FY27 J-1 Visa Waiver Program Frequently Asked Questions

UPDATED AUGUST 31, 2026

To submit a question, please email MN_health.J1NHW@state.mn.us no later than 4:30 p.m. Central Time on October 2, 2026.

Q1. Regarding the requirement that the employment contract includes at least 40 hours of medical practice per week: Will MDH approve a physician who works 7 days off, 7 days on, 12 hours per shift?

A1. Yes, the requirement may be met through the average number of hours of medical practice per week.

Q2. How does MDH prioritize one specialty over another?

A2. If the number of eligible applications exceeds the number of available slots (20-30 for standard J-1 visa waivers and up to 10 for flex waivers), these criteria will be considered when making recommendations to the Department of State:

- Primary care physicians. This includes Family Medicine, General Internal Medicine, General Surgery, Geriatrics, Obstetrics and Gynecology, Pediatrics, and Psychiatry.
- Physician specialties in which there is a high need and a shortage of physicians to serve the population.
- Physician practice site outside the 7-county Twin Cities metropolitan area.
- Physician's demonstrated skill and experience in working with culturally and linguistically diverse patients.
- Physician's understanding of the community in which they will work and other factors that demonstrate likely retention.

Q3. Would MDH provide details on how it would like to see Flex data presented to ensure the strongest waiver submission?

A3. Practice sites that are not located in a federally designated Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP) will need to provide documentation that the sites, and specifically the specialty in which the physician will practice, serve a significant proportion of patients who reside in a HPSA, MUA, or MUP.

Provide the number and percentage of patients served by the facility, and specifically the physician's specialty, who are from MUAs or MUPs. Numbers and percentages should be clearly presented for the specialty and the facility.

Q4. Is a personal statement from the physician necessary?

A4. A personal statement is optional but is an opportunity to give the review committee more information about the physician's situation and commitment to providing care to underserved Minnesota communities.

Q5. What is the best way to communicate the need and demand for the physician's work?

A5. Applicants should provide documentation of the patient-to-physician ratio for that specialty at that site, wait times for that specialty at that site, and the number of full-time physicians needed in the specialty at that site to handle the patient load.

Applicants may also describe the health disparities experienced by the patient population in the area surrounding the practice site due to lack of access to care.

Q6. What information that has been provided is typically not useful to MDH?

A6. When employers submit multiple applications, it is most helpful to provide information specific to each practice site, specialty, and physician, rather than providing only the same general information for the entire health system across all applications.

Please ensure that the formatting of submitted attachments is easy to read and that only relevant sections are provided.

Q7. Does the amount of charity care provided by the clinic impact the priority of an application?

A7. All information provided in the application will be used to make a determination.

Q8. Can I have a hardship waiver in process while I apply for a J-1 Visa Waiver?

A8. Unfortunately, you are not able to have any other active waiver application in any category while your J-1 Visa Waiver application is pending.

You can find all restrictions in the J-1 visa waiver policy affidavit and agreement form (https://www.health.state.mn.us/facilities/ruralhealth/j1/docs/j1affid.pdf) on the MDH website.

Q9. HRSA will be announcing changes to the shortage designation on September 23, 2025. Will we need to resubmit any additional materials if the sponsoring facility's HPSA designation changes?

A9. No, those changes will not go into effect until July 2026. There will be no need to resubmit materials. If your clinic's status is still pending, we will accept the last effective designation.

Q10. In previous years, MDH required that contracts contain language that the physician engage in 40 hours per week of patient care, which cannot include administrative time. Is the state now requiring the term "direct patient care" in the employment contracts, or may we continue to use the language "full-time, forty hours a week in patient care" as we have in prior years?

A10. As noted in the guidance, we require that employment contracts include language specifying how many hours will be dedicated to patient care and how many hours will be dedicated to other activities. We will not require the word "direct" in contracts at this time, but it should be clear from the contract that the physician will be working with patients for at least 40 hours per week.

Q11. When submitting multiple applications, should an employer rank flex and non-flex applicants separately?

A11. Yes, flex applications should be ranked separately from non-flex applications. For example, "Priority # out of # Flex applications," and "Priority # out of # Standard applications."

Q12. Can you clarify the question in section 4B, “For how long is the applicant’s current visa valid?” Does this refer to the end date of the foreign national’s current DS-2019 form, or the validity end date on their visa stamp?

A12. This question refers to the end date on the DS-2019 form.

Q13. Please clarify what points need to be addressed in the letters of recommendation.

A13. There is no specific guidance on the content of the letters of recommendation. Letters of recommendation should be from individuals who know the physician’s qualifications well, such as medical directors who oversaw the physician’s training or their current or past work. Letters often speak to the physician’s skill in caring for and interacting with patients, their dedication to their work, and any other contributions they have made to the organization and community.

Q14. Will MDH still extend that waiver for the full three years in the event the HPSA shortage designation is ultimately no longer in place?

In the event the practice site is longer HPSA designated, we will revisit waiver recipients to ensure compliance with federal standards. State agencies are required to keep on file any changes to a physician’s employment that would impact their service obligation.

Q15. What are some immigration changes to be aware of regarding J-1 Visa holders?

A17. The U.S. Department of Homeland Security (DHS) has issued a final rule ending D/S for F-1, J-1, and I visa holders, effective September 15, 2026. New admissions will have a specific “Admit Until Date” (AUD) tied to the program end date on Form I-20 or DS-2019, or the end of authorized employment (OPT/STEM), whichever comes first. There is now a maximum stay, this is typically 4 years, and the grace period has been reduced from 60 days to 30 days. J-1 visa holders with programs lasting longer than 4 years will be required to file form I-539 (Extension of Stay) with USCIS before the fixed period ends. Current holders with D/S on their 1-94 before September 15, 2026, can remain until their program or authorized activity ends, but will be subject to the fixed term rules going forward. While this may not have much bearing on currently applying physicians, attorneys and sponsoring employers should be aware of these changes.

Q16. Does Minnesota review and consider all complete applications submitted during the filing window, or are applications reviewed and waiver recommendations issued on a rolling, first-come, first-served basis until all available Conrad 30 slots have been allocated?

A16. MDH historically receives more applications than it can recommend. We will review applications for completeness and move complete applications forward for competitive review. MDH ORHPC will announce in early November whether 30 complete, eligible applications have been received. If 30 complete applications have not been received by the deadline, applications will be received on a first-come, first-served basis, until 30 complete, eligible applications have been received.

Q17. What is the file size limit of a complete application?

A17. The application portal has an overall limit of 495 MB. While we cannot provide an exact cut off for a file size limit ideally your submission will be below 50 MB. Please reduce file sizes wherever possible.

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To obtain this information in a different format, call: 651-201-3838.