



FY 2027 J-1 Visa Waiver Application Guidelines

Changes from Previous Years

- Paper applications are no longer necessary
- I-94 documents are no longer necessary
- Documentation of any J-2 dependents is required
- Optional upload of Physician Personal Statement
- Updated application questions to provide clarity

Program Description

- J-1 Visa Waiver program is also known as the Conrad 30 Waiver Program
- Intended to help communities recognized as federal shortage areas hire international medical graduates (IMGs) where recruitment of U.S.-trained physicians has been unsuccessful
- Waives the requirement to return to the IMG's home country for two years; allows the IMG to remain in the U.S. to practice medicine in designated service areas
- Application to the Department of State for a J-1 visa waiver must be accompanied by a recommendation from the government of the state where the IMG will practice
- Employer of the IMG submits an application to MDH requesting a recommendation
- Applications are reviewed and evaluated by a committee of reviewers
- Based on the evaluation results, MDH provides a list of recommendations to the Department of State

Types of Waivers

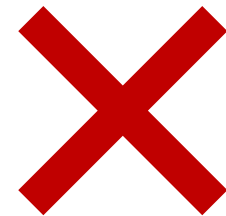
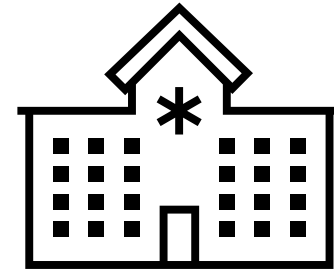
Types of Waiver Recommendations	Number
J-1 Visa Waiver: Practice site is located in an area designated by the U.S. Health Resources and Services Administration as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP).	20-30
Flex Waiver: Practice site is not located in a designated HPSA, MUA, or MUP, but the facility serves a significant proportion of patients who reside in a HPSA, MUA, or MUP.	Cannot exceed 10
Total Waiver Recommendations	30

- **Application Process Opens:** August 17, 2026
- **Application Deadline:** October 12, 2026, at 4:30 pm Central Time. MDH will not review applications received after October 12, unless fewer than 30 applications have been received (see note below)
- **Decision Date/Announcements:** MDH anticipates that J-1 visa waiver recommendations will be completed and announced to applicants by early January 2027

Note: MDH historically receives more applications than it can recommend. MDH Office of Rural Health and Primary Care (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 applications have been received

Eligible Applicants

- Request to MDH for a waiver recommendation must come from the sponsoring **health care facility**. For the facility to seek a waiver recommendation on behalf of the physician
- Individuals are **not** eligible to apply



Eligible Physicians

- The physician must have an active case number assigned by the U.S. Department of State
- The physician must have been admitted to the United States under section 101(a)(15)(J) of the Immigration and Nationality Act (INA) to receive graduate medical training and must hold a visa that is **current**
- The physician must have a full-time employment contract to practice medicine in H-1B nonimmigrant status at a health care facility located in a HPSA, MUA, or MUP.
 - The employment contract must include the provisions that the physician agrees to work at the health care facility for at least **three years** and provide at least **40 hours per week of direct patient care**

Eligible Physicians, Continued

- The physician must have obtained a “no objection” statement in writing from their home country if they are contractually obligated to return to their home country upon completion of the exchange program, or the physician must provide a notarized statement attesting that they have no contractual obligation to return to their home country
- The physician must agree to begin employment at the health care facility specified in the waiver application within **90 days of receipt of the waiver**, not the date their J-1 visa expires

Questions and Answers

- All questions regarding the application process must be submitted by email to MN_Health.J1NHW@state.mn.us
- All answers will be posted within five business days on [ORHPC Grants and Funding \(https://www.health.state.mn.us/facilities/ruralhealth/j1/index.html\)](https://www.health.state.mn.us/facilities/ruralhealth/j1/index.html)
- Questions must be submitted no later than 4:30 p.m. Central Time on October 2, 2026
- Communications on behalf of any applicant to any MDH employee, other than questions submitted as outlined above, are prohibited

