



CONRAD STATE 30 J-1 VISA STATE OF KANSAS REQUESTING NATIONAL INTEREST WAIVER LETTER OF SUPPORT

The Kansas Department of Health and Environment will provide a letter of support for J-1 physicians in good standing. Each National Interest Waiver request will be considered on an individual basis. To obtain a letter of support, the following items must be submitted:

1. National Interest Waiver Request Form and all required documentation
2. Copy of current employment contract
3. The physician must submit a statement that includes:
 - Full name
 - Date of Birth
 - Kansas Medical License Number
 - Employment Site
 - Description of services to be provided in the HPSA/MUA
 - Description of how approval of the waiver is in the national interest
4. The sponsoring employer must submit a letter that includes:
 - Full name of physician
 - Facility name and address
 - Verification that the physician is in good standing
 - Description of services physician will provide
 - Documentation of need for the physician's services
 - Affirmation that physician will practice full-time (40 hours per week) in a HPSA/MUA
 - Describe the effects of denial of the National Interest Waiver to the facility and to the HPSA/MUA.
5. Submit the required information to:
Attn: J-1 Visa Waiver Review Program
State Primary Care Office
KDHE Bureau of Community Health Systems
1000 SW Jackson, Suite 340
Topeka, KS 66612-1365

Please inform our office upon approval of the National Interest Waiver. Thank You.



NATIONAL INTEREST WAIVER REQUEST FORM

PHYSICIAN:

Full Name: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Origin of Birth: _____

Social Security # _____ Kansas Medical License # _____

Phone: _____ Email Address: _____

Start work date: _____ Practice Specialty _____

Please provide a written statement that:

- Describes the need for your services in the HPSA/MUA
• Describes how approval of the waiver is in the national interest

SPONSORING EMPLOYER:

Name of Employment Site: _____

Complete Address: _____
Street City State Zip

Phone: _____ County: _____

HPSA ID: _____

The sponsoring employer must submit a letter that includes:

- Full name of physician
• Site name and address
• Verification that the physician is in good standing
• Description of services physician will provide
• Documentation of need for the physician's services
• Affirmation that the physician will practice full-time (40 hours per week) in a HPSA or MUA
• Description of the effects of denial of the National Interest Waiver to the facility and to the HPSA/MUA

Please submit a copy of the current employment contract along with the above information to:

Attn: J-1 Visa Waiver Review Program
State Primary Care Office
KDHE Bureau of Community Health Systems
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Topeka, KS 66612-1365