

National Interest Waiver Request for Support Program Guidance

Having a Green Card (officially known as a Permanent Resident Card (PDF, 6.77 MB) allows persons to live and work permanently in the United States. In order to apply for a Green Card, applicants must be eligible under one of several categories, including “Green Card through Employment”¹. Under this program, a physician who agrees to work full-time in clinical practice in a designated underserved area for a required period of time (and also meets other eligibility requirements) are eligible to apply for a Green Card.²

Federal Law allows States to provide support letters for foreign physicians who wish to work in a federally designated underserved health shortage area.

Criteria

- You must agree to work full-time in a clinical practice. For most physician NIW cases, the required period of service is 5 years
- You must work in a primary care (such as a general practitioner, family practice petitioner, general internist, pediatrician, obstetrician/gynecologist, or psychiatrist) or be a specialty physician
- You must serve either in a Health Professional Shortage Area (HPSA), Mental Health Professional Area (MHPSA – for psychiatrists only), a Medically Underserved Area (MUA), or a Veterans Affairs facility, or for specialists in a Physician Scarcity Area (PSA)
- You must obtain a statement from a federal agency or a state department of health that has knowledge of your qualifications as a physician and that states your work is in the public interest (This statement is known as an attestation)

The Louisiana Department of Health (LDH) through the Division of Primary Care and Prevention Services (PCPS) will consider supporting National Interest Waiver requests to the extent that the applicant/sponsor demonstrates that the need for such placement exists. Additionally, the applicant/sponsor must demonstrate that the placement is consistent with the Louisiana Department of Health’s mission to ensure access to health care; that the placement supports program objectives of LDH; and that all requirements of the federal program have been met. It is the responsibility of the applicant/sponsor to document a compelling public health interest for waiver support.

Requested Documents

Requested documents must be placed in the order described in this section. If any of the below items are missing or are incomplete, the packet will not be considered until a completed packet is submitted. All sections must be separated by colored divider pages. Each divider page must have the document number and name printed on the page.

1. Application Checklist
2. Letter from applying physician
3. Completed Request for Support Application form
4. Signed and dated Participation Agreement
5. Affirmation letter from the employer

¹ U.S. Citizenship and Immigration Services <https://www.uscis.gov/greencard/eligibility-categories>

² U.S. Citizenship and Immigration Services <https://www.uscis.gov/greencard/physician-NIW>

6. Official academic record
7. Copy of the physician's Louisiana medical license
8. Copy of H1B1 Visa
9. Copy of J-1 Visa Waiver Letter of Support from Supporting Agency (If applicable)
10. Copy of employment contract

Submission

Submit completed application packets to:

Darmyra Perry

LA Department of Health

Division of Healthcare Access – Primary Care Office

E-mail: darmyra.perry@la.gov

Communication and Processing Time

You will be kept informed of your application status. Completed application packets can take up to fifteen (15) business days to process.

- Initial submission: You will receive an email confirming receipt of your application packet.
- Application Packet Review: Review of your application packet will take up to 10 business days. If during the review, we find missing or incomplete items, our office will stop the review and notify you of the missing/incomplete item. Once our office received the missing or incomplete item, your application will start the review process again.
- Completed Review: You will receive an email notifying you that your application packet has been reviewed and that our findings have been submitted to the Louisiana State Primary Care Officer for a determination. The Primary Care Officer has 2 business days to make their determination.
- Notification of Approval/Denial: You will be notified via email of approval or denial within 2 business days of determination. If approved, the email will contain the official letter of support from the Louisiana Department of Health Division of Primary Care and Prevention Services.



National Interest Waiver Request for Support Application Checklist

Physicians Name _____

Physicians Contact Information:

Work Phone Number _____

Home Phone Number _____

Cell Phone Number _____

Email Address _____

Please make sure to provide the following **IN THE ORDER LISTED BELOW**. All sections must be separated by colored divider pages. Each divider page must have the document number and name printed on the page. Make sure you submit a completed application packet. Incomplete packets will be delayed until all items are received.

