



Mike Braun  
*Governor*

Lindsay M. Weaver, MD, FACEP  
*State Health Commissioner*

## Indiana J-1 Visa Waiver Program Guidelines for the 2026 Application Cycle

The Indiana J-1 Visa Waiver program targets primary care and mental health physicians who do not qualify for an [HHS Clinical Care Waiver](#) and have completed a U.S. residency training program in one of the following practice areas: family medicine, general pediatrics, general obstetrics/gynecology, general internal medicine or general psychiatry.

Federal requirements for the program allow the Indiana Department of Health (IDOH) to recommend 30 qualifying physicians for waiving the Immigration and Nationality Act, Section 212(e) requirement for returning home for at least two years after the J-1 Visa exchange visitor program. While the State of Indiana may recommend a waiver be approved, the Bureau of Citizenship and Immigration Services (BCIS) of the U.S. Department of Homeland Security is the federal agency that grants J-1 visa waivers.

Physicians must practice in federally designated Primary Care Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs), or Medically Underserved Population (MUP) areas. Psychiatrists may practice in an underserved area or a Mental Health Professional Shortage Area. To maximize the number of physicians practicing in Indiana, qualifying primary care physicians and psychiatrists must utilize an [HHS Clinical Care Waiver](#). The Indiana Department of Health will provide a Letter of Support for qualifying physicians utilizing this waiver option. To request a letter of support, email [glong@health.in.gov](mailto:glong@health.in.gov) and provide the following:

- Physician first and last name
- Specialty
- Employer name
- Facility address (include county)
- Census tract ID
- Employment contract or an attestation from the employer

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.



## Application Review and Submission

**Submission acceptance begins Sept. 1:** All applications can be submitted beginning Sept. 1 of each year.

**Application deadline is Nov. 30:** IDOH will accept applications through Nov. 30 of each year. If the number of applicants exceeds the maximum of 30, all following applications may be held and considered for the subsequent year if the applicant notifies the application reviewer via email. If the applicant wishes to be considered in the subsequent year, the applicant should email [nmorrison@indianapca.org](mailto:nmorrison@indianapca.org) and [glong@health.in.gov](mailto:glong@health.in.gov) and the application will be subject to the prioritization schedule described below. Primary care applicants will take precedence at any time.

One copy of the application must be emailed to the Indiana Primary Health Care Association. Mailed applications will not be accepted. All application documents must be submitted via email on the same business day, attaching as many documents as possible in each email. Each subject line should contain "J-1 Visa Waiver Application for (first and last name of applicant)". On the day the application is sent, applicants should email [nmorrison@indianapca.org](mailto:nmorrison@indianapca.org) and [glong@health.in.gov](mailto:glong@health.in.gov) with the applicant name(s) in the subject line and applicant contact in the body of the email. Applications should be submitted no earlier than Sept. 1. Any applications submitted before this date will not be accepted.

## Prioritization of Specialist Applications

Specialists include hospitalists, geriatricians and all other physicians who have received additional fellowship training.

**Design:** The IPHCA team has developed the associated "J-1 Visa Prioritization Matrix" to identify "pockets of need" related to healthcare across the state. This matrix aims to identify counties within Indiana where there is the highest opportunity to reach vulnerable and underserved Hoosiers. County-level data from four key sources were leveraged to inform the outcomes of this matrix.

Prioritization is calculated using three steps. First, each metric is scaled in quintiles (1-5) or "criterion score," then each variable is weighted, and finally, a score out of 5 to assign a rank from 1-92 (92 representing the 92 counties in Indiana).



### Source Data:

- Medically Underserved Area/Population (MUA/P)
  - When a county has a partial county MUA/P, it will be applied to the whole county for the purpose of the calculation.
  - Source: HRSA
  - More information: <https://data.hrsa.gov/tools/shortage-area/mua-find>
- Health Professional Shortage Area (HPSA)
  - When a county has a partial county HPSA (geographic or population), the highest score will be applied to the whole county for the purpose of the calculation.
  - Facility HPSA score is **not** included in the scale for the assigned county-level HPSA calculation but will be hand-entered by the reviewer on a case-by-case basis.
  - Source: HRSA
  - More Information: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- Social Vulnerability Index (SVI)
  - The social vulnerability index refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.
  - Source: CDC
  - More Information: [https://www.atsdr.cdc.gov/place-health/php/svi/?CDC\\_AAref\\_Val=https://www.atsdr.cdc.gov/placeandhealth/svi/index.html](https://www.atsdr.cdc.gov/place-health/php/svi/?CDC_AAref_Val=https://www.atsdr.cdc.gov/placeandhealth/svi/index.html)
- Rurality Designation:
  - Based on the 2021 Federal Office of Rural Health Policy (FORHP) guide, IDOH has provided the below visual assigning “partially rural” or “fully rural” designations to each county in the state. Counties with any level of rural designation are weighted equally. Any county without shading is determined to have “no rural” designation.



