



**Physician National Interest Waiver Attestation
Guidance 2020**

Iowa Department of Public Health
Protecting and Improving the Health of Iowans





Contact Information

Cristie Duric
Primary Care Officer
Bureau of Policy and Workforce Services
Iowa Department of Public Health
321 E 12th St.
Des Moines, IA 50319
Phone: 515-229-3913
Email: cristie.duric@idph.iowa.gov



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Definitions

1. **Health Professional Shortage Area (HPSA):** An area, population group, or facility designated by the U.S. Department of Health and Human Services as having an acute shortage of primary health care professionals.
2. **Mental Health Professional Shortage Area (MHPSA):** An area designated by the U.S. Department of Health and Human Services as having an acute shortage of mental health care professionals.
3. **Medically Underserved Area (MUA):** An area designated by the U.S. Department of Health and Human Services as meeting scoring criteria under the Index of Medical Underservice (IMU) which considers the ratio of primary medical care physicians to population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.
4. **Medically Underserved Population (MUP):** A designation by the U.S. Department of Health and Human Services which involves application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group.

General Information

This guidance provides information about requirements of the Iowa Department of Public Health (IDPH) to provide an attestation letter (statement of support) for a Physician National Interest Waiver (PNIW).

Physician National Interest Waiver Overview

In accordance with the Nursing Relief for Disadvantaged Areas Act of 1999, national interest waivers were established for foreign national physicians seeking a Green Card via the second-preference employment category (EB-2). The EB-2 typically requires a job offer and labor certification. A PNIW allows that requirement to be waived, but the physician must agree to work full-time in a medically underserved area (Section 203(b)(2) of the Immigration Nationality Act (INA)). PNIWs are issued by the United States Citizenship and Immigration Services.

Eligibility Criteria for an PNIW

- Criteria 1:** Agree to work full-time in a clinical practice for an aggregate of **5 years**.
- Criteria 2:** Work in primary care (such as a general practitioner, family practice, general internist, pediatrician, obstetrician/gynecologist, or psychiatrist) or be a specialty physician.
- Criteria 3:** Serve either in a [Health Professional Shortage Area \(HPSA\)](#), [Mental Health Professional Area \(MHPSA – for psychiatrists only\)](#), a Medically Underserved Population (MUP), or a [Medically Underserved Area \(MUA\)](#) for the entire service obligation period.
- Criteria 4:** 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.

IDPH PNIW Attestation Program Overview

The State of Iowa is committed to improving access to health care in medically underserved areas of the state. The PNIW attestation program is one way to address the shortage of physicians in Iowa. The Primary Care Office, within the Bureau of Policy and Workforce Services at the Iowa Department of Public Health, receives requests and provides PNIW attestation letters. The IDPH PNIW attestation program is a voluntary program and can be modified or terminated at any time. The IDPH is under no obligation to provide a letter of attestation.

Requirements for an Attestation Letter

A U.S. health care facility or legal counsel must submit documentation on behalf of the physician to the IDPH to be considered for a PNIW attestation letter. The documentation is collected to determine the term of the PNIW service obligation in Iowa, as well as to substantiate physician qualifications and the claim that the work of the physician is in the public interest. Requirements are listed numerically and include a description and the corresponding documentation required as part of the waiver request packet.

Requirement 1: Employer must submit a statement in support of physician

Description

The Statement from employer must specify the following information:

