



Maryland's J-1 Visa/National Interest Waiver Programs Verification of Employment

This form **MUST** be submitted to the Maryland Department of Health (MDH) as indicated below during your employment:

- 1. 1st Submission - Complete and include with your initial J-1 Visa/National Interest Waiver application.
- 2. 2nd Submission - Beginning the 2nd year of your J-1 Visa/National Interest Waiver employment.
- 3. 3rd Submission - Beginning the 3rd year of your J-1 Visa Waiver employment.
- 4. Complete and submit this form also if you are adding a work site, removing a work site, transferring, or requesting an exit letter.

A copy of your current federal approval, the I797A that includes the dates of your waiver must be submitted to MDH along with this form for items 1 (if applying for National Interest Waiver), 2 and 4 above.

J1 Visa/National Interest Waiver PHYSICIAN:

Contract Term: 3 years upon approval of J-1 Visa Waiver or 2 years upon approval of National Interest Waiver

Physician's Name:

Physician's Phone Number:

Physician's E-mail Address:

Physician's Home Address:

Medical Practice Supervisor's Name: _____

Phone: _____ Fax: _____

Email: _____

I do hereby certify that I, the undersigned, will provide health care services as described in my Visa application - 40 hours per week (excluding hospital rounds, travel, and on call time) of which a minimum of 32 hours per week will be spent at the address(es) stated in my employment contract providing direct patient medical care; the practice must also meet the conditions set forth in "Maryland Department of Health's J-1 Visa Waiver Policy." The J-1 physician should not sign addendums or additional contracts without prior approval of MDH and their attorney.

Physician's Signature

Date

EMPLOYER:

I do hereby certify Doctor: _____

Is employed by _____ and will provide health care services as described in the Visa application 40 hours per week (excluding hospital rounds, travel, and on call time) of which a minimum of 32 hours per week will be spent at the address(es) stated in my employment contract providing direct patient medical care; the practice must also meet the conditions set forth in "Maryland Department of Health's J-1 Visa Waiver Policy." Employers should not ask the physician to sign any addendums or additional contracts without prior approval of MDH.

Name of Medical Practice: _____

Medical Practice Address: _____

City

State

Zip Code

County

Medical Practice Site:

Is located in a federally designated area (HPSA, MUA/P)

Is not located in a federally designated area (HPSA, MUA/P)

A. If physician works at more than one site, list all sites including hospitals. Include the breakdown of time the physician will practice at each facility. Note sites located in designated areas cannot be listed with sites located in non-designated areas; all sites must be either designated or non-designated—they cannot mix. Please attach additional sheets as needed.

Medical Practice Manager's Name: _____ Phone: _____ Fax: _____

Email: _____

Physician is no longer employed as of _____, due to the following: _____

Physician will begin employment at a new site on _____, date of start of obligation.

Name of Medical Practice:

Medical Practice Address:

City	State	Zip Code	County
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Medical Practice Site:

Is located in a federally designated area (HPSA, MUA/P)

Is not located in a federally designated area (HPSA, MUA/P)

B. If adding more than one site, refer to "A." above.

Will end employment at site,

City	State	Zip Code	County
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on _____, last day of work.

C. If removing more than one site, attaching additional sheets as needed.

Has fulfilled his/her J-1 Visa Waiver obligation, _____ date of completion.

Has fulfilled his/her National Interest Waiver (NIW) obligation, _____ date of completion.

Employer's Signature

Title

Date

Employer's Contact Phone Number

Submit a signed copy to:

Health Care Workforce Development
Office of Population Health Improvement
Maryland Department of Health
201 West Preston Street
Baltimore, MD 21201
Phone: 410-767-6123
Fax: 410-333-7501

mdh.providerworkforceprograms@maryland.gov