUAL REPORTING REQUIREMENTS

The J-1 physician and the site administrator must provide employment verification to MT DPHHS on a semi-annual basis. The Montana Primary Care Office will request verification every six (6) months.

Failure to submit accurate and true 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, preferably by email to montanapco@mt.gov.

MONTANA DPHHS J-1 VISA WAIVER APPLICATION CHECKLIST

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

MONTANA DPHHS 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 Completion Date: _____ Fellowship Completion: _____

MT Medical License: _____ NPI: _____

Physician Signature: _____ Date: _____

Applicant Representative: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Physician Practice Location: _____

Physical Address: _____

City, State, Zip: _____ County: _____

Employer/Site Contact Name: _____

Site Contact Email: _____

Site 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 the 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