

J-1 Waiver Strategy: Navigating the Waiver Process

A Practical Guide for Nephrology Fellows

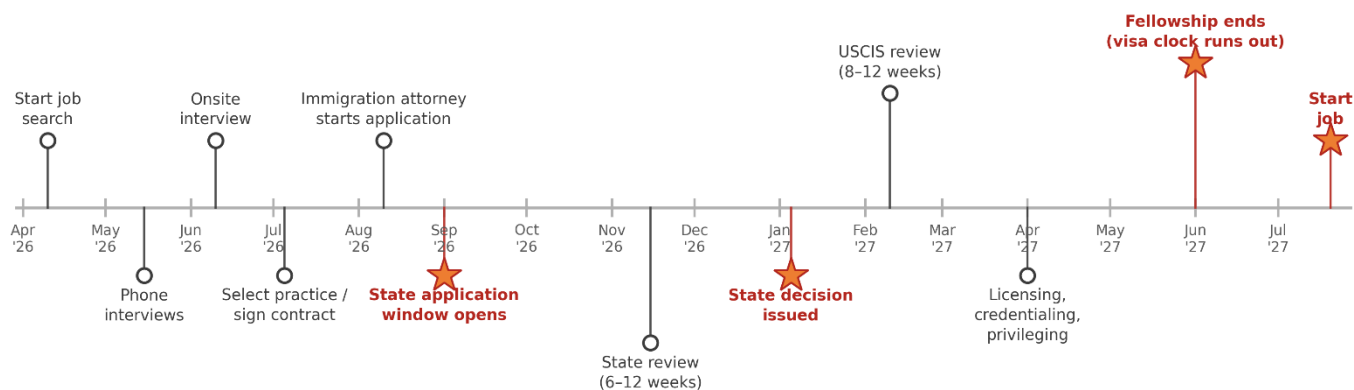
Introduction

With over 28 years of experience working with nephrologists, I've placed and helped thousands of nephrologists across the country, many navigating the J-1 waiver process. I've watched excellent physicians miss opportunities, not because they weren't qualified, but because they started too late, misunderstood how the process worked, or relied on incorrect information. This guide is a collection of the practical lessons I've learned along the way. It is not intended to replace your immigration attorney, but to help you ask better questions, develop a strategy, and avoid common pitfalls.

Start Earlier Than You Think:

The timeline below is an example only. Actual timing varies by state and waiver program, but the message is the same, start earlier than you think you need to.

Example J-1 Waiver Timeline — Fellowship Ending June/July 2027



★ = fixed / non-negotiable date — build your whole plan backward from these

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Conrad Isn't Your Only Option

Most of you are familiar with the Conrad 30 Waiver program, but depending on where you practice, there may be additional federal programs available. Don't assume Conrad is your only option.

Federal Waiver Programs

(These programs do not have a numerical waiver limit, and you can apply at any time, however you need to consider the timeline for processing, so you don't extend beyond your visa expiration date.)

- Appalachian Regional Commission (ARC)
 - Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, and West Virginia
- Delta Regional Authority (DRA)
 - Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee
- Northern Border Regional Commission
 - Maine, New Hampshire, New York, and Vermont
- Southeast Crescent Regional Commission (SCRC)
 - Alabama, Georgia, Mississippi, North Carolina, South Carolina, and Virginia

Key Takeaway: Before accepting a position, ask whether the practice qualifies for any federal waiver programs in addition to Conrad 30.

Not All States Process Waivers the Same Way

Timing Matters

One of the biggest misconceptions is that every state follows the same application timeline. They don't. While most states begin accepting J-1 waiver applications at the start of the federal fiscal year on October 1, several states open their application periods earlier. Texas, for example, begins accepting applications on September 1. Because of the high demand, it is not uncommon for all available waiver positions to be spoken for the same day applications open.

Application periods also vary considerably. Some states accept applications on a rolling basis, while others only accept submissions during a defined window. For example, Missouri generally accepts applications from October 1 through October 31, while Florida has only a two-week application period and is consistently one of the more competitive states. Connecticut accepts applications on a rolling basis beginning October 1, however historically they have received numerous applications in the first few weeks and waivers are chosen by a random lottery.

States also differ in how they prioritize specialists. Arizona begins accepting primary care applications on October 1, but most subspecialty applications are not accepted until January, unless the position is with a qualifying rural hospital.

Finally, approval timelines can be just as important as submission deadlines. Indiana accepts applications from September 1 through November 30, but applicants typically do not receive a decision until mid-March. In 2026, Indiana received 44 applications for 30 waiver positions. Physicians who were not selected had only about 3½ months before graduation to identify another waiver opportunity.

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Key Takeaway: Don't assume every state follows the same rules. Before accepting a position, understand when applications are accepted, how they are evaluated, and when decisions are made. Those differences can have a significant impact on your job search strategy.

