

AGREEMENT WITH SECTION 214(I) (1) (B) AND (C) OF THE  
IMMIGRATION AND NATIONALITY ACT

IDAHO CONRAD J-1 VISA WAIVER PROGRAM

APPENDIX A

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 (I) (1) (B) and (C) [8U.S.C. 1184 (I) (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

**Attested by:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Signed or attested before me on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expiration Date

**Notary Seal**