Priorities and HPSA Designations

- Physician must be sponsored by a health care facility located in a federally designated shortage area or primarily serving patients who reside in a shortage area
- Health Professional Shortage Area (HPSA): A geographic area, population group, or health care facility that has been designated by the U.S. Health Resources and Services Administration (HRSA) as having a shortage of health professionals

Priorities and MUA/MUP Designations

- Medically Underserved Area (MUA): MUAs have a shortage of primary care health services within a geographic area, such as a county, a group of neighboring counties, or a group of urban census tracts
- Medically Underserved Population (MUP): MUPs have a shortage of primary care health services for a specific population subset within a geographic area. Some examples: people experiencing homelessness, people who are eligible for Medicaid, Native Americans, and migrant farm workers
- Find more information on the HRSA website: [What is Shortage Designation? | Bureau of Health Workforce \(https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation\)](https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation)

Application Case Number

- Applicant must have an active J-1 Visa Waiver case number with the Department of State (DOS). This application process is **not** managed by MDH; applicants must initiate the process directly with the DOS
- More information can be found on the [Department of State website](https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor.html) (<https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor.html>)
- MDH advises starting the DOS application process well in advance. This process can take time, and applications to MDH without this number will not be reviewed
- Please be sure the physician's DOS case number is active if you are reapplying

Flex – The Non HPSA Waiver

- Up to 10 of the state's 30 waiver slots each year may be used for practice locations **outside** of designated shortage areas
- The application must demonstrate that the facility and specialty in which the physician will practice serve a significant proportion of patients who live in designated shortage areas
- Documentation should include the number and percentage of patients served by the facility, and specifically the **applicant physician's specialty**, who reside in a HPSA, MUA or MUP

Terms and Definitions

- **Employer:** Legal employer in the employment contract, or an entity that contracts with a multi-specialty physician practice to provide physician staffing. Each application submitted must be for only one physician
- **U.S. Health Care Facility Practice Site:** The physical facility where the physician works and provides direct service to patients. May be different from employer's principal business location. Application information on shortage designation areas, sliding fee scale and charity policy, and data on patients served must be specific to the practice site and program, not the entire employer organization or health system

Review Process

- Only 30 waivers can be granted per state per federal fiscal year
- Applications that meet minimum requirements will be reviewed by a committee for selection of up to 30 applications that best meet the needs of the state
- MDH will review all committee selections and is responsible for final recommendation decisions
- MDH decisions are not subject to appeal
- MDH's participation in the J-1 Visa Waiver Program is discretionary and voluntary and may be modified or discontinued at any time
- Applicants should ensure that all sections of their application are complete

Selection Criteria and Weight

- If the number of eligible applications exceeds the number of available slots, the criteria below will be considered when making recommendations to USCIS
- Criteria for prioritizing eligible applications:
 - Primary care physicians: 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 metro area.
 - Physician's demonstrated skill and experience 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.

