

Appendix A: Agreement with Section 214(l) of the U.S. Immigration and Nationality Act Idaho Conrad J-1 Visa Waiver Program

This is to certify that I, _____
Printed/typed Last Name First Name Middle

Agree to comply with the contractual requirements set forth in Section 214 (l)(1)(B) and (C)
[8 U.S.C. 1184 (l) (1)], stated below:

(B) *The alien demonstrates a bona fide offer of "full-time" (40 hours) employment at a health facility and agrees to begin employment at such facility within 90 days of receiving such waiver and agrees to continue to work in accordance with paragraph (2) at the health care facility in which the alien is employed for a total of not less than 3 years (unless the Attorney General determines extenuating circumstances such as the closure of the facility or hardship to the alien would justify a lesser period of time).*

(C) *The alien agrees to practice medicine in accordance with paragraph (2) for a total of not less than three years only in the geographic area or areas, which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals.**

Signature of J-1 Visa Waiver petitioning physician

Date

*Unless specifically approved by the State to be utilizing one of the State's ten 'Flex' slots for non-federally designated shortage areas.

Attested by:

State of: _____

County of: _____

Signed or attested before me on: _____
Date

Signature of Notary Public

Commission Expiration Date

Notary Seal



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH