



Mike Braun
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

Indiana Department of Health Conrad 30 J-1 Visa Waiver Program

Affidavit and Agreement

I, _____, being duly sworn, hereby request the Indiana Regional Authority
(Print or type applicant's name)

to review my application for the purpose of recommending a waiver of the foreign residency requirement set forth in my J1 visa, pursuant to the terms and conditions as follows:

1. I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the Indiana Department of Health (IDOH), any and all IDOH employees, contracted entities and personnel from any action or lack of action made in connection with this request.
2. I further understand and acknowledge that the entire basis for the consideration of my request is the IDOH's desire to improve the availability of primary care first and specialty care where needed in regions designated by the Secretary of Health and Human Services as Health Professional Shortage Areas (HPSA) or Medically Underserved Areas (MUA) or Medically Underserved Populations (MUP) within areas covered by the Indiana Department of Health. Furthermore, the sponsorship of any waiver by the Indiana Department of Health is strictly voluntary.
3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary or specialty medical care services to patients, including the indigent, for a minimum of forty (40) hours per week within a designated HPSA (Primary Care or Mental Health), MUA, or MUP located in the IDOH jurisdiction. Service shall commence not later than 90 days after I receive approval by the US Citizenship and Immigration Service (USCIS) of my waiver request and shall continue for a minimum of three years or longer in accordance with the employment contract.

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4. I agree to incorporate all the terms of this "Affidavit and Agreement" into any and all employment agreements I enter pursuant to paragraph 3. (A copy of all employment agreements are attached to this request).
5. I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision which modifies or amends any of the terms this "Affidavit and Agreement."
6. I understand and agree that I will provide health services to individuals without discriminating against them because: (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare or Medicaid.
7. I have read, signed, and fully understand the "Indiana J-1 Visa Waiver Program Guidelines," a copy of which is attached to this request.
8. I expressly understand this waiver of my foreign residence requirement must ultimately be approved by the USCIS, and I agree to provide placement notification of the specific location and nature of my practice to the IDOH when I commence rendering services in the IDOH jurisdiction.
9. I declare and certify, under penalty of the provisions of 18 U.S.C. 1101, that I do not have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or and State Department of Public Health, or equivalent, other than the Indiana Department of Health to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.
10. I understand and acknowledge that if I willfully fail to comply with the terms of this "Affidavit and Agreement," the Indiana Department of health will notify the USCIS that I am out of compliance.

Applicant's Signature

Date