Michigan Application Checklist

This is the MDCH checklist for the application approval process – please follow it carefully to avoid having your application returned to you.

- Applicants must submit three packets - one original and two copies.
- Each packet must include each of the items listed below.

Please submit the application packet to:

Michigan Health Council
J-1 Visa Waiver Program
2410 Woodlake Drive
Okemos, Michigan 48864-3997

REQUIRED CRITERIA, DOCUMENTS, & FORMS

Check your application carefully to verify all of the following items are included **IN THIS ORDER:**

- ☐ Checks – ***PLEASE DO NOT STAPLE*** (you may include one check for the total $1,400)
  - a) $200 - application fee made payable to the Michigan Health Council (non-refundable fee)
  - b) $1,200 - processing fee made payable to the Michigan Health Council
- ☐ This checklist - signed
- ☐ Completed application
- ☐ Each page is numbered and includes applicant's USDS number
- ☐ The entire application is unbound and 100 pages or less
- ☐ Signed G28 Form
- ☐ Data Sheet DS3035

Verify that the LETTER OF WAIVER REQUEST from the head of the medical facility at which the physician will be employed states each of the following:

- ☐ **Directed to Olga Dazzo, Director, Michigan Department of Community Health**
- ☐ Requests that the MDCH recommend a waiver of the foreign residency requirement for the J-1 Visa physician.
- ☐ Summarizes how the medical facility has unsuccessfully attempted to locate qualified US physicians.
- ☐ Includes a description of the physician's qualifications.
- ☐ States the HPSA Identification number and Census Tract number (if applicable).
- ☐ States unequivocally that the medical facility is offering the physician at least three years of employment within 90 days of obtaining a waiver.
- ☐ States the medical facility accepts Medicaid/Medicare eligible patients and medically indigent patients.
- ☐ Summarizes the effect on the service area of a waiver denial.
- ☐ Specifies which specialty the physician will practice for 100 percent of the contract.
- ☐ Verifies that the physician meets all medical licensure requirements of the state of Michigan.
- ☐ Must state that the facility will notify the MHC within 30 days of a J-1 Visa physician's breech of the three-year contract.

Verify that the COMPLETE CONTRACT specifies the following:

- ☐ The physician must agree to work 40 hours or more at the medical facility in which he/she will be employed for a total of not less than three years.
- ☐ The physician must practice at the waiver approved facility. Name and address must be provided within the contract.
- ☐ The physician must agree to begin employment within 90 days of receiving a waiver.
- ☐ The physician will provide services only for specialty stated for 100 percent of the contract.

Michigan Application Documentation:

- ☐ Employer Forms - read and signed

a) State of Michigan Employer Attestation (Attachment 1)
b) State of Michigan 3rd Party Attestation (Attachment 2)
c) State of Michigan Waiver Policy Agreement - Employer (Attachment 3A)
d) Area Wage Study – the documentation that shows the salary meets the US Department of Labor wage requirements.

- ☐ Physician Forms - read, completed and signed
  a) State of Michigan Waiver Policy Agreement - Employee (Attachment 3B)

- ☐ Documentation that the facility is in a HPSA or MUA/MUP, or serves a population in a HPSA or MUA/MUP.
- ☐ Hospitalist & Specialist Waiver Addendum (if applicable)
- ☐ Non-HPSA/MUA/MUP FLEX Waiver Addendum (if applicable)

Verify that the physician includes:

- ☐ Proof of Michigan Medical License or eligibility
- ☐ Copies of all DS-2019 (Formerly IAP-66) "Certificate of Eligibility for Exchange Visitor(J-1) Status"
- ☐ I-94 forms for physician and family members
- ☐ Proof of passage for examinations required by USCIS (e.g., USMLE - Steps 1, 2 and 3)
- ☐ Copy of the physicians CV
- ☐ Two letters of recommendation from an American professional or organization or individual
- ☐ "No-Objection" letter from home country (if the physician is financially sponsored by his/her home country), otherwise, include a signed statement from the physician that he/she was not financially sponsored by his/her home country (Attachment 4). [No Objection Form (Attachment 4) or No Objection Letter.]

RECOMMENDED BUT NOT REQUIRED CRITERIA, DOCUMENTS, & FORMS

Verify that the physician includes:

- ☐ Letter from the employer assuring commitment to apply the discounted/sliding fee schedule
- ☐ A copy of the discounted/sliding fee schedule
- ☐ A copy of the public notice regarding the discounted/sliding fee schedule
- ☐ Letters of support from community organizations regarding the J-1 Visa Waiver applicant
- ☐ Documentation to show employer's local volunteerism activities or community involvement
- ☐ A report or other documentation that supports the patient and payor type breakdown, include Medicaid Provider Number

All applications not including one legible original of all the above items will be returned. Items must be in the order indicated above, and each page must be numbered and have U.S. Department of State case number.

The individual submitting the final application to MDCH should sign below (attorney, employer, or physician).

I have read the checklist and believe this application to be complete to the best of my knowledge. I acknowledge that if this application is found to be incomplete by the Waiver Review Staff, it will be returned to me.

Signature _____

Date _____

Title _____