

# TEXAS CONRAD 30 J-1 VISA WAIVER PROGRAM

Texas Primary Care Office  
Texas Department of State Health Services

FFY2027  
POLICY  
MANUAL



**TEXAS**  
Health and Human  
Services

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**Texas Department of State  
Health Services**

CONTENTS

Introduction .....2

    Federal Law .....2

    Code of Federal Regulations .....2

    Texas Law .....2

    Texas Administrative Code (Rules).....3

Texas Conrad 30 J-1 Visa Waiver Program Policy .....3

    C30-2027.01 – Physician Eligibility.....3

    C30-2027.02 – Shortage Designation Requirements.....4

    C30-2027.03 – Flex Option .....5

    C30-2027.04 – Population HPSAs .....5

    C30-2027.05 – Ranking of Applications .....6

    C30-2027.06 - Application Required Documents .....8

    C30-2027.07 – Employment Contract.....9

    C30-2027.08 – Application and Fee Submission..... 10

    C30-2027.09 – Application Fee Refund Policy ..... 11

    C30-2027.10 – Miscellaneous..... 11

    C30-2027.11 – Notification ..... 12

    C30-2027.12 – Rights and Responsibilities..... 12

        Rights and Responsibilities for the J-1 Waiver Physician ..... 12

        Rights and Responsibilities for the Sponsors of J-1 Waiver Physicians .. 15

Acronyms and Definitions ..... 18

## INTRODUCTION

Physicians in the United States on a J-1 visa are required to return to their home country for two years upon completing their graduate medical education. The Conrad 30 J-1 Visa Waiver Program authorizes each state's department of health to recommend up to 30 Foreign Medical Graduates (FMGs), completing their training, to receive a waiver of the return home requirement from U.S. Citizenship and Immigration Services (USCIS). To be eligible for this waiver in Texas, J-1 physicians must agree to practice medicine full-time at a health care facility located in a federally designated Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA)<sup>1</sup> for a period of no less than three years.

This policy manual is a guide for physicians interested in applying for a waiver through the Texas Conrad 30 J-1 Visa Waiver Program.

## FEDERAL LAW

### [8 USC §1182 Inadmissible Aliens](#)

See: (e) Educational visitor status; foreign residence requirement; waiver

### [8 USC §1184 Admission of Nonimmigrants](#)

See: (I) Restrictions on waiver

## CODE OF FEDERAL REGULATIONS

### [22 CFR §41.63 Two-year home country physical presence requirement](#)

See: (e) Requests for waiver from a State Department of Public Health, or its equivalent, on the basis of Public Law 103-416

## TEXAS LAW

### [Texas Health and Safety Code §12.0127 Immigration Visa Waivers for Physicians](#)

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<sup>1</sup> Facilities located in Medically Underserved Population (MUP) designated areas are not eligible for the Texas Conrad 30 J-1 Visa Waiver Program under [Texas Health & Safety Code §12.0127](#).

## TEXAS ADMINISTRATIVE CODE (RULES)

### [25 Texas Administrative Code §13.1 - §13.3 Recruitment of Physicians to Underserved Areas](#)

## TEXAS CONRAD 30 J-1 VISA WAIVER PROGRAM POLICY

This section outlines the specific policies of the Texas Conrad 30 J-1 Visa Waiver Program (the Program). State law and DSHS rules allow the Program flexibility to set operational priorities on an annual basis. This manual and any updates for the upcoming application cycle are posted on the [Program webpage](#) by May 1 of each year.

## C30-2027.01 – PHYSICIAN ELIGIBILITY

Physicians must have a full Texas medical license or proof of application for a full Texas license (Physician-in-Training License will not be accepted). All physician specialties which provide direct patient care are eligible for the Program. For application ranking purposes, the Program classifies specialties as follows:

- Primary Care Specialties
  - Adolescent Medicine
  - Adult Medicine
  - Family Medicine
  - General Practice
  - Geriatric Medicine
  - Internal Medicine (General)
  - Obstetrics and Gynecology
  - Pediatrics (General)
- Mental Health Care Specialties
  - Addiction Medicine
  - Addiction Psychiatry
  - Child and Adolescent Psychiatry
  - Geriatric Psychiatry
  - Psychiatry (General)
- Other Specialties