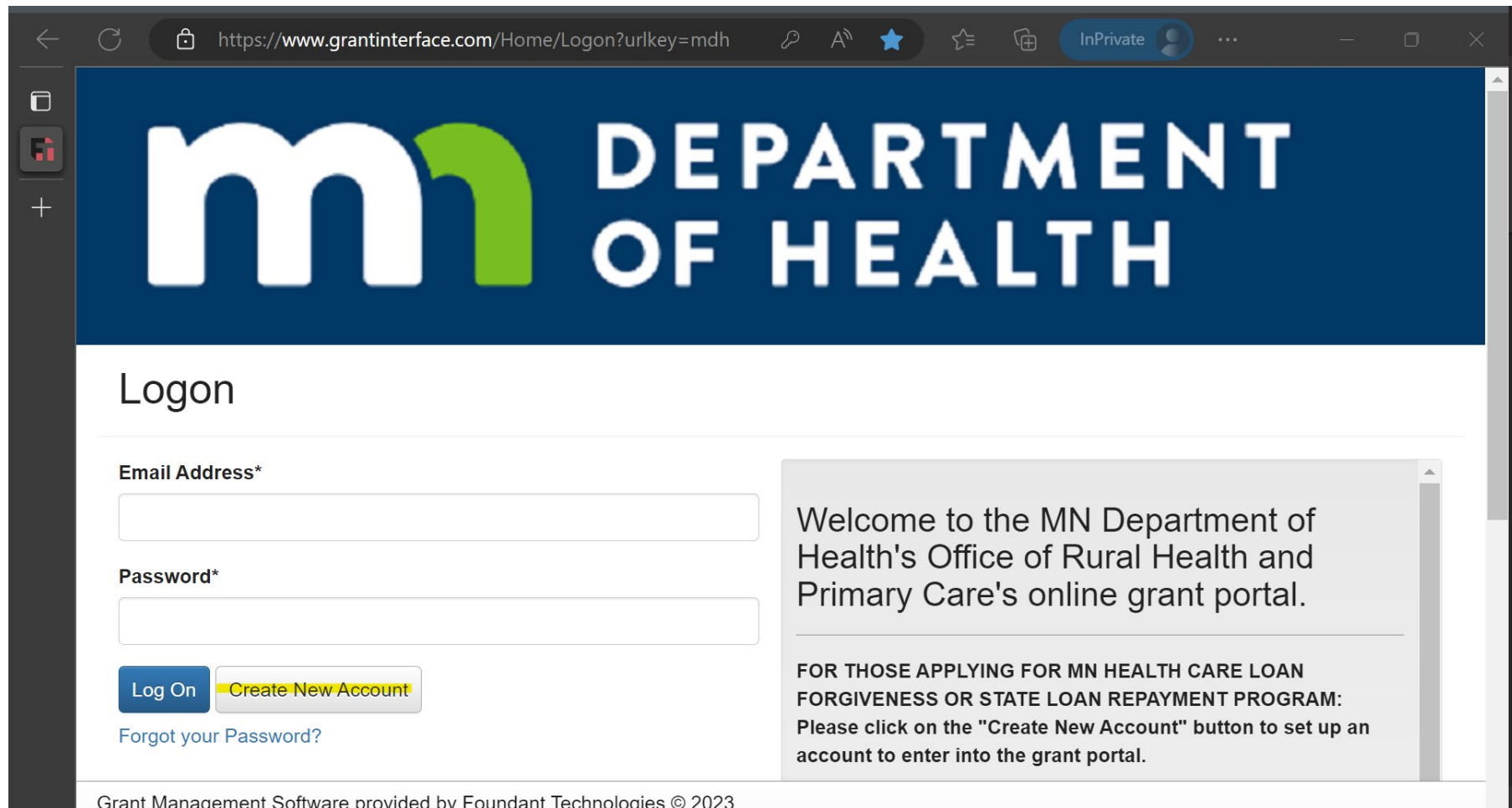
Timeline Reminders

- **Application Process Opens:** August 17, 2026
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How to Apply

- Reminder that MDH no longer requires a paper copy of the application. Upload all documents into the [online portal \(https://www.grantinterface.com/Home/Logon?urlkey=mdh\)](https://www.grantinterface.com/Home/Logon?urlkey=mdh)
- If your organization previously submitted an application to ORHPC through the portal, and you already have a user account, enter your credentials and log in
- If your organization does not have an account and must create one, click on “Create New Account.” The org profile will be under the name of the employer organization. To add collaborators, such as a law firm, follow the instructions in the [ORPHC Grantee Guide \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf). Add all collaborators to get timely updates
- Once in the system, click on the “Apply” link in the upper toolbar; select the J1 Visa Waiver Program from the list and click “Apply”



The screenshot shows a web browser window with the URL <https://www.grantinterface.com/Home/Logon?urlkey=mdh>. The page features the MN Department of Health logo at the top. Below the logo is a "Logon" section with two input fields: "Email Address*" and "Password*". To the right of these fields is a grey box containing a welcome message and instructions for users applying for a loan forgiveness or state loan repayment program. At the bottom of the login section are two buttons: "Log On" and "Create New Account". A link for "Forgot your Password?" is also present. The footer of the page states "Grant Management Software provided by Foundant Technologies © 2023".

