

ARKANSAS J-1 VISA WAIVER PROGRAM
National Interest Waiver (NIW) Letter of Attestation

A. QUALIFICATION GUIDELINES

NIW attestation letters will only be considered for the following three (3) situations:

1. Qualified International Medical Graduate (IMG) physicians placed through the Arkansas J-1 Visa Waiver Program/Conrad 30 in the third year of the three-year J-1 visa waiver commitment;
2. Physicians under current contract to Arkansas Community Health Centers (CHCs) or Federally Qualified Health Centers (FQHCs); or
3. Requests by Arkansas providers in designated MUAs or HPSAs, or serving designated MUAs or HSPAs, who have entered into an employment contract with a physician on an H visa.

NOTE: Only time spent in clinical medical practice will be counted toward the NIW five-year requirement

B. SUBMISSION REQUIREMENTS/CHECKLIST

1. A letter from the IMG physician's attorney requesting a National Interest Waiver (NIW) letter of attestation. In the case of #3 above, the cover letter should be from the employer provider's attorney. The request must include the following:
 - a. Current work site name, address, county, underservice designation number, and the number of days and hours weekly working at this site;
 - b. If more than one work site list all additional sites to include name, address, county, underservice designation number, and the number of days and hours weekly working at each site.
 - c. For other clinical practice time to be applied to the five-year NIW requirement provide:
 - 1) Practice site name, address, county and underservice designation number and hours worked at each site;
 - 2) Written verification of exact employment start and end dates from the practice site Human Resource Director;
 - 3) Evidence the physician's work was in the public interest;
 - 4) Copies of previous employment contracts; and
 - 5) Physician's medical specialty.
2. Copy of DS-3035 with barcode page.

3. DOS case file number on all pages of application.
4. Evidence of current Arkansas medical license.
5. A contract which contains the following:
 - a. Physician's name and medical specialty he/she will practice;
 - b. Name/address of employing facility/practice site;
 - c. If more than one site, list each site name/address and the days and hours at each;
 - d. Designation ID numbers for all practice sites or non-designated adjacent areas;
 - e. Term of at least five (5) years;
 - f. Statement that physician will work a minimum of forty (40) hours weekly at approved practice site(s);
 - g. Salary and other forms of financial support;
 - h. Actual date the physician will commence work;
 - i. Statement that the employer and physician agree to comply with applicable sections of INA ;
 - j. Signed by the IMG physician and the head of the employing health care facility; and
 - k. The date the contract is signed must be included in the contract.

NOTE: Non-compete and/or non-solicitation clauses are not allowed.

The original NIW attestation letter will be mailed to the requesting attorney.

Send request to: Arkansas Department of Health
J-1 Visa Waiver Program
Freeway Medical Building
5800 West 10th Street, Suite 400
Little Rock, AR 72204-1704

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