## Rural landscape

There are a total of 47 Indiana counties that are defined as **fully rural** according to the Federal Office of Rural Health Policy.



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- More Information: <https://data.hrsa.gov/Content/Documents/tools/rural-health/forhpeligibleareas.pdf>
- Direct Patient Care Provider Consideration:
  - This scoring consideration is not included in the prioritization scale for the assigned county-level calculation, but will be hand-entered by the reviewer on a case-by-case basis for applicants that provide direct patient care. For this, an additional 0.5 points will be added to the overall county score.
  - To qualify as a direct patient care provider, the physician must provide direct patient care at least 32 hours per week.
  - Direct patient care: Hand on, face-to-face contact with patients for the purpose of prevention, diagnosis, treatment, and/or monitoring.

**Scaling:** The tool has key components that allow for it to give an “apples to apples” comparison of all variables. The key components are **scaling**, **weighting**, and **ranking**. To scale, we must be able to compare, for example, an SVI score of .1234 to a HPSA score of 10 and a binary (yes/no) MUA/P designation. This tool utilizes quintiles based on each variable’s upper and lower extremities. The upper and lower extremities are listed in Figure 1.1. Once the quintiles for the measure are determined, each county is given a “criterion score” from 1-5 with respect to the raw data range.


**Figure 1.1**

Criteria Scale		Less Opportunity		Most Opportunity		
		1	2	3	4	5
SVI	Low	0	0.2	0.4	0.6	0.8
	High	0.1999	0.3999	0.5999	0.7999	1
MUA	Low	No				Yes
	High					
HPSA	Low	1	5	10	15	20
	High	4.99	9.99	14.99	19.99	25
Rural Designation	Low	No Rural				Any Rural
	High					

**Weighting:** Once scaling is determined, the measure is then assigned a weight. As the name suggests, the weight reflects the variable's relevance to the overall calculation. Both HPSA and MUA/P variables carry an equal weight of 40% each. SVI and Rurality are respectively weighted at 10% in the overall calculation.

**Figure 1.2**

Weighting							
Criterion 1		Criterion 2		Criterion 3		Criterion 4	
Medically Underserved Area		Health Professional Shortage		Social Vulnerability Index 2022		Any Rural Designation	
Weight:	40.0%	Weight:	40.0%	Weight:	10.0%	Weight:	10%
1= Not Designated		1= Less opportunity		1=Less Opportunity		1 = No rural, 5 = Full or partial rural designation	
5= Designated		5= More opportunity		5=More Opportunity			
						Criterion 5 (not county level)	
						Direct Patient Care Provider	
						Weight	Add 0.5
						0.5 will be added for applicants that provides direct patient care	

**Ranking:** Results from adding together the weighted scale of each variable determine the "rank". Each of the three variables are added together to give an "outcomes score" with a maximum of 5. The county with the highest score will be assigned a rank of 1, the second highest a 2, and so on with all remaining counties. Note that a few "ties" still yield some counties sharing the same rank number. Counties with the highest need will have the highest score (lowest rank) and will be prioritized accordingly.

- Applicants with multiple practice sites will receive a score based on the average of all practice sites
- The overall score will be ranked and will determine the priority of the application within specialist applications



- If there are multiple applications with the same score, the percentage of time the applicant is practicing in the highest-need county among the applications will be prioritized
- If an entity is submitting multiple applications with physicians practicing at the same site with the same number of hours, the sponsoring entity will need to indicate priority among the applicants upon submission
- All geographic and low-income HPSAs will be used within the matrix, both partial and full county, regardless of whether the site is located within the partial HPSA
- Facility HPSAs will be used on a case-by-case basis, but only if that specific site has a facility HPSA
- All MUA and MUP designations will be used within the matrix, both partial and full county, regardless of whether the site is located within the partial HPSA
- All practice sites within the 40 hours must be located within a designation (HPSA and/or MUA/P) to qualify
- Rollover applications from the 2025 cycle will be scored and considered equally along with new specialist applications
- Scores used for prioritization analyses froze after March 31 in preparation for the 2026 cycle
- IDOH reserves the right to prioritize any specialist based on current state needs or initiatives, regardless of ranking

Applicants will receive a confirmation email from [nmorrison@indianapca.org](mailto:nmorrison@indianapca.org) for their records.