- Includes any direct patient specialty not listed as a primary care or mental health care specialty
- Includes other sub-specialties that provide patient care, but not direct patient care

## C30-2027.02 – SHORTAGE DESIGNATION REQUIREMENTS

### **Primary Care Specialties:**

Physicians providing direct patient care in primary care specialties, as listed in [C30-2027.01](#), must practice in one of the following designated areas:

- Geographic or population<sup>2</sup> primary care HPSAs
- MUAs updated within the past four years<sup>3</sup>
- Clinics with automatic facility HPSA designation (FQHC, RHC, IHS/Tribal)<sup>4</sup>

### **Mental Health Care Specialties:**

Physicians providing direct patient care in mental health specialties, as listed in [C30-2027.01](#), must practice in one of the following designated areas:

- Geographic or population mental health HPSAs
- [State Mental Hospitals](#) with a facility mental health HPSA designation
- MUAs updated within the past four years<sup>3</sup>
- Clinics with automatic facility HPSA designation (FQHC, RHC, IHS/Tribal)

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<sup>2</sup> Practice sites located in population HPSAs must obtain verification of site eligibility from the Program prior to submitting the application. See [C30.2027.04](#) for more information.

<sup>3</sup> The MUA must have been updated within four years prior to the last date of the application cycle (Update Date on or after September 15, 2022). The Conrad 30 Program Office or the Texas Primary Care Office can be contacted regarding MUA status.

<sup>4</sup> For physicians who are eligible for the federal HHS Exchange Visitor Program, FQHCs, RHCs and Indian Health Service/Tribal clinics are eligible for the Texas Conrad 30 Program if the HPSA score is less than 7.

### **Other Patient Care Specialties:**

Physicians providing patient care in other specialties, as indicated in [C30-2027.01](#), must practice in one of the following designated areas:

- Geographic or population primary care HPSAs
- MUAs updated within the past four years<sup>3</sup>
- Clinics with automatic facility HPSA designation (FQHC, RHC, IHS/Tribal)

#### C30-2027.03 – FLEX OPTION

### **For All Physicians:**

States may use up to ten of their thirty slots for physicians whose practice locations are not in a designated underserved area. Under Texas Health Safety Code §12.0127, (c)(1), in Texas, these slots may only be used for counties that DSHS determines to be affected by an ongoing exposure to a disease that are designated as reportable under [Texas Health and Safety Code, §81.048](#). For the federal fiscal year (FFY) 2027 application cycle, DSHS has determined that no counties meet these criteria.

#### C30-2027.04 – POPULATION HPSAS

Practice sites located in a population HPSA must obtain verification of site eligibility from the Program prior to submitting the application. Eligible sites must:

- Accept Medicaid or Children’s Health Insurance Program (CHIP) and
- Have at least 30 percent of patient visits in the prior year paid with Medicaid or CHIP, paid on a sliding fee scale, or considered indigent or charity care

To obtain verification, the sponsor must submit the following information on official letterhead to the program:

- A statement from the sponsor that the practice site accepts Medicaid or CHIP
- The percentage of patients visiting the practice site who, within the past year (the 12 months immediately preceding the application date), paid with Medicaid or CHIP, paid on a sliding fee scale, or are considered indigent or charity care

- Specialty/Subspecialty of physician seeking a waiver recommendation
- The practice site address

If the site is determined to be eligible, the Program will email the verification. A copy of the verification notification must be included in the final application packet.

### C30-2027.05 – RANKING OF APPLICATIONS

The primary application period for FFY 2027 is from **September 1, 2026 through September 15, 2026**. If the Program receives more than 30 complete and eligible applications<sup>5</sup> during the application period, applications are put in rank order according to the following criteria:

1. Primary care and mental health care specialty applicants, as listed in [C30-2027.01](#) are given the highest ranking. If more than 30 primary care and/or mental health care applications are received, they will be ranked by designation type of the practice location, and then by the HPSA score or MUA Index of Medical Underservice Score as follows:
  - 1.1. Geographic HPSA
  - 1.2. State Mental Hospital with facility Mental HPSA designation (mental health physicians only)
  - 1.3. MUAs updated within the past four years<sup>3</sup>
  - 1.4. Clinics with automatic facility HPSA designation (FQHC, RHC, IHS/Tribal)
  - 1.5. Population HPSA
2. Applicants whose practice location is in a county that DSHS determines is affected by an ongoing exposure to a disease that is designated as reportable under [Texas Health and Safety Code, §81.048](#) will be rank ordered after applicants who will practice in primary care or mental health

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<sup>5</sup> An application is considered complete only after the Program has received the application and application fee

care specialties.<sup>6</sup> For more information on the “Flex Option”, see section [C30-2027.03](#) of this policy manual.

