



Eric J. Holcomb
Governor

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State Health Commissioner

Indiana J-1 Visa Waiver Program Checklist

The U.S. Department of State requires the electronic submission of Conrad 30 J-1 Visa Waiver recommendations. This document is intended to ensure complete application submission and support cohesive document transfer. The Indiana J-1 Visa Waiver Guidelines and Requirements contain additional instructions for application submission and document details.

The applicant or attorney/firm representing the applicant must:

- Submit all application documents via email in the same business day, attaching as many documents as possible in each email
- Label each document as specified in the checklist
- Check each box to indicate the document was included in the application
- Sign and date the checklist
- Attach the checklist in the application email

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Checklist

- 1. Indiana J-1 Visa Waiver Application Sheet; "Cover Letter"
- 2. DS-3035 and supplementary applicant information pages; "DS-3035"
- 3. Justification Letter; "Letter from Employer"
- 4. Fully executed valid full-time employment contract; "Employment Contract"
- 5. HPSA and/or MUA/P documentation; "HPSA-MUA Evidence"
- 6. DS-2019's/I-94 (formerly IAP-66), Certificate of Eligibility for Exchange Visitor (1-1) Status forms; "DS-2019"
- 7. Proof of passage of examinations; "Passage of Examinations"
- 8. Curriculum vitae; "Curriculum Vitae"
- 9. Two letters of recommendation from the physician's primary care residency or fellowship program; "Letters of Recommendation"
- 10. Form G-28; "Form G-28"
- 11. J-1 Visa Waiver Program Affidavit and Agreement "Affidavit and Agreement"
- 12. Recruitment documentation; "Recruitment Efforts"
- 13. Facility sliding discount-to-fee schedule (SFS) and the procedure in place for its use; "Sliding Fee Schedule"
- 14. Two letters prepared within the year (12-month span) of application (letters of support); "Letters of Support"
- 15. Copy of J-1 physician's permanent license, temporary license, or application for license; "License"
- 16. Copy of license to practice in states other than Indiana even if such license has expired (if applicable); "License from Other States"
- 17. Checklist (this document); "Checklist"

By signing, I confirm that all checklist documents have been prepared and will be submitted with my application.

Date: _____ DOS Case #: _____

Applicant name (printed): _____

Name of signatory (printed): _____

Signature of applicant/firm representing: _____