



National Interest Waiver Application

Instructions and Checklist

Section 1	G-28 Notice of Entry of Appearance as Attorney/Representative (If applicable)	
Section 2	Letter from Physician	
	<ul style="list-style-type: none">• Request that the DOH recommend a letter of support for NIW• Identify physicians name and discipline• Birth Country• Home address, telephone number, and personal email address• List all Practice Site(s) including name, address, city, designation ID and number• Letter must identify if you will commit to 5 years or if you plan to work an additional two if you have completed a J-1 visa Waiver (Conrad 30 or ARC)	
Section 3	Practice Site Application	
	<ul style="list-style-type: none">• Complete and sign• Submit a copy of the sites sliding fee policy and schedule• Must ensure access to healthcare for those at or below 200% of poverty level, using current Federal poverty guidelines.	
Section 4	Participation of Agreement	
	<ul style="list-style-type: none">• Employer and physician to sign	
Section 5	Employment Contract must include	
	<ul style="list-style-type: none">• If on a J-1 Waiver already (Conrad 30 or ARC) you may submit and addendum to contract or a total of 5 years moving forward.• All practice site(s) must be identified.• Must commit to full time 40 hours excluding on call, travel and hospital rounds.• Non-compete clauses are prohibited. Sponsors shall make a statement that there is nothing in the contract or organization policies, handbooks, etc. that would restrict the physician's employment upon termination of the contract.• Termination without cause is prohibited• Contract must be dated within six months prior to the filing date of the NIW petition	

	<ul style="list-style-type: none"> Liquidated Damage Clause – although not required by the DOH, a sponsor may include a damages clause for failure to fulfill the time period specified in the employment contract 	
Section 6	Letter from Sponsor	
	<ul style="list-style-type: none"> Provide the physicians start date with the practice Must commit to 5 total years or two additional if completed a J-1 Visa Waiver. 	
Section 7	Additional Information Needed	
	<ul style="list-style-type: none"> Letter from state in which J-1 Visa Waiver was completed is required. Provide a copy of Form I-797 Notice of Action Case Type I-612 Application to waiver foreign residency requirement if received a J-1 Waiver. Copy of I-94 card Current PA Medical License 	