

J-1 Visa Waiver Affidavit for the State of South Dakota



I _____, being duly sworn, hereby request the South Dakota Department of Health to review my application for the purpose of recommending waiver of the foreign residency requirement set forth in my J-1 visa, pursuant to the terms and conditions as follows:

I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the State of South Dakota, the Department of Health, any and all State of South Dakota employees, agents and assigns from any action or lack of action made in connection with this request.

I further understand and acknowledge the entire basis for the consideration of my request is the Department of Health's voluntary participation and desire to improve the availability of health care in medically underserved regions of South Dakota.

I understand and agree that in consideration for a waiver, if one is granted, I shall render medical services to patients, including the indigent for an average of forty (40) hours per week over a four week period within a U.S. Public Health Services designated Health Professional Shortage Area or Medically Underserved Area. Such service shall commence not later than ninety (90) days after I receive notification of approval by both the United States Immigration and Naturalization Service (INS) and the United States Department of Labor and shall continue for a period of at least three (3) years.

I agree to incorporate all the terms of this Affidavit into any and all employment agreements I enter pursuant to paragraph 3 and to include in each such agreement a liquidated damages clause, of not less than \$_____ payable to the employer. This damages clause shall be activated by my termination of employment, initiated by me for any reason, only if my termination occurs before fulfilling the minimum three year service agreement.

I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision which modifies or amends any of the terms of this Affidavit.

I understand and agree that my medical care services rendered pursuant to paragraph 3 shall not contain any provision which modifies or amends any of the terms of this Affidavit.

I expressly understand that this waiver of my foreign service requirement must ultimately be approved by USCIS, and I agree to provide written notification of

the specific location and nature of my practice to the Office of Rural Health at the time I commence rendering services, and on an annual basis thereafter.

I understand and acknowledge that if I willfully fail to comply with the terms of this Affidavit, the Department of Health will notify USCIS.

Additionally, any and all other measures available to the Department of Health will be taken in the event of non-compliance.

I declare under the penalties of perjury that the foregoing is true and correct.

_____ Signature	_____ Date

Subscribed and sworn to before me

This _____ day of _____, 20_____.

Notary Public