

New Mexico J-1 Visa Waiver (State 30) Program
For Foreign Physicians Holding J-1 Visas

APPLICATION ACCEPTANCE DATE: SEPTEMBER 8, 2026 (FFY27)

INTRODUCTION

The New Mexico J-1 Visa Waiver Program (State 30 Program) allows foreign medical graduates to obtain a waiver of their 2-year foreign residence requirement in exchange for a commitment to practice in rural areas of New Mexico after the completion of their training. Under the State 30 Program, the New Mexico Department of Health (NMDOH) may support the requests of up to 30 candidates per federal fiscal year for these waivers.

APPLICATION PROCESSING INFORMATION

Participation in the NMDOH J-1 Visa Waiver process is **completely discretionary, voluntary, and may be modified at any time**. The submission of a complete waiver package does not ensure that a waiver will be recommended. The NMDOH may implement criteria and procedures **at any time that are more detailed than the Federal Regulations** and reserves the right to recommend or decline **any request**.

If a Candidate is considering or has already filed for a different J-1 waiver application (e.g. The Department of Health and Human Services, Extreme Hardship), the NMDOH will not accept a Candidate's application packet for consideration. If a different J-1 waiver was filed with any federal agency and the application packet was denied, please provide a printed copy of the denial from the federal agency.

ELIGIBLE EMPLOYER AND SUPERVISOR

Health care facilities, hereafter referred to as "site(s)", are eligible to be employers of State 30 Program physicians. The site must have a written policy stating that it accepts all patients regardless of their ability to pay; for example, a sliding fee schedule, policy and procedure. The site must accept Medicare assignments and participate in the New Mexico Medicaid program. Examples of such sites include hospitals, primary care, or community health centers whether for profit or not-for-profit.

All J-1 Waiver physician candidates must have an **on-site physician supervisor** identified in the application. Sites at which the Candidate would be the sole physician medical provider present are not eligible under the program criteria for the State of New Mexico. Current NM J-1 Waiver Physicians are **not** allowed to supervise other J-1 Waiver Physicians during their 3-year 40 hour per week obligation. Potential J-1 Waiver physician candidates must provide **full-time in-person direct patient care** during their 3-years of J-1 waiver service.

The Immigration Nationality Act (INA), as well as the Department of Homeland Security (DHS) and the Department of State (DOS) regulations, do not specifically address whether Conrad 30 or other J-1 waiver physicians may provide telehealth or telemedicine services full-time in satisfaction of their 3-year J-1 waiver service requirement. Since the National Emergency ended May 2023, and Since USCIS has not extended telehealth services flexibility, the **NMDOH does not allow Full-Time telehealth or telemedicine.**

CANDIDATE ELIGIBILITY

Candidates who have residency or fellowship training in disciplines recognized by the NMDOH to significantly improve the health care delivery system within the geographic area of request are eligible to participate in the New Mexico J-1 Visa Waiver Program.

Primary Care specialties include Primary Care physicians working in the out-patient setting:

1. Family Practice.
2. General Internal Medicine.
3. OB/GYN.
4. Pediatrics; and
5. Psychiatry.

Specialty practices include Specialty Training in addition to General Internal Medicine or other Primary Care specialties (Examples: Hospitalist, Gastroenterology, Endocrinology, Nephrology, General Surgery, Anesthesiology, Pain Management). The NMDOH may identify other specialty areas of needs and consider applications for such.

Physicians must comply with all other Federal and State J-1 Visa Waiver Program requirements. **Physicians must provide direct in-person patient care services at least 40 hours per week.** Teaching, research, or administrative positions are not eligible.

ELIGIBLE DESIGNATED AREAS

All eligible candidates must seek employment opportunities within a federally designated Health Professional Shortage Areas (HPSAs).

Candidates who are board eligible or board certified in Specialty Practice must seek employment opportunities within federally designated Medically Underserved Areas/Populations (MUA/P). Candidates who have specialty training must demonstrate the need for that specialty in the area consistent with NMDOH identification of such need. Candidates must practice that specialty as their primary specialty.

