

Title 15: Mississippi State Department of Health Part

9: Office of Health Policy and Planning

Subpart 98: Mississippi State Department of Health National Interest Waiver Guidelines

Subchapter 3. REQUIREMENTS TO REQUEST NIW SUPPORT LETTER FROM MISSISSIPPI STATE DEPARTMENT OF HEALTH:

Rule 1.3.1. A request for a NIW support letter will not be considered if any of the provisions in Rule 1.2.1. (1 and 2) are not met.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.2. Requests for NIW support letters must include the following in the order listed:

1. A letter from the sponsoring medical facility indicating:
 - a. That the sponsoring medical facility is supporting a NIW application and is requesting a support letter from the Mississippi State Department of Health.
 - b. The name of the proposed physician, medical discipline, and information on physician's qualifications.
 - c. The name and location (complete street address, 9-digit zip code, and county) of the practice site(s) where the proposed physician will complete the five (5) year full-time clinical practice service obligation.
 - d. The name of the currently designated Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Physician Scarcity Area (PSA) for specialist, where the proposed physician will serve.
 - e. A description of the public benefit to the community that approval of the NIW will provide.
2. Copy of notarized, dated, executed employment contract to meet the five (5) year full-time employment service obligation required by the NIW regulations.
3. A letter of support from the current or previous employer of the physician or from a health care professional who has knowledge of the physician's qualifications.
4. The Mississippi State Department of Health NIW Sponsoring Medical Facility Information Form.
5. The Mississippi State Department of Health NIW Physician Information Form.
6. The Mississippi State Department of Health NIW Practice Site Information Form.
7. A letter from the sponsoring medical facility indicating that the organization: 1) understands that the NIW requires the physician to meet a five (5) year full-time clinical practice service obligation; and 2) that the organization agrees to submit the annual MSDH NIW Physician Employment Verification Form.
8. A letter from the applying physician indicating that the physician: 1) agrees to meet

the requirement of the NIW of a five (5) year full-time clinical practice service obligation; and 2) agrees to submit the annual MSDH NIW Physician Employment Verification Form.

9. If the physician seeking the NIW support letter currently has a waiver from the two-year home residence requirement and has not completed the waiver's three (3) year full-time federal and contractual service obligation, the physician and the NIW sponsoring medical facility must both submit individual letters indicating that they understand and agree that the a physician must meet the waiver's three (3) year full-time federal and contractual service obligation of the employment contract entered, as PL 106-95 does not change the physician's obligation of the waiver contract terms. The letters must include the start and ending dates of the waiver service obligation period.
10. Physician's Curriculum Vitae.
11. Copy of a passport-style photo of physician.
12. Copy of physician's medical degree.
13. Proof of physician's passage of United States Medical Licensing Examinations (USMLE 3 Steps).
14. Copy of physician's Educational Commission for Foreign Medical Graduates Certificate.
15. Documentation of proposed physician's Board Certification or Board eligibility status.

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