If the application is incomplete, it will be rejected and will not be assessed. If there are correctable deficiencies in the application the reviewer will email the applicant. If the reviewer does not receive all corrected materials within five business days, the application will be considered incomplete and will not be processed further. Once all materials are received, the reviewer will proceed to rank the application according to need as represented by the matrix.

When reviews and ranking are completed, the reviewer will forward the physical applications to IDOH. IDOH makes the decision to recommend or deny applications. IDOH will prepare letters of recommendation for signature by the health commissioner. Copies of letters will be returned to the reviewer to forward to the applicant's representative.

## **Physician Eligibility**

To be eligible, a J-1 physician must:

- Not qualify for an HHS Clinical Care Waiver



- Document an offer of full-time employment (at least 40 hours per week) at one or more eligible service sites located in federally designated Health Professional Shortage Areas (HPSAs) or in federally designated Medically Underserved Areas (MUAs). Find HPSA by address here: <https://data.hrsa.gov/tools/shortage-area/by-address>. Find MUAs and MUPs here: <https://data.hrsa.gov/tools/shortage-area/mua-find>.
- Sign a contract to work at an approved service site full-time (40 hours/week) for a period of not less than three years
- Provide a copy of a permanent license, a copy of a temporary license, or a copy of an application for a license. An electronic copy of a permanent license must be sent when available to [glong@health.in.gov](mailto:glong@health.in.gov).

### Service Site Requirements

Physicians must serve at eligible sites. To be eligible, a service site must:

- Be located in a federally designed Primary Care of Mental Health HPSA, or federally designated MUA, or a federally designated MUP;
- Have been operational and providing care for at least six months as of the date of the request for an IDOH recommendation;
- Submit documentation demonstrating that a U.S. citizen was unsuccessfully recruited. The documentation cannot be older than the year preceding the J-1 Visa Waiver application. Recruitment documentation should reflect a recruitment time span of no less than six months;
- Provide a similar salary for locally recruited and J-1 physicians;
- Use a sliding fee scale based on ability to pay for all patients at the facility who are uninsured and/or having a household income at or below 200% of Federal Poverty Guidelines;
- The sliding-discount-to-fee-scale must be based on the current U.S. Department of Health and Human Services Federal Poverty Guidelines as published annually in the Federal Register. See <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
- Indiana will not accept applications from facilities outside designated underserved areas.

### The Employer and the J-1 Physician Applicant must

- Accept all patients regardless of method of payment, including Medicaid, Medicare assignment and regardless of ability to pay;
- Provide services to those who have no health insurance coverage; charge patients at the usual and prevailing rates in this area; and



- Use and post for public viewing a sliding fee scale based on ability to pay for all patients at the facility who are uninsured and at or below 200% of the Federal Poverty Guidelines.
- The J-1 Physician and the Chief Executive Officer or Administrator of the employing entity must complete a semiannual Verification of Employment (VOE) form and Certification and Endorsement form which verifies the J-1 physician's employment at the approved practice site.
  - Enter the [Verification of Employment](#) online at the IDOH website
  - The first report must be submitted within 30 days of employment. Subsequent reports must be submitted **every six months** from the contract execution date with a final report due upon completion of the three-year commitment.
  - If the employment contract is terminated prior to its scheduled end date, the J-1 physician and employer must provide written notification and explanation to the IDOH via email with "J-1 Visa Waiver Termination" in the subject line to [glong@health.in.gov](mailto:glong@health.in.gov).
  - The employer of a J-1 physician who transfers to another medical facility within Indiana must submit a final VOE form upon termination of the contract.
  - The new employer of a J-1 physician who has transferred from within Indiana or another state must file the first work verification form within 30 days of the transfer.
  - Subsequent reports must be submitted every six months from the contract execution date with a final report due upon completion of the contract.
  - Failure on the part of the J-1 physician to submit accurate and truthful semiannual forms will result in a report of noncompliance to the U.S. Citizenship and Immigration Service. Failure on the part of the chief executive officer or administrator of the employing entity to submit accurate and truthful semi-annual reports will jeopardize future eligibility for J-1 placement at the practice site and may result in an out-of-compliance report for the J-1 physician.