- Employer legal name and physical address;
- Employer point of contact;
- Physician legal name, date of birth, discipline, and specialty (if applicable);
- Employment date;
- Statement requesting the Iowa Department of Public Health act as an interested government agency and provide an attestation letter for a PNIW;
- Practice site legal name(s) and physical address(es) and include:
 - **All** practice sites where the physician will be fulfilling the service obligation (all sites **must** be located in Iowa);
 - Hours providing patient care at each practice site (must collectively total 40 hours/week, full-time service);
 - Designation (HPSA/MUA/MUP) type;
 - Designation (HPSA/MUA/MUP) name;
 - Designation (HPSA/MUA/MUP) ID;
- Brief description of services provided by employer and all named practice sites;
- Commitment to employ the physician that meets one of the following:
 - Five year service obligation if no other qualifying previous employment;
 - Balance of five year service obligation if previous qualifying employment, but not less than two years;
- Full-time employment status (\geq 40 hours per week) providing patient care in a [Health Professional Shortage Area \(HPSA\)](#), [Mental Health Professional Area \(MHPSA\)](#) – for psychiatrists only), a [Medically Underserved Population \(MUP\)](#), or a [Medically Underserved Area \(MUA\)](#);
- Impact of physician services on unmet healthcare needs of the medically underserved community;
- Accept Medicaid, Medicare, uninsured, and medically indigent patients:
 - Percent of medically underserved patients (Medicaid, Medicare, uninsured, and indigent) the practice is or will be serving;
- Attempt to recruit qualified U.S. physicians and include (if position is not currently filled by an Iowa-sponsored J-1 visa waiver recipient):
 - How long the position has been vacant;
 - Recruitment has been conducted for a minimum of six months;
 - Recruitment is specifically for the position being filled by the PNIW requestor;
 - Specific method/s used to facilitate recruitment;
 - Number of inquiries received as a result of recruitment methods;
 - Number of physicians identified as a result of recruitment methods;
 - Number of interviews were conducted; and
 - Number of offers made.

Documentation

1. Signed statement from employer on letterhead dated within 90 days of request for attestation.

Requirement 2: Physician must submit an employment contract

Description

The employment contract (including amendments or addendums) must have been executed within 90 days of the date of request for an attestation letter. The contract/amended contract must specify the following information, at minimum:

- Employer legal name and physical address;
- All practice sites where the physician will be fulfilling service obligation (all sites must be located in Iowa);
- Physician legal name, specialty, and sub-specialty (if applicable);
- Description of medical services provided;
- A commitment to employ the physician that meets one of the following:
 - Five year service obligation if no other qualifying previous employment; or
 - Balance of five year service obligation if previous qualifying employment, but not less than two years;
- Full-time employment status (≥ 40 hours per week) providing patient care in a [Health Professional Shortage Area \(HPSA\)](#), [Mental Health Professional Area \(MHPSA\)](#) – for psychiatrists only), a [Medically Underserved Population \(MUP\)](#), or a [Medically Underserved Area \(MUA\)](#); and
- Salary and benefits package.

Documentation:

1. Signed employment contract (or amended contract).

For Physicians who have Qualifying Prior Employment

Requirement 3: Physician must submit documentation of previous employment to reduce the PNIW five-year service obligation.

Physicians with previous employment in Iowa:

The state of Iowa may attest that previous employment that has occurred in Iowa was in the public interest and may reduce the PNIW five-year service obligation as long as the PNIW eligibility criteria are met and supporting documentation is submitted with the PNIW request packet.

Documentation:

Signed letters of employment confirmation on letterhead from all previous employer(s) that contribute to the fulfillment of the PNIW 5-year service obligation. The confirmation letter(s) from employer(s) must specify the following information:

- Employer legal name and physical address;
- Employer point of contact;

- Physician legal name, date of birth, discipline, and specialty (if applicable);
- Employment date;
- Practice site legal name(s) and physical address(es) and include:
 - All practice sites where the physician will be fulfilling service commitment (all sites must be located in Iowa);
 - Hours providing patient care at each practice site;
 - Designation (HPSA/MUA/MUP) type;
 - Designation (HPSA/MUA/MUP) name;
 - Designation (HPSA/MUA/MUP) ID;
- Full-time employment status (≥ 40 hours per week) providing patient care in a Health Professional Shortage Area (HPSA), Mental Health Professional Area (MHPSA – for psychiatrists only), a Medically Underserved Population (MUP), or a Medically Underserved Area (MUA);
- Impact of physician services on unmet healthcare needs of medically underserved community; and
- Accept Medicaid, Medicare, uninsured, and medically indigent patients:
 - Percent of medically underserved patients (Medicaid, Medicare, uninsured, and indigent) the practice is or will be serving.