Logon

Email Address*

Password*

Log On Create New Account

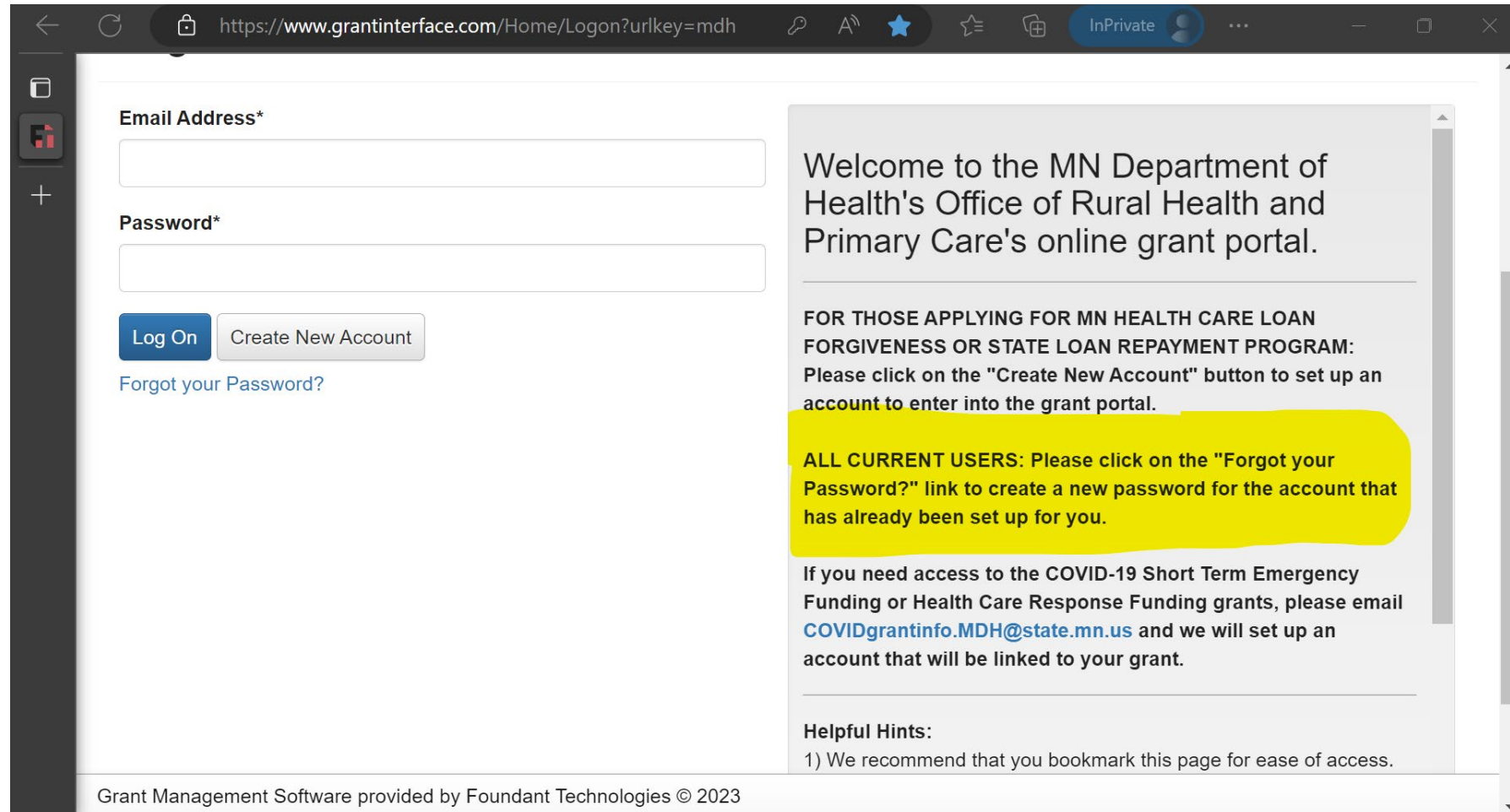
[Forgot your Password?](#)

Welcome to the MN Department of Health's Office of Rural Health and Primary Care's online grant portal.

