



J-1 Visa Waiver Program: Annual Physician Report

This report is to be completed by the J-1 Visa Waiver Physician each year during the physician’s three-year service obligation period. One additional report is due a year following the completion of the service obligation. Please complete this form and email a signed copy to **j1reports@doh.wa.gov**, fax to our office at 360-236-2830, or mail to J-1 Visa Waiver Program, PO Box 47853, Olympia, WA 98504-7853.

Employer:

Date of report:

Physician:

Employment start date:

In first year of service obligation

In second year of service obligation

In third year of service obligation

1 year after completion of service obligation

1.) Please update contact information if needed

Phone:

Email:

2.) Practice locations for the physician (Attach a list of additional practice locations if necessary)

a.) Your original J-1 visa waiver sponsorship was approved for the following worksites. If sites have been added please attach a list on a separate page.

Street address:

City: State: Zip: Still working at this site? Yes No

Street address:

City: State: Zip: Still working at this site? Yes No

b.) If you have left employment with your original J-1 waiver employer, when was your last day?

c.) If you have left employment with your original J-1 waiver employer, where are you working now?

Employer name:

City and state of employment:

3.) Physician requirements

a.) During this reporting period did you work at least 40 hours per week providing direct patient care?
 Yes No

b.) What was your call schedule?

c.) Did you sign any contract amendments? Yes No

d.) Are low-income patients and patients without insurance able to access your services? Yes No

I hereby acknowledge that all information and statements contained herein are true and do not misrepresent fact. I further acknowledge that I have not evaded or suppressed any information contained in this report or in any supporting materials.

Physician

Signature

[Washington State J-1 Visa Waiver Program](#)

- To contact the Washington State J-1 Visa Waiver Program Manager directly email J1VisaWaiver@doh.wa.gov or call 360-236-2814

[Washington State National Interest Waiver Program](#)

[Information about the rights of H-1B Workers](#)