Physicians with a PNIW Obligation from another State:

Previous employment that occurred outside of Iowa may reduce the PNIW five-year service obligation as long as the PNIW eligibility criteria are met and supporting documentation is submitted with the PNIW request packet. However, regardless of the balance remaining on the service obligation, a minimum 2-year service obligation is required in Iowa to be considered for an attestation letter.

Documentation:

1. Copy of PNIW attestation letter from each jurisdiction (state) where PNIW service obligation was fulfilled.
2. Statement from State Health Department from each jurisdiction (state) where PNIW service obligation was fulfilled. The statement must be signed, on letterhead, and included the following:
 - Physician employment was in the public interest;
 - Employment start and end dates;
 - Practice site locations; and
 - Confirmation that practice site locations were in a designation (HPSA/MUA/MUP) area.

Requirement 4: Physician must be appropriately credentialed and qualified to practice in the state of Iowa.

Documentation

1. Copy of Curriculum Vitae.
2. Proof of license includes one of the following:
 - Copy of Iowa full/provisional professional license/certificate.



- Proof of application and payment to the Iowa Board of Medicine.
- Iowa Board of Medicine notification of status of license.

Requirement 5: Physician must submit *two* letters of recommendation

Description:

Letters of recommendation must specify the following information and come from professionals in a supervisory role to the physician:

- Name and title of person making recommendation;
- Physician name;
- Length and description of professional relationship; and
- Physician qualities and experience.

Documentation:

1. Two signed letters of recommendation on letterhead dated within 90 days of request for attestation.

Requirement 6: Physician must agree to the terms and conditions of the IDPH PNIW Program

Description:

Terms and conditions include the following:

- Compliance with the IDPH PNIW attestation program terms and conditions.
- The physician has no other waiver requests pending with another government agency.

Documentation:

1. Completed National Interest Waiver Attestation Request Terms and Conditions form.

For Physicians who are J-1 Visa Waiver Recipients

Requirement 7: Physician must submit proof of J-1 waiver approval and supporting documentation

For Iowa J-1 Visa Waiver Recipients:

The state of Iowa can, for the purposes of a PNIW petition, attest that service provided as an Iowa J-1 Visa Waiver recipient is in the public interest as long as PNIW eligibility criteria are met and supporting documentation is submitted with the PNIW request packet. However, Iowa J-1 Visa Waiver recipients must have completed at least one year of the service obligation before petitioning for a PNIW and must be in compliance with J-1 visa waiver requirements.

Documentation:

1. Copy of USCIS 212(e) J-1 waiver approval.
2. Copy of most recently issued I-94 forms for physician and family members.

3. Copy Physician Form DS-2019 “Exchange Visitor Program Certificate of Eligibility for Exchange Visitor (J-1) status.

For J-1 Visa Waiver Recipients of another State:

Service provided by a J-1 Visa Waiver recipient of another state may reduce the PNIW five-year service obligation as long as PNIW eligibility criteria are met and supporting documentation is submitted with the PNIW request packet.

Documentation:

1. Completion of service obligation statement from sponsoring state. The statement must be signed, on letterhead, and include the following:
 - Employment start and end dates;
 - Practice site locations;
 - Confirmation that practice site locations where in shortage areas; and
 - Statement that service was in the public’s interest.

Attestation Letter Request Review Considerations

PNIW Attestation Letter request review is based on the following considerations:

Review Consideration 1. Contents are tabbed in accordance with Request Packet Instructions Section of this document.

Review Consideration 2. Requested information is sufficiently addressed.

Review Consideration 3. Program requirements are satisfied.

PNIW attestation requests that do not meet requirements may be negotiated back for clarification or additional, requested materials.

Request Packet Instructions

PNIW attestation letter requests must be submitted in accordance with the following criteria. Failure to submit as prescribed may result in a waiver support denial.