FOR THOSE APPLYING FOR MN HEALTH CARE LOAN FORGIVENESS OR STATE LOAN REPAYMENT PROGRAM:
Please click on the "Create New Account" button to set up an account to enter into the grant portal.

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Forgot Your Password Link



← ↻ 🔒 https://www.grantinterface.com/Home/Logon?urlkey=mdh 🔍 A★ ☆📄 InPrivate

Email Address*

Password*

Log On Create New Account

[Forgot your Password?](#)

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ALL CURRENT USERS: Please click on the "Forgot your Password?" link to create a new password for the account that has already been set up for you.

If you need access to the COVID-19 Short Term Emergency Funding or Health Care Response Funding grants, please email COVIDgrantinfo.MDH@state.mn.us and we will set up an account that will be linked to your grant.

Helpful Hints:
1) We recommend that you bookmark this page for ease of access.

Grant Management Software provided by Foundant Technologies © 2023

New User Interface

mi DEPARTMENT OF HEALTH **SANDBOX** APPLY

Test First Test Last

SEE OPPORTUNITIES

ASSIGNED TO YOU (4)

COVID Funding Progress and Financial Report - Report 1
Past Due 08/30/2020

Grant Agreement - Example 1
Past Due 06/19/2022

Electronic Signature Example
Past Due 06/19/2022

Final Report - Example
Past Due 06/19/2022

Test Organization

Search

Action Needed (2) No Action (0) Completed (0) | Historical (0)

2020 COVID-19 Planning and Response Grant Application
Test Project

Past Due 08/30/2020 COVID Funding Progress and Financial Report - Report 1

Test Process
Fred's Fancy Feet

Past Due 06/19/2022 Grant Agreement - Example 1
Past Due 06/19/2022 Electronic Signature Example
Past Due 06/19/2022 Final Report - Example

Portal Application Page

 **DEPARTMENT OF HEALTH**

SANDBOX   APPLY

 Add Contact ▾

Example Org A

Eligibility Quiz

Eligibility - Process RJR

Eligible applicants

Live in Minnesota

Live in Minneapolis

Have a pet

Check Eligibility

Copy of Process TEN

Testing process

 Open

Preview

Apply

2020 COVID-19 Planning and Response Grant Application

General Information

- Announcement Title: COVID-19 Planning and Response Grant
- Minnesota Department of Health (MDH) Program Website:
<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/covidlong.html>

See More

 Open

Preview

Apply

Example Process

Put the description of the grant here.

 Open

Applied

health.state.mn.us

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- The online application portal is the main method of communication between MDH and your team. The main point of contact for your team is entered as **APPLICANT**
 - “Applicant” means the person submitting the application and receiving correspondence about it
 - This should be the attorney
- The **ORGANIZATION** is the employer of the physician



- The **PROJECT NAME** is the physician's first, middle, and last name / name of the employer / priority preference # (if employer is submitting multiple applications: for example, "3 of 20" indicates third-highest priority out of 20 applications)
- Physician name should be in this format: FirstName MiddleName LastName
- The physician's formal name should be consistent across every piece of documentation. The naming convention of the applicant must be consistent throughout all documentation. For example:
 - John F. Smith-Jones **OR**
 - Dr. Smith **OR**
 - Dr. Smith-Jones

Physician's Name Examples

Example Name: Salvador Domingo Felipe Jacinto Dalí

(Salvador) (Domingo Felipe Jacinto) (Dali-Domenech)

First

Middle

Last

Refer to the Physician by their formal name consistently through the application, for example:

Dr. Dali-Domenech, Dr. Domenech, or Dr. Dali



Physician Information

- Changes from previous application:
 - Provide the physician's formal name; for example: Dr. Dali-Domenech
 - Provide the physician's country and city of birth, as well as country of citizenship
 - Provide the physician's email address; physical address is no longer necessary
 - Provide the DOS case number
- See the guidance document for full details on required information

- Section 3 of the application collects basic information about the legal counsel representing the applicant:
 - Law firm name, address, and phone number
 - Legal counsel primary contact name and email
 - Communication will be through this email address rather than the physician's or employer's contact information

Employer and Practice Site

- In Section 4, provide information about the employer and the practice site facilities:
 - Employer information should align with legal employer of physician
 - Practice site should be the address where physician will work
 - There is space to indicate up to four practice sites. If physician practices at more than four sites, identify the top four sites
 - Enter HPSA and MUA/MUP IDs for practice sites. If none, enter N/A

Required Attachments

In section 5, upload the required attachments:

1. Summary of Situation
2. Shortage Designation
3. Employment Contract
4. Immigration Documentation
5. CV and Letters of Recommendation
6. Exchange Visitor Attestation / Foreign Medical Graduate Statement
7. Form G-28
8. Form DS-3035
9. Denial Impact Letter
10. Medical Facility
11. Charity Care Policy
12. Recruitment and Retention Efforts
13. Licensure Documentation or Eligibility
14. Policy Affidavit and Agreement
15. No Contractual Obligation
16. Optional: Physician Personal Statement

Attachment 1: Summary of Situation

- A letter from the head of the health care facility at which the physician will be employed that:
 - Requests that the Minnesota Department of Health act as an interested government agency and recommend a J-1 visa waiver for the physician;
 - Summarizes how the health care facility has attempted to recruit qualified U.S. physicians;
 - Describes the physician's qualifications and proposed responsibilities and how their employment will satisfy important unmet health care needs of a medically underserved community; and
 - States unequivocally that the facility is offering the physician at least three years of employment in a job that will improve access to health care for underserved Minnesotans

Attachment 2: Shortage Designation

- Regular J-1 visa waiver request: Provide documentation that each of the physician's practice sites are in a HPSA, MUA or MUP. Search for [shortage designation areas \(https://data.hrsa.gov/tools/shortage-area\)](https://data.hrsa.gov/tools/shortage-area)
- Flex waiver request: Practice sites that are not located in a HPSA/MUA/MUP designated area 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.

Attachment 3: Employment Contract

- The application must demonstrate a bona fide offer and acceptance of a full-time employment contract to practice medicine within 90 days of receipt of the waiver.
- The offer must contain a provision, and the physician must agree, to practice primary or specialty care medicine at the health care facility for at least three years and **at least 40 hours per week of direct patient care.**
- Highlight the practice site(s), salary and bonuses, hours per week dedicated to direct patient care, hours per week on other duties.



Attachment 3: Employment Contract (continued)



- **Addresses of all practice sites should be included in the contract** to confirm that the physician will practice in a designated shortage area
- All contractual provisions and documents must be submitted (offer letters, bonus offers, retention loans, etc.).
- Contracts that include protected time for activities other than patient care, such as research or teaching, must specify how many hours per week will be dedicated to those activities and how many hours per week will be dedicated to patient care.

Attachment 4: Immigration Documentation

- Date of first entry to the United States. Applicants who entered the United States on a J visa before February 1, 1999, should use the date February 1, 1999 in this field
- DS-2019 or IAP-66 form for each year the applicant has resided in the U.S.
- If you have a spouse or children who had J-2 status, list them as requested in the online application. Review frequently asked questions about dependent J-2 spouses and children: [Waiver of the Exchange Visitor Two-Year Home-Country Physical Presence Requirement \(https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/exchange-waiver-faqs.html#dependent\)](https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/exchange-waiver-faqs.html#dependent)

Attachments 5, 6, and 7:

5. CV and Letters of Recommendation: Provide a copy of the applicant's curriculum vitae (CV) and up to three letters of recommendation
6. Exchange Visitor Attestation/Foreign Medical Graduate Statement: Provide a notarized statement that the physician does not have another pending J-1 visa waiver request to any U.S. government department or agency or any other state department of public health
7. Form G-28: Provide a copy of the completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

Attachment 8: Form DS-3035

- Provide a copy of the completed Form DS-3035, J-1 Visa Waiver Recommendation Application
 - 8a. Third-Party Barcode: Provide a copy of the Third-Party Barcode page.
 - 8b. Waiver Review Division Barcode: Provide a copy of the Waiver Review Division Barcode page.
 - 8c. Statement of Reason

Attachment 9: Denial Impact Letter

- Provide a one- to three-page letter from the facility director explaining issues specific to the application that will help the review committee select J-1 visa waiver recipients who best meet the needs of the state
- The letter should explain how the physician's work will benefit the community and the impact on the community if the waiver request is denied
- Documentation illustrating the demand for care in the physician's specialty area at the practice site may include, for example, wait times for that specialty at that location and the number of full-time physicians needed in the specialty at that location to handle the patient load

Attachment 10: Medical Facility

- Provide a detailed description of the health care facility practice site's capacity, patient demand, and ability to support the physician in working full-time to meet the three-year service obligation
- Note that the description should pertain to the **applicant physician's practice site(s) specifically**. The description should address the types of services provided and how the facility will improve access to care for residents experiencing a shortage of available health care

Attachment 11: Charity Care Policy

- Provide a copy of the facility's Charity Care Policy. Application must demonstrate that the facility has a written indigent care policy for determining discounts or charity care based on the patient's ability to pay
- The policy should include the percentage of clientele annually who receive sliding fee discounts or who are using Medicare/Medicaid
- The policy must be posted in a location that is accessible to patients and potential patients

Attachment 12: Recruitment and Retention Efforts

- Provide a description of the efforts made to recruit and retain U.S. physicians
- It must clearly demonstrate that a suitable U.S. physician cannot be found through recruitment or any other means
- Include copies of all job postings, advertisements, and agreements with placement services
- Also provide a statement detailing the plans for retaining the physician during and beyond the three-year obligation

Attachment 12: Recruitment and Retention Efforts (continued)



- Orientation, mentoring, team-building



- Family Support



- Community Involvement

Attachment 13: Licensure Documentation or Eligibility

- Provide a copy of the physician's Minnesota medical license or active application. The physician does not need to have a Minnesota license to apply for a waiver. The application may include documentation of an active license application to show that the physician will have a license by their start date.



Attachment 13: Licensure Documentation or Eligibility (continued)

- If the physician does not have a Minnesota medical license and is including documentation of an active license application, the applicant must also provide documentation of successfully passing the required examinations of the United States Medical Licensing Examination (USMLE) in the form of the USMLE transcript. The application must also include documentation of Educational Commission for Foreign Medical Graduates (ECFMG) certification.



Attachment 13: Licensure Documentation or Eligibility (continued)

- Individuals who graduate from Canadian medical schools on or after July 1, 2026, will be considered international medical graduates (IMGs) for the purpose of entering U. S. graduate medical education (GME) and **must obtain ECFMG certification.**



Attachments 14 and 15:

14. Policy Affidavit and Agreement: Provide a copy of the completed J-1 Visa Waiver Policy Affidavit and Agreement [J-1 Visa Waiver Policy Affidavit and Agreement form](https://www.health.state.mn.us/facilities/ruralhealth/j1/docs/j1affid.pdf) (<https://www.health.state.mn.us/facilities/ruralhealth/j1/docs/j1affid.pdf>).
15. No Contractual Obligation: Provide a “no objection” statement from the physician’s home country if the physician is contractually obligated to return to their home country upon completion of the exchange program, or a notarized physician statement of no contractual obligation with their home country.

Attachment 16: Optional Personal Statement

Physician may choose to give the review committee more information about their situation and commitment to providing care to underserved MN communities.



Questions?

Siham Abdellah

J-1 Visa Waiver Program Administrator

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