Health care facilities that are Federally Qualified Health Centers (FQHC) are automatically eligible for State 30 Program placements regardless of location.

[New Mexico Requirement] The J-1 Candidate **must work at one main practice site to fulfill the minimum, 40 hour per week requirement** during their 3-year obligation (this does not refer to making rounds in a hospital).

NON-DESIGNATED UNDERSERVED AREAS

The NMDOH is permitted to recommend up to 10 waiver requests each year for physicians located in non-designated underserved areas as long as they serve patient populations from designated medically underserved areas. Physicians must comply with all other Federal and State J-1 Visa Waiver Program requirements. **Physicians must provide direct in-person patient care services 40 hours per week.** Teaching, research, or administrative positions are not eligible.

The practice site must provide a substantial amount of medical services to patients who reside in HPSAs or MUA/Ps. The practice site must demonstrate that there is a significant shortage of specialty physicians and that there is an unmet need for this specialty among its patients.

APPLICATION ACCEPTANCE DATE

The NMDOH will begin accepting new applications on September 8, 2026. Applications will be accepted continuously until all waiver slots have been filled. New Mexico operates on a first come, first serve basis. To be considered, all components of the application must be complete and meet NMDOH standards. Incomplete applications will not be reviewed further until all required elements are submitted and meet the necessary criteria.

ACCOUNTABILITY

The NMDOH may monitor the obligated service of the J-1 Visa Waiver Physician by letter, survey, report, phone calls, e-mails, or site visits at any time during the required 3-year obligation period to confirm compliance with State of New Mexico and Federal Requirements. J-1 Visa Waiver Physicians will be asked to submit an Exit Survey after completing their 3-year obligation.

In addition, a **Certification of Arrival to Practice and Report Agreement Form** must be filed with the Program (see Attachment C). The certification form confirms that the Physician has arrived and can fulfill their service obligations as a Physician participating in the J-1 Visa Waiver Program.

APPLICATION COMPLETENESS

It is a NMDOH requirement that NM J-1 Waiver Application(s) submittals are complete so they may be reviewed in a timely manner.

The processing time for an application begins when an application is complete and accurate. An application is considered complete when ALL waiver application components are satisfactorily met at the discretion of NMDOH.

Waiver slots will not be reserved.

It is the responsibility of the application(s) submitter to assure completeness and conformity to Federal and State of New Mexico requirements.

NMDOH may implement criteria and procedures at any time that are more detailed than the Federal Regulations and reserves the right to recommend or decline any request.

WAIVER APPLICATION COMPONENTS

All application components (State and Federal) described below must be included in the following order. Use the following as a checklist. Use page markers and indicate references (e.g., 1.A.).

STATE REQUIREMENTS

Provide documents in this order:

1. Provide a letter, with supporting attachments, from the Chief Executive Officer of the practice site at which the Candidate will be employed to include:
 - 1.A. A request that the NMDOH act as an interested government agency and recommend a waiver for the Candidate.
 - 1.B. A description of the Candidate's qualifications, proposed responsibilities, schedule (e.g., hours per week, leave), and name of **on-site physician** supervisor.
 - 1.C. A narrative describing how the proposed employment will satisfy unmet health care needs within the HPSA, as well as, describing how the Candidate will:
 - ☐ Improve the delivery of local health care services.
 - ☐ Impact the local health care system, and whether the continuation of that system would otherwise be threatened without placement of the candidate; and
 - ☐ Enhance the local health care system's ability to meet the needs of the entire community, including elderly, and low-income populations.
- For a non-designated underserved area**, this narrative **must** also include that the candidate:

 - ☐ Will provide direct patient services full-time.
 - ☐ Will serve residents from designated HPSA service areas.
- 1.D. A narrative assuring that the practice site accepts Medicare, Medicaid eligible patients and medically indigent patients, regardless of their ability to pay, and assuring that the Candidate accepts Medicare assignments and participates in the Medicaid program:
 - ☐ Include **percentages** of enrolled Medicaid and Medicare for the area (ex: 70% Medicaid, 20% Medicare, 10% Private payer)
 - ☐ Provide a copy of the practice site's written policy.

