

## HEALTH CARE EMPLOYER ASSURANCES FOR J-1 VISA WAIVER APPLICATIONS

Completion of this form satisfies the physician assurances required under U.S. Department of State regulations, 22 CFR 41.63. Failure to complete this form will result in an application being ineligible for a state recommendation for a J-1 visa waiver.

The health care employer requesting this J-1 visa waiver recommendation assures that each of the following statements is factual.

The employer's authorized representative must initial each statement and must sign and date the bottom of this form.

\_\_\_\_\_ The practice address stipulated in the employment agreement is in a geographic area federally designated Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), Medically Underserved Population (MUP), or approved non-designated area.

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\_\_\_\_\_ The applicant physician will begin working for the health care employer within 90 days of the effective date of the J-1 visa waiver.

\_\_\_\_\_ The health care employer commits to make reasonable effort to retain the applicant physician for at least three years, e.g. an employment package that is competitive for the service area and the physician's qualifications/performance.

\_\_\_\_\_ The health care employer accepts Medicaid and Medicare eligible patients, as well as medically indigent patients.

NOTE: There are federal sanctions for failure to comply with the Immigration and Nationality Act Requirements. See Wisconsin Guidelines for State Recommendations for J-1 visa waivers available from the following Wisconsin Department of Health Services web page:

<https://www.dhs.wisconsin.gov/primarycare/j-1visa/index.htm>

\_\_\_\_\_  
Print Name and Title of Authorized Employer Representative

\_\_\_\_\_  
Print Name of Health Care Employer

\_\_\_\_\_  
**SIGNATURE** – Authorized Employer Representative

\_\_\_\_\_  
Date Signed