



*Office of International Services  
2500 N. State St.  
Jackson, MS 39216  
Phone: (601) 984-1125/35  
Fax: (601) 984-1376  
E-mail: [international@umc.edu](mailto:international@umc.edu)*

## J-1 APPLICANT'S CHECKLIST DELTA REGIONAL AUTHORITY J-1 WAIVER SPONSORSHIP

Completed applicant information sheet

U.S. Dept. of State J-1 waiver file number (if applied for)

Signed **J-1 Affidavit and Agreement Form**

Notarized **Dept. of State Exchange Visitor Attestation Form**

Personal statement providing (a) the reasons for not wanting to fulfill the 2-year home residency requirement, (b) reasons for practicing in this specific field of medicine, (c) how your expertise could impact the patients in this locality, and (d) specific reasons for accepting the employment contract offered by the University of Mississippi Medical Center

### **Provide photocopies of the following:**

Medical school degree/diploma

Residency/Fellowship certificates

Evidence of completion of Steps 1, 2, and 3 of the U.S. Medical Licensing Examination

ECFMG certificate

Curriculum Vitae

Social Security Card

All pages of passport\*

Copy of Form I-94\*

All receipts and approval notices from USCIS\*

All copies of Form DS-2019 issued while participating in "J" status\*

Medical license

Check for \$3,000 made payable to the Delta Regional Authority to cover J-1 waiver application fee (Please do not submit until requested)

**\*Include copies of documents of spouse and children if applicable**