- For a non-designated underserved area**, this narrative **must** also include the eligible practice site:
- ☐ Provides a substantial amount of medical services to patients who reside in geographic areas designated HPSAs or non-designated underserved area.
 - ☐ Is in an area of significant shortage for the medical specialty to be practiced by the Candidate physician.
 - ☐ Will serve an unmet need of the patients from designated and non-designated underserved areas.

- 1.E. A narrative describing the recruitment efforts undertaken specifically to the eligible site. It must be **clearly demonstrated and stated** that extensive efforts to recruit a suitable U.S. physician were not successful. Recruitment efforts must be for **at least 6 consecutive months or longer prior** to submitting the application. Please provide legible and clear documentation of recruitment efforts such as:
 - Copies of **practice site-specific** recruitment advertising (not general advertising). Dates on the advertisements must be included. Posts to message and/or job boards are not accepted.
 - Copies of agreements with placement services, etc. Dates on the advertisement must be included. Internet searches are not accepted.
 - Copies of electronic correspondence with New Mexico Health Resources (NMHR) to assist in locating eligible practice sites for the Candidate to fulfill their J-1 obligation.
- 1.F. A narrative describing the employer and practice site's long-range plans or outline for the retention of the physician beyond the 3-year obligation.
- 1.G. A narrative describing the extent of support from local medical professionals and major health facilities for placement of the Candidate.
- 1.H. A narrative describing the nature and extent of medical services available at the practice site.
- 1.I. A list of practicing physicians with the same specialty as the Candidate in the HPSA or non-HPSA area.
2. Attachment C: Certification of Arrival to Practice and Report Agreement to be **filled** out with the Candidate's name, supervisor's name, and location of medical practice. **(Once the candidate is at the place of employment, please send the signed document to NMJ1@doh.nm.gov).**
3. At least three (3) letters of **community support** that indicate a need for the physician in the area. Letters from community members, such as a city official, local health department, school board members, realtor, etc. within the HPSA or non-HPSA areas are strongly encouraged.

The letters of support must include:

 - ☐ Willingness to accept the Candidate.
 - ☐ This is a stable practice opportunity for a 3-year minimum duration.

Form letters are not accepted. Letters from people residing outside of the community are not acceptable.
4. At least three (3) letters of recommendation from individuals with personal knowledge of the Candidate's ability.
5. Copy of a current New Mexico Medical License or a copy of confirmation page that the State of New Mexico Medical License application process has been initiated and application fee was paid (please provide a copy of this information). **A multi-state medical license will not be accepted.**
6. Copy of a current photo of the Candidate.

FEDERAL REQUIREMENTS

Provide documents in this order:

7. Copies of all IAP-66/DS-2019 Forms “Certificate of Eligibility for Exchange Visitor (J-1) Status” for the Candidate, CBCIS forms I-94 for the candidate and spouse, if appropriate.
8. Form G-28/the Letter of Representation.
9. DS-3035 and Supplementary Applicant Information Pages.
10. Proof of passage of all required USMLE Steps and ECFMG Certifications.
11. An affirmation by the Candidate and the employing site documenting that the Candidate has language competency consistent with the community to be served.
12. The Wavier Review Division Barcode Page and the Third-Party Barcode Page. The tracking number issued by the U.S. Department of State must be on each page in the lower right corner of all documents submitted.
13. Copy of the Candidate’s current Curriculum Vitae.
14. Attachment A: Candidate Data Sheet to be completed by the Candidate.
15. Attachment B: State 30 Waiver Procedure Affidavit and Agreement to be signed and notarized.
16. Evidence that the practice site address is in the HPSA service area in the form of a printout from the federal website. Refer to “Find Shortage Area by Address”: <https://data.hrsa.gov/topics/health-workforce/shortage-areas/by-address>
17. Copy of the signed employment contract. The **contract must clearly state and specify**, or be amended, to meet the following requirements:
 - A. Physician to work no less than three years at the stated practice site.
 - B. Physician to practice **in-person direct patient care** for a minimum of 40 hours per week at the **primary practice site** with street address (P.O. Box addresses will not be accepted).
 - C. Physician to begin employment at the stated practice site within 90 days of receiving a waiver, not the date their J-1 visa expires.
 - D. Physician will receive a **guaranteed annual base salary** during their J-1 Waiver obligation. This guaranteed annual base salary **cannot decrease** during their J-1 Waiver obligation, and the guaranteed annual base salary must be appropriate for the type of discipline and location of the Candidate. Base salary **does not include** RVU components nor bonus payments. (New Mexico requirement)
 - E. In the event of Candidate default, the physician’s monetary penalty to the employing site can be any amount but cannot exceed \$250,000. If there is no default amount, clearly state that there is no default amount.
 - F. **May not contain non-compete clause(s) or their equivalents.** (New Mexico requirement; if the contract has a non-compete or their equivalents, please have the employer provide a signed addendum stating they do not have a non-compete clause(s) or their equivalents.)
18. Letter of Assurance that all contract requirements (17. A. B. C. D. E. and F.) have been incorporated within the employment contract between the J-1 Waiver Physician candidate and the employer. The Letter of Assurance must be signed by both the J-1 Waiver Physician candidate and the employer.

19. Letter of Assurance that the name of the Employer as specified in the J-1 Waiver Physician Application will be the same on all payments to the J-1 Waiver Physician during their obligation.

Submit your entire application for the waiver request with the following (this can be mailed or submitted in-person): one (1) original paper copy of the entire application package too:

Melanie Keams, Program Coordinator
J-1 Visa Waiver Program
Office of Primary Care and Rural Health
5300 Homestead Rd. NE
Albuquerque, New Mexico 87110

and after submission of the paper copy of the application please email one (1) single email/transmission as a zip file copy to NMJ1@doh.nm.gov. If other accommodations are required, please email the program coordinator at NMJ1@doh.nm.gov, to discuss other options.

 7-8-2026

Approved Date
Crystal Begay, MS, CHES®
Office of Primary Care and Rural Health
Population and Community Health Bureau
Center for Healthy and Safe Communities
Public Health Division
New Mexico Department of Health

ATTACHMENTS

Provide the attachments in this order. You may use additional pages to fully respond to questions. Reference the attachments (for example: Attachment A).

ATTACHMENT A

Candidate Data Sheet to be filled out at time of application Type or clearly print your answers

1. Full Name (as appears on passport): _____
2. Date of Birth: _____ Country of Birth (City, Country): _____
3. Country of nationality of last legal permanent residence: _____
4. Date and place of issuance of original exchange-visitor (J-1) visa: _____
Current address (to send correspondence) and immigration district: _____

5. Home phone #: _____ Business phone #: _____
Home e-mail: _____ Business e-mail: _____
6. **List the exchange-visitor programs in which you participated in this application. Provide the program number and includes field of specialization.**
7. Alien registration number if known: _____
8. **If your exchange-visitor program includes U.S. government funds, funds from your own government or from an international organization, give a full description of the funding in this application.**
9. **If your spouse has applied for a waiver, include information about his/her case in this application (name, date of birth, country of birth and case number) – or on a separate page after this Attachment.**
10. **Does this application include any J-2 dependents? Include information about these dependents in this application (name, date of birth, country of birth and relationship) – or on a separate page after this Attachment.**
11. **Include copies of all IAP-66/DS-2019s issued during your stay in this country.**
12. HPSA number and location: _____
13. Attorney/Preparer of Application: _____
Address: _____
Phone #: _____ Fax #: _____
E-mail: _____

I certify that I have read and understood all the questions set forth in this application and the answers I have furnished are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of a waiver recommendation.