- Use a Table of Contents and tab documents.
- Include a cover letter and indicate to whom the recommendation letter should be addressed.
- Submit the documents in the order indicated on the Documentation Checklist.
- Request packet contents must not be stapled and unbound.
- Request packet contents must be single-sided.
- Request packet contents must be on 8.5” x 11” paper.
- Do not include documents that are not required by the State of Iowa.
- Send waiver request packet to:
Iowa Department of Public Health



Bureau of Policy and Workforce Services
National Interest Waiver Program
321 E 12th St.
Des Moines, IA 50319

National Interest Waiver Request Documentation Checklist

Use this checklist as an aid to submitting your request.

- Cover letter
- Signed letter from employer on letterhead
- Copy of signed employment contract (or amended contract)
- Signed letters of employment confirmation on letterhead from all previous employer(s) that contribute to the fulfillment of the PNIW 5-year service obligation (if applicable)
- Copy of PNIW attestation letter from each jurisdiction (state) where PNIW service obligation was fulfilled (if applicable)
- Statement from State Health Department from each jurisdiction (state) where PNIW service obligation was fulfilled (if applicable)
- Curriculum Vitae
- Copy of Iowa full/provisional professional license or certificate or copy of proof of payment to the Iowa Board of Medicine
- Two signed letters of recommendation on letterhead dated within 90 days of request for attestation
- Completed National Interest Waiver Attestation Request Terms and Conditions form

ADDITIONAL DOCUMENTATION FOR PHYSICIANS WHO ARE J-1 VISA WAIVER RECIPIENTS

- Copy of USCIS 212(e) J-1 waiver approval (if applicable)
- Copy of most recently issued I-94 forms for physician and family members (if applicable)
- Copy Physician Form DS-2019 "Exchange Visitor Program Certificate of Eligibility for Exchange Visitor (J-1) status (if applicable)
- Completion of service obligation statement from sponsoring state (if other than Iowa, if applicable)

NOTES:

Resources

1. Health Professional Shortage Areas: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
2. Immigration and Nationality Act: <https://www.uscis.gov/legal-resources/immigration-and-nationality-act>
3. MUA/P Find: <https://data.hrsa.gov/tools/shortage-area/mua-find>
4. Shortage by Address: <https://data.hrsa.gov/tools/shortage-area/by-address>
5. Green Card Through a Physician National Interest Waiver: <https://www.uscis.gov/green-card/green-card-eligibility/green-card-through-a-physician-national-interest-waiver-niw>



Physician National Interest Waiver Attestation Request

Terms and Conditions

This form must be completed, signed, and notarized to be considered for a PNIW attestation. Read and initial each statement, visit a notary public, and sign the document. Submit the notarized form with the other required documentation.

_____ I acknowledge that the information provided to the IDPH for consideration of my request for a PNIW attestation is truthful and accurate to the best of your ability.

_____ I hold harmless the State of Iowa, the Iowa Department of Public Health, any and all State of Iowa employees, agents, and assigns from any action, or lack of action, made in connection with this request.

_____ I acknowledge that the IDPH considers attestations for PNIWs on the basis of improving the availability of primary medical care in medically underserved areas within the state of Iowa.

_____ I acknowledge that PNIWs are approved and issued by the U.S. Citizenship and Immigration Services.

_____ I acknowledge that the requirements for a PNIW are to provide primary health care services to patients for a minimum of forty (40) hours per week at a practice site(s) located in a Health Professional Shortage Area (HPSA), Mental Health Professional Area (MHPSA – for psychiatrists only), Medically Underserved Population (MUP), or a Medically Underserved Area (MUA) for the entire term of the service obligation.

_____ I acknowledge that the requirements for a PNIW are to provide primary health care services to medically underserved individuals (Medicaid, Medicare, indigent, and uninsured).

_____ I understand and acknowledge that as a condition of my request for an PNIW, I do not have pending, nor will I submit another application while this application is pending, another request to any U.S. Government department or agency equivalent to act on my behalf in any matter relating to a National Interest Waiver.

_____ I understand and acknowledge that, if I receive a PNIW and fail to comply with the terms and conditions of the PNIW, the Iowa Department of Public Health will notify U.S. Citizenship and Immigration Services.

I agree to the terms and conditions of the National Interest Waiver terms and conditions.

Signature

Subscribed and sworn to before me
This ____ day of _____, 20__.

Notary Public