Specialist Allocations

Many fellows assume specialists compete equally with primary care physicians. That's simply not the case. Each state determines how it allocates its Conrad 30 waiver positions. Some reserve a specific number of positions for specialists, some prioritize primary care, and others do not review subspecialty applications until later in the application cycle.

Examples:

- Arizona reserves 22 positions for primary care, up to 7 positions for specialists, and 1 discretionary position.
- Louisiana reserves 6 of its 30 waiver positions for specialists. If all 30 positions have not been filled by January 1, the remaining positions become available on a first-come, first-served basis.

Key Takeaway: Don't assume your specialty will be reviewed the same way in every state. Understanding how your state allocates specialist positions can influence both your timeline and your overall waiver strategy.

Scoring

Some states use Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA) scores to prioritize J-1 waiver applications. These scoring systems are designed to direct physicians to the communities with the greatest healthcare needs.

For example, Arizona uses a point-based system to evaluate applications and determine which communities receive available waiver positions. Indiana applications are ranked with a documented "J-1 Visa Prioritization Matrix". Applicants with more than one practice site get the average score across all sites, so pairing a high-need area and a lower-need area will pull the ranking down.

Key Takeaway: Not all states review applications on a first-come, first-served basis. Understanding how your state evaluates applications can help you develop a more informed waiver strategy.

Flex Spots

You may hear the term "flex spot" during your job search. A flex spot allows some physicians to practice in a location that is not designated as a shortage area, provided the practice serves a sufficient number of patients from underserved communities.

Not every state offers flex spots, and those that do have different eligibility requirements. Some states review flex spot requests on a case-by-case basis, while others reserve them for specific types of employers or limit them to primary care physicians. In addition, some states, including Texas, Arizona, and Indiana, do not support flex spot waivers.

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A potential benefit of a flex spot is the ability to practice in a community that may offer more housing, amenities, or proximity to family while still serving an underserved population.

Key Takeaway: If you're interested in practicing in a more suburban or urban community, ask whether the position qualifies for a flex spot and whether the practice has successfully obtained one in the past.

Historical Competitiveness

Historically, some states receive significantly more J-1 waiver applications than others. If your goal is to practice in one of the more competitive states, it is important to begin your job search early and have a backup plan should your preferred location not work out.

Historically High Demand

- California
- Connecticut
- Florida
- Georgia
- Illinois
- New York
- Ohio
- Pennsylvania
- Texas

Historically Less Competitive

- Alaska
- Hawaii
- Idaho
- Mississippi
- Utah
- Wyoming

Key Takeaway: Every J-1 fellow is competing for a limited number of waiver positions. If you're focused on a highly competitive state, identify one or two alternative states early in your job search rather than waiting until application deadlines have passed.

Remember, you're not just competing with other J-1 fellows. These are some of the most desirable states for nephrologists across all practice settings, so competition exists regardless of visa status.

Annual Conrad 30 waiver data by state is available through [3RNET's J-1 Slots Filled by State Data](#), which can help you understand historical demand and fill rates.

Contract Considerations

Every J-1 waiver position requires a minimum three-year employment agreement, but contract requirements vary by state and waiver program.

Examples include:

- Restrictions on non-compete and non-solicitation agreements
- Limitations on terminating the agreement without cause

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- Liquidated damages provisions
- Minimum full-time employment requirements (40 hours/week)

Example: The Appalachian Regional Commission requires contracts to include a liquidated damages provision of approximately \$250,000 if the physician fails to satisfy the three-year obligation.

Key Takeaway: Don't assume every employment contract satisfies J-1 requirements. Your immigration attorney should review your agreement before it is finalized.

Prevailing Wage

Employers must pay at least the prevailing wage established for the geographic area and specialty.

Questions to Ask the Practice

- How many J-1 physicians have you hired?
- Have you had anyone stay beyond the 3-year requirement?
- Have any applications been denied?
- Which immigration attorney do you use?
- How long have you been recruiting?
- Have previous J-1 physicians completed their obligation?
- Who pays the immigration costs?

This is intended to be specific to your visa. For more general information on your job search, interview questions, partnership, etc. please ask for our Nephrology Job Search Playbook.

Red Flags

- “We’ve never hired a J1 before.”
- “We’ll figure it out”
- “We don’t have an immigration attorney yet.”
- “We can’t pay you as much because sponsoring your waiver is expensive.”
- The practice has not been actively recruiting or can’t demonstrate prior recruitment efforts.
- No clear timeline for preparing the waiver application.
- The practice doesn’t seem to understand the state waiver process.
- Pressure to sign immediately without giving you time to review the contract or speak with an immigration attorney.
- “We need you to cover part of the visa/waiver costs”.

Mistakes I’ve Seen Fellows Make

FOMO (Fear of Missing Out)

Waiting to accept a good opportunity because you think a better one might come along. If it's a good job, don't assume it will still be available next month. Someone else may accept it.