1. Application Checklist
2. Letter from applying physician requesting a NIW Support Letter to include:
 - Name;
 - Current Home Address;
 - Home Telephone Number;
 - Email Address;
 - Practice Site Name and Address.
3. Completed Request for Support Application
4. Signed and dated Participation Agreement
5. Affirmation letter from the employer, on letterhead stationery stating that the:
 - Physician has provided services as a primary care, psychiatric or specialty physician;
 - Dates that the clinical services are/were provided;
 - Physician worked full-time (40 hours per week) at the clinical practice;
 - Site name and specific street address where services are/were provided;
 - HPSA, MUA, or MUP designation type;
 - Practice is in the public interest in Louisiana, including information that the physician served or is serving underinsured or uninsured patients as evidenced by acceptance of Medicaid, Medicare and use of a sliding/discount fee scale for those without insurance in the designated underserved area.
6. Official academic record showing that the physician has a degree, diploma, certificate, or similar award from a college, university, school, or other institution of learning relating to the area of exceptional ability
7. Copy of the physician's Louisiana medical license
8. Copy of H1B1 Visa
9. Copy of J-1 Visa Waiver Letter of Support from Supporting Agency (If applicable)
10. Copy of employment contract that includes:
 - listing of all practice site addresses;
 - a statement that the physician will work for 40 hours a week exclusive of on call time, travel time and hospital rounds;
 - a statement that he will work for a period of five years;
 - non-compete clauses are prohibited;
 - termination without cause is prohibited;
 - Contract must be signed and dated by the physician and sponsor.
 - Hospital rounds are permitted for hospitalists.



National Interest Waiver Request for Support Application

1. **Physician's Name** _____

2. **Physician will practice:**

- Family Practice
- OB/GYN
- Pediatrics
- General Internal Medicine
- Psychiatry
- Sub-Specialty (Specify)

3. **Physician's Contact Information:**

Work Phone Number _____ Home Phone Number _____
Cell Phone Number _____ Email Address _____

4. **Physician's Home Address**

Street Address _____
City, State and Zip Code _____

5. **Physician's Work Address**

Street Address _____
City, State and Zip Code _____

6. **Physician's Louisiana Medicaid ID Number** _____

7. **Physician's Medicare ID Number** _____

8. **Physician's Louisiana Medical License Number**

9. **H1B1 Visa Approval Date:** _____

10. **Has the physician received a J-1 Visa Waiver?** Yes No

If yes, dates of obligation: _____

11. **If yes, which agency supported the waiver request?**

- State of Louisiana, Conrad State 30
- Another State: Which state? _____
- Appalachian Regional Authority
- Delta Regional Authority
- VA
- HHS
- Other _____



12. Practice Site Information

Practice Site Name

Contact Person Name

Contact Person Phone Number

Contact Person Cell Number

Contact Person Email Address

Practice Site Street Address

City, State and Zip Code

13. Practice Site Type

FQHC

RHC

Other Enter Here

14. The physician's employment plans for the next 3-5 years. Will the physician be employed in (include all that apply):

Basic Primary Care Practice

Self-employed/Private Practice

Contract or Hospital Affiliation

Specialty Practice, type: Specialty Practice Type

At the same location

At a different location New Address

15. To which USCIS service center and address will the physician be applying for his/her NIW?

Name

Street Address

City, State and Zip Code

Contact Phone Number

16. Provide any USCIS deadline the physician must meet

Deadline

17. Where should the original letter of support from this office be mailed? (An electronic copy will be sent via email)

Name

Street Address

City, State and Zip Code

Contact Phone Number

National Interest Waiver Request for Support Participation Agreement

Physician and sponsor agree to the following:

- Physician will work a minimum 40-hour week for a five year period at the approved practice site(s) listed on the site application.
 - On call time, rounds and travel time are not included in the 40 hour week. Hospital rounds are permissible for hospitalists only.
 - A break in service shall be reported to the Department of Health (DOH) and the service time will be adjusted.
- Physician will serve all residents including Medicaid, Medicare and the medically indigent. Clinic will offer a sliding fee scale for payment for those unable to pay full charges.
- Site visits, monitoring and retention phone calls will be accepted by the sponsor and physician.
- The sponsor and physician will report any changes to the original waiver application such as sponsor; site address; contract changes, etc.
- Submission of Verification of Employment Forms will be furnished if requested.
- Maintain a current Louisiana Medical License in good standing.
- Falsification, omission or misrepresentation of the information in this NIW request shall render this agreement and the physician's placement null and void with the result that the physician will have failed to meet the service requirement and the United States Citizenship and Immigration Services (USCIS) will be notified.

Signature of Employer/Title/Date

Signature of Physician/Date