3. Other specialty applicants, as listed in [C30-2027.01](#), are ranked after the above categories. They will be ranked by practice location designation type, and then by the HPSA score or MUA Index of Medical Underservice Score as follows:
  - 3.1. Geographic HPSA
  - 3.2. State Mental Hospital with facility Mental HPSA designation (mental health physicians only)
  - 3.3. MUAs updated within the past four years<sup>3</sup>
  - 3.4. Clinics with automatic facility HPSA designation (FQHC, RHC, HIS/Tribal)
  - 3.5. Population HPSA

In the event the above criteria result in multiple applications being tied for the last remaining spot(s)<sup>7</sup>, the program will use randomization to identify the application(s) selected for recommendation. Specifically, each application would be numbered, and a random number generator would be used to identify the applications to be recommended.

Applications received after September 15, 2026, will be considered for any slots remaining after the primary application period, on a first come, first served basis.

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<sup>6</sup> DSHS has determined that for the FFY2027 application cycle, there are no counties that meet the criteria under Texas Health and Safety Code, Section 81.048.

<sup>7</sup> Specifically, there are fewer remaining spots than applications sharing the same designation type and score.

## C30-2027.06 - APPLICATION REQUIRED DOCUMENTS

The following is a list of required documents to submit for a waiver recommendation from the program. Documents must be placed in the following order, separated by a divider page on colored paper, and appropriately labeled with the name of the document behind it. Do not include documents that are not required by DOS or the program.

- **Cover Letter** – Must include, but is not limited to, the physician’s name, date of birth, country of birth, country of residence or citizenship, DOS case number, employer name and address, HPSA/MUA ID and application fee check number
- **Data Sheet DS-3035** – This should include the Waiver Division Barcode Page, Third Party Barcode Page, and Statement of Reason
- **Employment Contract** ([C30-2027.07](#))
- **IAP-66/DS-2019 Forms** – Please include copies of all forms that were issued to the applicant
- **I-94** – If separate from DS-2019 Forms
- **Letter from facility** – Please ensure the letter indicates a desire to hire the applicant and is on official letterhead
- **Evidence of shortage designation status** – from [HRSA’s Find Shortage Areas tool](#)
- **No objection statement** from the applicant’s country of nationality or last residence – if applicable
- **Curriculum vitae**
- **Explanation for out of status** – if the applicant spent any period of time in some other visa status, out of status, or outside of the US
- **Form G-28 or letterhead from the law office** – if the applicant is represented by an attorney
- **Medical License** - document with the applicant’s Texas medical license number (if held), proof of application for a full Texas license (if not licensed in Texas), NPI number, and permanent email address;  
**Physician-in-Training License will not be accepted**

- **If the practice site is in a population HPSA, verification email from Program that the site is eligible** – See [C30-2027.04](#) for more information
- **Application fee** - See [C30-2027.08](#) for more information

These recommendations from DOS on how to put an application together may speed up application review time.

- Limit use of staples, binders, tabs, two-sided copies, or pages larger or smaller than 8.5" x 11".
- The DOS waiver case file number should appear on every page of the application. For two-sided copies it should be on both sides.

### C30-2027.07 – EMPLOYMENT CONTRACT

The employment contract must be signed and dated by the physician and the head of the health care facility. The employment contract must include:

- A statement that the physician will provide patient care for a minimum of 40 hours per week for three years at the eligible site or sites
- A statement that any amendments to the contract will adhere to state and federal J-1 visa waiver requirements
- A statement by the physician agreeing to meet the requirements set forth in Section 214(I) of the Immigration and Nationality Act<sup>8</sup>
- A statement that **“termination of employment can only be for cause, not mutual agreement”**
- A statement that indicates the physician will begin working within 90 days of receiving the waiver and employment authorization from USCIS
- The physician’s field of practice
- The physician’s salary, which can be no less than the prevailing wage in that area
- A list of benefits and insurance to be provided to the physician (If referencing the organization’s policy, a copy of the policy must be included as an addendum to the contract).

