

STATE OF MICHIGAN

Waiver Policy Agreement - Employer

I, the undersigned employer, understand and acknowledge that review of this request is discretionary and the Michigan Department of Health and Human Services (MDHHS) will be held harmless if a decision not to make a recommendation is made.

I understand and agree that if a favorable recommendation is made, the J-1 physician will practice medicine (as defined by the signed contract with employer) for at least 40 hours per week for at least three (3) years at the practice site for which the J-1 Visa Waiver is issued. The practice shall accept all patients regardless of method of payment or ability to pay.

I understand and agree that during the statutorily-required three years, as long as the health care facility is in an employer/employee relationship with the J-1 physician, that the J-1 physician will work in the shortage area that MDHHS approved and that the **J-1 physician will not be placed in another facility or area without the prior approval of MDHHS**. During the employer/employee relationship, the employer will guarantee the physician a base salary for the statutorily-required three years that meets the U.S. Department of Labor’s wage guidelines.

I understand and agree that the health care facility is required to report to the State of Michigan the discontinuation or termination of the J-1 physician at any time within the three-year period of statutorily-required J-1 Visa Waiver employment. This includes the termination of the physician’s employment by the facility for due cause or financial hardship, as well as the voluntary decision to terminate the employment contract by the physician. The facility agrees to submit the J-1 Visa Physician Annual Employment Verification Form each year, verifying employment status to the MDHHS. **In the event that the physician’s employment with the facility is terminated for any reason, the facility also agrees to submit a letter to the U.S. Citizenship and Immigration Services (USCIS) which specifically requests that 1) the physician’s H-1 B be revoked and 2) that the USCIS enforce the return-home statute of the expired J-1 Visa of the physician.** Failure to submit the form and letter, or failure to provide appropriate justification for terminating the employment of the physician, will jeopardize any future placements of J-1 Visa physicians at this facility and may be subject to further action by the United States Department of State or the USCIS. The Facility further agrees to respond to any State-administered retention surveys regarding J-1 waiver physicians.

I understand and acknowledge that if the health care facility fails to comply with the terms of the agreement, MDHHS may no longer act as an Interested Government Agency, and it may seriously affect the facility’s ability to participate with the program in the future. Further, I understand and acknowledge that MDHHS may pursue any action authorized by law if the health care facility fails to comply with the terms of this agreement.

I declare that the information provided to MDHHS for purposes of determining whether it will act as an Interested Government Agency is true and correct.

Employer's Signature

Date

Notary

Date