Physician Candidate Signature

Date

ATTACHMENT B

STATE 30 WAIVER PROCEDURE AFFIDAVIT AND AGREEMENT

1. I _____, being duly sworn, hereby request the New Mexico Department of Health (NMDOH) to review my application for the purpose of recommending waiver of the foreign residency requirement set forth in my J-1 Visa, pursuant to the terms and conditions as follows:
2. I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the State of New Mexico, the NMDOH, any and all State of New Mexico employees, agents and assigns from any action or lack of action made in connection with this request.
3. I further understand and acknowledge that the entire basis for the consideration of my request is the NMDOH's discretion to improve the availability of primary health care or specialty care in.
4. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary medical services to patients (**in-person direct care**), including the indigent, for a minimum of forty (40) hours per week within a federally designated Health Professional Shortage Areas (HPSA) or in a **non-designated underserved area** (Flex Filled spot with an NMDOH approval). Such service shall commence no later than 90 days after I receive notification of approval by both the U.S. Citizenship and Immigration Services (USCIS) and the U.S. Department of Labor and shall continue for a period of at least three (3) years.
5. I agree to incorporate all the terms of this "State 30 Waiver Procedure Affidavit and Agreement" into any and all employment agreements I enter pursuant to paragraph 4 (above).
6. I understand and agree that I will comply with all State of New Mexico and United States Federal Tax Laws and Requirements.
7. I further agree that any employment agreement I enter pursuant to paragraph 4 (above) not contain any provision which modifies or amends any of these terms of this "State 30 Waiver Procedure Affidavit and Agreement".
8. I understand and agree that my primary medical care services rendered pursuant to paragraph 4 (above) shall be in a Medicare and Medicaid certified site which has an open, non-discriminatory admissions policy and that will accept medically indigent patients.
9. I have read and fully understand the "J-1 Waiver State 30 Request Procedure", a copy of which is attached hereto and is specifically incorporated by reference.
10. I expressly understand that the U.S. Citizenship and Immigration Services must ultimately approve this waiver, and I agree to provide written notification of the specific location and nature of my practice to the NMDOH at the time that I commence rendering services and on a periodic basis to the NMDOH thereafter.

State 30 Waiver Procedure Affidavit and Agreement

Continuation

11. I understand and acknowledge that if I willfully fail to comply with the terms of this "State 30" Waiver Procedure Affidavit and Agreement" the NMDOH will notify U.S. Citizenship and Immigration Services. Additionally, any and all other measures available to the NMDOH will be taken in the event of non-compliance.
12. I declare under the penalties of perjury that the foregoing is true and correct.

Signature

Subscribed and sworn to me before

this _____ **day of** _____, _____.

Notary Public

ATTACHMENT C

Certification of Arrival to Practice and Report Agreement

I, _____, a Physician participating in the New Mexico J-1 Visa Waiver Program certify that I have arrived for work at _____, on _____

Updated Information:

Home Address: _____

Home Phone: _____ Business Phone: _____

Home Email: _____ Business Email: _____

New Mexico Medical License Number: _____

My Physician Supervisor Name: _____

Supervising Physician Signature

Date

Site/Facility Executive Director/CEO Signature

Date

Location of Medical Practice:

Street

City State Zip

Telephone Number

I hereby certify that I, the undersigned, will provide in-person direct care with primary health care or specialty services at the above-mentioned address, a minimum of 40 hours per week for 3 years. Deviation from such site may result in notification by NMDOH to appropriate federal agencies. I have a current New Mexico Medical License and have been thoroughly credentialed.

Physician's Signature

Date

Return Completed Form to:

Email: NMJ1@doh.nm.gov
Melanie Keams, J-1 Program Coordinator