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<sup>8</sup> Per 22 CFR §41.63 (e)(3)(iii)

- For each practice site, the estimated schedule of hours (not percentages) per week
- The amount of leave granted to the physician (If referencing the organization's policy, a copy of the policy must be included as an addendum to the contract).
- The clinic name or contact name, address, and telephone number for each practice site
- The employer's name and address (if same as practice location that should be indicated in contract)

The employment contract **cannot** include:

- A non-compete clause
- A liquidated damages clause

Note: If the employment contract contains a non-solicitation clause, the Program will review the non-solicitation clause for acceptability on a case-by-case basis.

#### C30-2027.08 – APPLICATION AND FEE SUBMISSION

1. **Application Packet** – Submit the application packet as a pdf file via email to [Conrad30@dshs.texas.gov](mailto:Conrad30@dshs.texas.gov). The Texas Conrad 30 Program does not accept hard copy applications.

2. **Application Fee\*** - The Texas Conrad 30 J-1 Visa Waiver Program application fee is \$3,000.00. Send application fee with a copy of application cover letter attached to:

Texas Department of State Health Services  
Cash Receipts Branch, MC 2003, J-1  
1100 West 49th Street  
Austin, TX 78756

\*Make checks payable to *Texas Department of State Health Services (DSHS will not accept cash)*.

\*Please use an established delivery service such as UPS, USPS, or FedEx. DSHS will not accept hand-delivered checks.

3. **Complete Application** - An application is considered complete only after the Program has received the application and application fee. The

Program will send notice of receipt to the sender via email upon receipt of both the application packet and application fee.

### C30-2027.09 – APPLICATION FEE REFUND POLICY

The policy for refunding application fees is as follows:

- If DSHS has sent the recommendation for a waiver to DOS, none of the application fee will be refunded.
- If the applicant withdraws the application before DSHS sends the recommendation for a waiver to DOS, 50 percent of the application fee will be refunded.
- If DSHS does not recommend the waiver, 100 percent of the application fee will be refunded.

### C30-2027.10 – MISCELLANEOUS

- The health care facility must be operational at the time the application is submitted.
- The individual, partnership, corporation, or other entity that employs program participants must be established as a legal entity in Texas.
- Employers are limited to 3 FTEs per county per year. Physicians working in multiple counties count against this limit based on the percentage of time spent working in the HPSAs or MUAs outlined in the physician's contract.
- If an employer submits more than three applicants, and all applications are eligible, the Program will rank the candidates based on the prioritization system and select accordingly.
- It is recommended that J-1 visa waiver applicants who have a primary care specialty first investigate eligibility for the federal [HHS Exchange Visitor Program](https://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/exchange-visitor-program/index.html) (<https://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/exchange-visitor-program/index.html>) before applying for the Conrad 30 J-1 Visa Waiver Program.
- Patient care hours, in excess of the 40 hours per week minimum at the eligible physical site(s), may be performed remotely.

### C30-2027.11 – NOTIFICATION

The employer and the J-1 physician must notify DSHS in writing within ten days if the contract is breached or terminated.

### C30-2027.12 – RIGHTS AND RESPONSIBILITIES

Each applicant and sponsor must have a thorough understanding of the policies in this manual, which includes the items in the [Rights and Responsibilities](#) section.

It is the intent of the Texas Conrad 30 J-1 Visa Waiver Program that all sponsors and physicians are aware of and understand their rights and responsibilities. **By applying to the Program, both the employer and the applicant attest they have read and understood the Texas Conrad 30 J-1 Visa Waiver Program FFY2027 Policy Manual in its entirety.**

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#### RIGHTS AND RESPONSIBILITIES FOR THE J-1 WAIVER PHYSICIAN

##### **I have a right to be treated equal to my peers.**

Understand that your service obligation does not negate your right to be treated equal to your peers. You have a right to fair and equal treatment regarding physician duties, including call coverage; evening, weekend, and holiday shifts; educational and personal leave, etc. However, understand that the newest employees may get the last choice in schedules or duties, but over time there should be more balance and equity.

