* **All Virginia Conrad 30 Waiver applications and copies must be submitted to VDH by an Attorney or Law Firm.**
* **The U.S Department of State assigned number shall be affixed to each form on the bottom right corner.**
* **Incomplete applications will be returned and will not be reviewed.**
* **Alphabetical insertable tabs with dividers are required to identify each section. (Electronic and hard copy)**

**Note: Please see the Conrad 30 Waiver Program Guidelines for clarifications.**

|  |  |  |
| --- | --- | --- |
| **TAB** | **ITEM** | **CHECK√** |
| **VDH Interest Letter** | VDH will add the interest letter once it is approved and recommended. | **√** |
| **Checklist** | Ensure that all documents are received with the completed checklist (this document). |  |
| **A** | G-28 or letter from law office |  |
| **B** | DS-3035 Review Application Form |  |
| Physician Name:       NPI Number:       DOS Number:       DOS Waiver Review File Number Sheet/Barcode and third-party Barcode |  |
| **C** | Letter from the employer to VDH. A letter requesting that VDH act as a “Public Interest” that the visitors remain in the US.  |  |
| **D** | Contract between employer and J-1 Physician shall include the following: |  |
| A term of three years or longer. Starting       and ending       |  |
| A clause requiring the J-1 physician to provide direct patient care for 40 hours per week in not less than a four-day period or for specialists and hospitalists 160 hours per month.Please select the number of hours that is reflected in your contract. Please select:[ ]  40 hours per week in not less than a four-day period or [ ]  160 hours per month (*pick only one)* |  |
| Employer/Sponsor and practice site’s physical address, phone number and email address (specify up to two sites if applicable). *The contract shall specify the practice site and the employer's information.* |  |
| Compensation based on prevailing wage $      |  |
| Provide list of Benefits and Insurance and Vacation/Leave/Disability leave and other Total       |  |
| Agreement to begin employment at an approved practice site within 90 days of receipt of the waiver.  |  |
| Termination (shall not contain at will policy and can only be for cause not mutual agreement.)  |  |
| Non-compete clause cannot be included.  |  |
| A statement from the employer indicating that the employer and its principals, such as owners, administrators, or medical directors are not under investigation, indictment or conviction for violations of federal, state, or local laws, J-1 visa waiver requirements, or ordinances related to the medical practice.  |  |
| If included, liquidated damage clause cannot exceed $250,000 |  |
| Statement of J-1 Physician agreeing to the contractual requirements set forth in Section 214(l)(1) and (a) of the Immigration and Nationality Act |  |
| **E** | Legible copied of the applicant’s D-2019/IAP-66 forms, covering every period the applicant was in J-1 status. They must be submitted in chronological order. |  |
| **F** | I-94 Entry and Departure Cards and/ or Passport documentation |  |
| For designated slots, provide proof of HPSA, MUA/MUP federal ID must be included. For discretionary slots, the specific community need is listed on VDH’s website. |
| **G** | Please select the type of slot you are applying for: [ ]  Designated [ ]  Discretionary [ ]  Flex |  |
| Curriculum Vitae and Diplomas/ECFMG Certificate/Certificates of J-1 Physician |  |
| **H** | Please enter description of the applicant’s discipline and specialty:       |  |
| If the applicant is still in a residency program, please indicate the anticipated completion date:       |  |