A service site, employer and applicant must meet and/or agree to all the requirements listed above for an application to be considered.

### **IDOH Held Harmless**

IDOH reserves the right to deny recommending any J-1 visa waiver application. If support is denied, IDOH will not forward the application to the U.S. Department of State (DOS) Waiver Review Division. IDOH does not bear any liability for the denial of support of a J-1 visa waiver application, which includes but is not limited to, the consequences arising from any practice





arrangements or contracts entered by the J-1 physician or proposed employer before or after requesting an IDOH J-1 waiver recommendation.

If an application is denied, IDOH will notify the J-1 physician or their representative of the denial via mail or email.

## Application Procedure

**The applicant's case number must be included on every page of all documentation.**

1. Obtain a case number from the United States Department of State (DOS)
2. Receive your case number and instruction sheet from DOS  
The instruction sheet from DOS may include a list of documents that are required by the Waiver Review Division (IDOH requires items 1-17 of the requirements to consider the request for a letter of support). If the DOS Waiver Review Division asks for an item that is not on the Indiana requirement list, be sure to include that item.
3. Submit documentation described under the subheading **Requirements 1-17** to the reviewer at the Indiana Primary Health Care Association (IPHCA).
4. If supporting a J-1 visa waiver application, the IDOH will submit all required documents and letters relating to the application to the DOS Waiver Review Division. At this point, IDOH is no longer directly involved in the process. IDOH will inform the J-1 physician or the lawyer of record when this happens.

If an application is denied, the J-1 physician's attorney, the physician, or the employer will be notified by mail or email.

## Requirements 1-17

One copy of the application must be emailed to the Indiana Primary Health Care Association. Mailed applications will not be accepted. The application may be submitted by attaching requirements 1-17 in as few emails as possible. Each subject line should contain "J-1 Visa Waiver Application for (first and last name of applicant)." The entire application must be submitted on the same business day. On the day the application is sent, a notification email noting the day and time the email was sent, the applicant(s) name in the subject line, and applicant contact in the email body must be sent to [nmorrison@indianapca.org](mailto:nmorrison@indianapca.org) and [glong@health.in.gov](mailto:glong@health.in.gov). Multiple applications may be represented in one notification email, but only one applicant may be represented per application. The notification email will be used to verify receipt only and will not be used for prioritizing specialist applications.



**Write your DOS (Department of State) case number on each page submitted.**

1. An [Indiana J-1 Visa Waiver Application Sheet](#)
2. DS-3035, Review Application Form, Date Sheet (current edition) Refer to [j1visawaiverrecommendation.state.gov](http://j1visawaiverrecommendation.state.gov). Click "Complete an Online Application for a J-1 waiver recommendation" to fill out the online J-1 Waiver Recommendation Application, Form DS-3035. Please note: You must use the online form. No other version of Form DS-3035 will be accepted. If you submit a version of Form DS-3035 other than the online form, your application will be returned to you without the processing fee, which is non-refundable.
  - a. The Third Party Barcode Page, Statement of Reason, and Waiver Division Barcode page must be included with the DS-3035.
3. A "Justification Letter" from the head of the facility at which the physician will be employed that:
  - a. Describes the facility, including the nature and extent of its medical services and the need for a J-1 physician
  - b. Describes the facility's percent of the patient population to which the sliding fee has pertained in the last year; the percent of Medicaid, Medicare and privately insured, self-pay, and charity care
  - c. Describes the effect a waiver denial will have on the area
  - d. Describes how the J-1 physician's employment will satisfy important unmet needs, including the health care needs of the specific community and preventive programs the physician will initiate or continue that address health problems prevalent in the specific community
  - e. Presents the J-1 physician's supervisor's rationale for wanting to hire the particular applicant
  - f. Describes the recruitment process and employment environment:
    - i. Who recruited?
    - ii. What questions were asked of the applicant?
    - iii. What was the level of community involvement?
    - iv. The quality management system in place?
    - v. Will the J-1 physician provide hospital-based care?
    - vi. Is the candidate hospital certified?
    - vii. Is there a physician retention plan?
    - viii. Is there a physician quality improvement system in place?
    - ix. Is board certification required?