##### **I have a right to be compensated as agreed upon in the employment contract.**

Understand the salary agreement. The contracted salary is part of the agreement that allowed the waiver recommendation. If you sign a new contract, it may not meet the requirements for the waiver. Contracts may also limit your right to ask for a higher salary.

##### **I have a right to expect that all billings and claims submitted for my services will be lawful and correct.**

Understand the billing and claims submission process. Ask to verify billings submitted under your NPI number and license. You may be liable for any errors or unlawful submissions.

**I have a right to regular performance evaluations.**

Meet regularly with your employer and other key staff for performance evaluations. Performance evaluations ensure that employees have a clear understanding of job requirements and expectations and allow the employee and the employer the opportunity to discuss performance and development.

**I have a right to discuss my situation with legal professionals if necessary.**

Understand that if you have any concerns about your employment or contract, you have a right to discuss these concerns with your attorney for guidance.

**I have a right to leave the practice with no repercussions after my obligation is complete.**

Be open with your employer about your employment plans in advance. If you successfully complete your three-year obligation within the contract terms, you should then have a wider range of employment options. Understand any non-solicitation clauses in your contract and abide by them. Also, understand immigration regulations as they relate to employment. For example, obtaining a “green card” or permanent residency through a National Interest Waiver will require employment that meets USCIS requirements.

**I am responsible for recognizing the value of my sponsor’s offer of employment.**

Understand that an offer of employment is a serious commitment, with immediate and long-term financial implications. The employer is also committing an investment of time and administrative assistance to support a medical practice. Acceptance of an offer of employment is an acknowledgement of this value.

**I am responsible for asking for clarification of any contract terms I do not understand.**

Understand your contract thoroughly, **prior to signing**. Ask questions and seek clarification about any areas of the contract that are difficult to understand, and/or have someone with contract expertise review the contract with you.

**I am responsible for practice performance that justified my sponsor's level of investment.**

Productivity, such as the number of patients seen each day, is one measure of performance. The physician and employer should discuss marketing and scheduling to optimize productivity. The physician, sponsor and other professionals in the practice should work together to provide consistent, quality care, which ensures continuity of that care for the patients. This includes establishing a clear process and plan for coverage of patients outside regular clinic hours.

**I am responsible for requesting approval from my employer before accepting any outside employment and I am responsible for gaining any appropriate work authorization.**

Understand that "moonlighting" or working for another employer must have prior and ongoing approval by the sponsor. Outside employment cannot be allowed to conflict with your primary job.

**I am responsible for fair and equitable treatment, without regard to race, age, ability, sex, sexual orientation, financial status, marital status, education, ethnicity, religion, or any other characteristic protected by federal, state, or local law.**

Understanding the culture, experience and background of patients, peers, co-workers and the community you work in is important to the successful practice of medicine.

**I am responsible for behaving in a professional manner.**

Understand that expectations for a good work ethic and attention to professional standards, such as charting and documenting services you provide are not negotiable. Meet with your employer and peers

regularly and join physician associations to further continuing education and expectations.

**I am responsible for recognizing that my conduct is a reflection of my employer and organization and to act in a manner that provides a positive reflection.**

Be mindful of how your behavior is viewed by others in your community. Be sure that your family knows they are seen as an extension of you and the practice with which you will be associated.

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## RIGHTS AND RESPONSIBILITIES FOR THE SPONSORS OF J-1 WAIVER PHYSICIANS

**I have the right to expect compliance with contracted service and benefits.**

Spelling out work schedules and benefits such as leave and insurance in the contract should clearly state your intentions. These should be the same as benefits available to other physicians in the practice.

**I have the right to be notified of, review, and approve any outside employment.**

Understand that “moonlighting” by the physician could conflict with your expectations of the physician. You have the right to approve or deny any outside work. It is the physician’s responsibility to gain work authorization for any outside employment. Do not subcontract the physician’s services beyond the Texas Conrad 30 contractual agreement.

**I have the right to be respected for my agreement to employ this physician.**

Your investment of time, space, legal costs, or any other financial or non-financial resources should be understood and respected by the physician. Sharing information about practice management costs may help make it clear that the sponsorship must also be a good business decision on your part.

