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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