- x. Is there a continuing medical education allowance or formalized opportunity with partners available to enable the candidate to maintain her/his board eligibility/certification?
  - xi. What is the date of the last client satisfaction survey performed and what was the outcome?
  - xii. Please describe the candidate's verbal and written communication skills.
  - xiii. Describe in what way the candidate has the performance competencies to meet the needs of the population he/she will serve.
  - xiv. Approximately how many patients will the candidate carry?
- Please attach a copy of the site's orientation and retention plan that takes J-1 physicians into account.
- 4. A copy of a fully executed valid contract of full-time employment from the time BCIS grants a waiver of the two-year home-country residency requirement. The contract must include the following:
  - a. The contract must specify the address of the service site(s) where the J-1 physician will provide services.
  - b. The contract must be for at least three years, 40 hours per week.
  - c. The physician must agree to begin employment at the approved service site within 90 days of receiving a J-1 visa waiver.
  - d. The contract must be in compliance with IC 25-22.5-5.5 and federal regulations pertaining to non-compete clauses.
  - e. Both the J-1 physician and the employer must sign the contract.
  - f. The contract may not be terminated without cause and may not be terminated by mutual agreement.
  - g. The contract must state that the J-1 physician and the employer may not change, by contractual amendment or otherwise, the essential terms of the employment contract.
  - h. Until the J-1 physician completes the three-year commitment, the J-1 physician must provide services:
    - i. At the service site(s) specified in the employment contract
    - ii. To the patients specified in the employment contract
    - iii. In the manner specified in the employment contract
  - i. Documentation from the Foreign Labor Certification Data Center (<https://flag.dol.gov/wage-data/wage-search>) that services will be provided at a salary comparable to other salaries in the area.
- 5. Evidence that the facility is in a federally designated Health Professional Shortage Area (HPSA) or federally designated Medically Underserved Area/Population (MUA/P).



- a. The site census tract number and the HPSA and/or MUA Name and ID are sufficient proof.
  - b. For official listings of designated HPSAs: <https://data.hrsa.gov/tools/shortage-area/by-address> or <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.
  - c. For official listings of MUAs and MUPs: <https://data.hrsa.gov/tools/shortage-area/mua-find>.
6. Legible copies of the physician's IAP-66/DS-2019, Certificate of Eligibility for Exchange Visitor (1-1) Status forms, covering every period the physician was in J-1 status.
  - a. IAP-66/DS-2019 forms must be submitted in chronological order with "Begin a new program" first.
7. Proof of passage of examinations required by Immigration and Naturalization Services (i.e., Flex and ECFMG). All scores must be included for the application to be processed.
8. Curriculum vitae.
9. Two letters of recommendation from the physician's primary care residency or fellowship program.
10. Form G-28, Notice of Entry of Appearance as Attorney or Representative.
11. A completed [J-1 Visa Waiver Program Affidavit and Agreement](#)
12. Recruitment documentation.
  - a. Copies of advertisements, announcements, and or placement agreements and a summary description of recruitment efforts.
  - b. Documentation demonstrating that the employer made a good faith effort to recruit a United States citizen for the job opportunity in the same salary range for at least four months before the request for an IDOH J-1 visa waiver recommendation and that the effort was not successful. The documentation may include advertisements or announcements in newspapers or professional journals, residency programs, websites, etc. The employer must describe the recruitment efforts including the number of United States citizen physicians interviewed, and outcome of any interviews. The description of recruitment efforts must clearly demonstrate that the employer could not find a United States citizen primary care physician through traditional recruitment methods.
13. A facility sliding discount-to-fee schedule (SFS) and the procedure in place for its use.
  - a. The sliding fee discount-to-fee schedule must be based on current [Federal Poverty Guidelines](#). The schedule and policies for its use must be posted in a prominent location for public viewing within the facility.
  - b. Discounts must be offered to all patients at the facility who are uninsured and at or below 200% of Federal Poverty Guidelines.
14. Two letters prepared within the year (12-month span) of application.
  - a. Provide originals of each letter.



- b. Letters of support suggesting the need from the community for employing the J-1 physician to provide primary care services at the service site.
- 15. Copy of the J-1 physician's permanent license, copy of a temporary license, or a copy of application for a license. An electronic copy of a permanent license must be sent when available to [glong@health.in.gov](mailto:glong@health.in.gov).
- 16. Copy of the license to practice in states other than Indiana even if such license has expired.
- 17. A completed J-1 Visa Waiver Program Checklist.

This concludes the full list of guidelines for the Indiana J-1 Visa Waiver Program. Please see additional program documents on the [IPHCA](#) or [IDOH](#) webpages.