**I have the right to be consulted over any decisions that may impact my role as an employer.**

Major decisions on the part of the physician, such as staying or leaving upon completion of the initial three-year term, should be made known in a timely manner. Open communication is key, especially as it relates to what happens after the obligation has been met.

**I have the right to discuss financial implications of the employee or their behavior.**

Open communication about the business and personal performance of the physician should be incorporated in the professional performance evaluation of the physician. This should be a regular and ongoing process during the three-year obligation.

**I have the right to expect professional behavior and appropriate conduct on the part of the sponsored employee.**

Understand that the physicians' behavior and conduct are a reflection of your practice, and you have the right to expect positive and professional conduct from the physician.

**I am responsible for fair and equitable treatment, without regard to visa status, race, age, ability, sex, sexual orientation, financial status, marital status, education, ethnicity, religion, or any other characteristic protected by federal, state, or local law.**

Understanding the culture, experience and background of patients, peers, co-workers and the community you work in is important to the successful practice of medicine.

**I am responsible for the salary and timely payment as agreed upon in the employment contract.**

Understand that the salary and timely salary payments, as defined in the contract, are expected from employers. The contracted salary must be competitive for the specialty in the area.

**I am responsible for upholding all other terms of the contract. Any re-negotiations must meet visa waiver requirements.**

Understand that any subsequent contract offered during the initial three-year term must be approved by the Texas Conrad 30 office. Your ability to employ a waiver physician in the future could be impacted if waiver requirements are not met.

**I am responsible for clearly stating my performance expectations and providing assistance for reaching these goals.**

Performance evaluations ensure that employees have a clear understanding of job requirements and expectations and allow employee and employer the opportunity to discuss performance and development. Meet regularly with the physician to provide feedback, guidance and training; and to help identify and address potential problems early.

**I am responsible for setting the example of professionalism to which I hold others.**

Professional standards are learned and setting the example can go a long way in establishing and maintaining a professional practice.

**I am responsible for ensuring transparent and legal billing on behalf of my clinic and employees.**

Understand that any complaints related to the legality of billings practices will be reported.

## ACRONYMS AND DEFINITIONS

**CFR (Code of Federal Regulations):** The administrative rules of federal departments and agencies.

**CHIP (Children’s Health Insurance Program):** CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid.

**DOS (Department of State):** A federal cabinet-level department of the United States Government. For the J-1 Visa Waiver Program, DOS reviews and recommends waivers to the United States Citizenship and Immigration Services (USCIS).

**DSHS (Department of State Health Services):** The state agency that is responsible for the administration of the Texas Conrad 30 J-1 Visa Waiver Program.

**FQHC (Federally Qualified Health Center):** A private, non-profit, or public entity comprehensive primary care clinic serving the underserved. Organizations are funded by the Health Resources and Services Administration (HRSA). FQHCs receive automatic facility Health Professional Shortage Area (HPSA) designations.

**HHS (Health and Human Services):** The agency that includes the Health Resources and Services Administration that administers the shortage designation program and a physician visa waiver program.

**HPSA (Health Professional Shortage Area):** A geographic area, population, or facility with a shortage of physicians, dentists, or mental health professionals that is designated by the Secretary of HHS.

**HRSA (Health Resources and Services Administration):** The agency under HHS that administers the shortage designation program and a physician visa waiver program.

**MUA (Medically Underserved Area):** A geographic area or population that lacks medical services as indicated by poverty, low birth weight or infant mortality, age of the population, and lack of primary care providers. MUAs are designated by the Secretary of HHS.

**PCO (Primary Care Office):** Works with providers and communities to improve access to care for the underserved. Receives and reviews applications for the Texas Conrad 30 J-1 Visa Waiver Program on behalf of DSHS.

**RHC (Rural Health Clinic):** A hospital or physician operated clinic in a rural area, certified by the Centers for Medicare and Medicaid.

**USC (United States Code):** The compilation of the general and permanent laws of the United States. [Title 8 USC Aliens and Nationality](#) contains the laws that apply to physician immigration and the Conrad 30 program.

**USCIS (United States Citizenship and Immigration Services):** The federal agency that issues visas (or permits) for non-citizens to visit or work in the United States.