

Office of Primary Care
J-1 Visa Waiver Program
**South Carolina Standardized J-1 Visa Waiver Application for
Conrad 30 Waivers**

All waiver applications must have the prior approval of the South Carolina Department of Health and Environmental Control, Office of Primary Care. To gain prior approval, contact Mark Jordan at (803) 898-0766 or jordanma@dhec.sc.gov

Limit use of staples, binders, tabs, two sided copies or pages larger or smaller than 8.5 x 11.

The DOS waiver case file number should appear on every page of the application.

Documents should be placed in the following order, separated by a colored divider page, appropriately labeled with the name of the document behind it.

The original and one copy of the completed waiver application should be mailed to:

Mark Jordan, Director
DHEC Office of Primary Care
1751 Calhoun Street
Columbia, South Carolina 29201

Application Document Order at a Glance

- 1) **DS-3035**
- 2) **Employment Contract**
- 3) **Physician Attestation**
- 4) **IAP-66/DS-2019**
- 5) **Letter from Facility**
- 6) **Evidence of Shortage Designation Status**
- 7) **Personal Statement from Physician**
- 8) **Curriculum Vitae**
- 9) **An Explanation For Out of Status** *when applicable*
- 10) **Form G-28** *when applicable*
- 11) **I-94 Entry and Departure Cards**
- 12) **No Objection Statement** *when applicable*

Application Document Order with Details

- 1) **DS-3035**
- 2) **Employment Contract** Requirements
 - a) The physician and the head of the health facility must sign the contract
 - b) The date that the contract is signed should be included in the contract
 - c) A minimum of 40 hours weekly to provide care only
 - d) A three-year term
 - e) A statement from the foreign medical graduate agreeing to the contractual requirements set forth in Section 214(1) of the Immigration and Nationality Act, as follows:
 - The alien demonstrates a bona fide offer of "full-time" (40 hrs.) employment at a health facility and agrees to begin employment at such a facility within 90 days of receiving such waiver and agrees to continue to work in accordance with paragraph (2) at the health care facility in which the alien is employed for a total of not less than 3 years (Unless the Attorney General determines that extenuating circumstances such as the closure of the facility or hardship to the alien would justify a lesser period of time)
 - The alien agrees to practice medicine in accordance with paragraph (2) for a total of not less than 3 years only in the geographic area or areas, which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals.
- 3) **Physician Attestation** sample
I, _____, hereby declare and certify, under penalty of the provisions of 18USC.1001, that: (1) I have sought or obtained the cooperation of the _____ Department of Health which is submitting an IGA request on behalf of me under the Conrad 30 program to obtain a waiver of the two-year home residency requirement; and (2) I do not now have pending nor will I submit during the pendency of this request, another request to any U.S. Government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

- 4) **IAP-66/DS-2019 Forms** Must be submitted in chronological order with the “Beginning a new program” first.
- 5) **Letter from Facility** that indicates a desire to hire physician
- 6) **Evidence of Shortage Designation Status**
- 7) **Personal Statement** from physician regarding his/her reasons for not wishing to fulfill the two-year home country residence requirement to which the FMG agreed at the time of acceptance of exchange visitor status
- 8) **Curriculum Vitae**
- 9) **Explanation For Out of Status** *if* FMG spent any period of time in some other visa status, out of status, or outside the US
- 10) **Form G-28** or letterhead from law office, if attorney represents applicant
- 11) **I-94 Entry and Departure Cards** Photo copies, front and back
- 12) A **“No Objection” Statement** from the visitor’s government *if* foreign government funding is involved