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Poor Time Management

Not understanding your state's waiver timeline and waiting too long to make a decision. Delays in interviews, contract negotiations, or application preparation can cause you to miss application deadlines.

Interviewing Without Intent

Interview only for positions you can realistically see yourself accepting. Every interview requires time away from fellowship and costs the practice both time and money. This isn't the time to practice interviewing.

Not Consulting Your Spouse or Family

Your spouse (or significant other) is moving too. Make sure they are part of the decision-making process from the beginning.

Limiting Yourself Geographically

The more restrictions you place on location, the fewer opportunities you'll have. Be willing to consider alternatives, especially if your preferred area is highly competitive.

Expecting Exceptions to Be Made

Every fellow has a unique story, but waiver programs must follow established rules and timelines. Unfortunately, a compelling personal circumstance doesn't create an additional waiver position or extend an application deadline.

Focusing Too Much on First-Year Salary

Don't let your decision be driven solely by your starting salary. Evaluate the workload, partnership opportunity, long-term earning potential, culture of the practice, and where you see yourself after your three-year commitment.

Traveling Outside the Country

It is not recommended you leave the country while your waiver is pending. Do not assume you can travel internationally while your waiver application is being processed. Before making any travel plans, discuss them with your immigration attorney. Depending on where you are in the process, leaving the U.S. could create delays or other complications.

Things Fellows Ask Me All the Time

Can I apply for more than one waiver at the same time?

Important: No. You may have only ONE shortage-based J-1 waiver application pending at a time. This is a federal law, not a state preference. There is no workaround. If you submit to State A and it's still pending, you cannot simultaneously submit to State B, even as a hedge. This is why ranking your states and knowing each one's decision date before you commit matters so much: your backup needs to be ready to file the moment your first application is withdrawn, denied, or you decide not to pursue it.....not before.

Do most J-1 waivers go to primary care physicians?

No. While many states prioritize primary care physicians, the majority of J-1 waivers are ultimately awarded to specialists.

Can a subspecialist accept a primary care position?

Generally, no. Many states restrict subspecialists from using a primary care waiver position.

Can I work a 7-on/7-off schedule?

Traditional 7-on/7-off schedules generally do not meet J-1 waiver employment requirements.

Can I work remotely?

No. While telehealth may be part of your practice, you must still satisfy the minimum on-site employment requirements, which generally means at least 40 hours per week providing in-person services.

If I receive a J-1 waiver, do I still need to go through the H-1B lottery?

No. Physicians who receive a J-1 waiver are exempt from the annual H-1B cap.

Do I need a medical license before my waiver application is submitted?

Not usually. Most states do not require you to have a full medical license at the time of application, but they do expect you to demonstrate that the licensure process has been initiated.

Key Takeaway: Every state has its own requirements and exceptions. If you're unsure about a specific rule, ask your immigration attorney, recruiter, or the state waiver program before making assumptions.

Develop a Waiver Strategy

Over the years, I've found that many J-1 fellows approach their job search with a list of "must haves." While these preferences are understandable, every requirement you add narrows your options. The key is knowing which preferences are negotiable and which are not and what you are willing to compromise.

What I hear most from fellows:

- I want to live in this specific area because that is where I have family/friends
- I want to live close to an international airport
- I want my call schedule to be a minimum of 1:4
- I want to make at least \$300k
- I don't want to drive a lot

Let's break these down

Location — We all want to live near family or in a preferred part of the country. But if your goal is to remain in a highly competitive region, be prepared to make trade-offs. That may mean accepting more call, lower compensation, or a broader scope of practice to secure a waiver position.

Call — Fellowship call is very different from private practice call. Don't focus solely on the rotation. A 1:3 call schedule covering one hospital with 10-15 inpatients may be far more manageable than a 1:4 schedule covering three hospitals and 45 inpatients.

Compensation — Private practices hiring a new physician often do not have deep pockets in comparison to an integrated healthcare system or hospital. Focus on whether the compensation aligns with the workload, what the long-term earning potential is, and the benefits.

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Driving – this one always throws me for a loop a bit. In fellowship you don't drive but everyone knows that you drive in practice. You cover hospitals, dialysis centers, and offices. It is the reality of private practice. Look for efficiency. Does the practice structure the schedules to offer the least amount of windshield time?

And sometimes it is nice just to have some down time on the road to listen to a book, call your mom, call your friends, or jam out to some great music.

As you build your strategy:

- Rank states based on your long-term goals – not just where your friends live.
- Learn your state's waiver process before accepting a position.
- Evaluate the culture and stability of the practice as carefully as the compensation.
- Have a backup plan if your preferred opportunity doesn't work.
- Make decisions early. Waiting may not create more options

I've had fellows tell me – I DON'T CARE WHERE I GO AS LONG AS THEY'LL SPONSOR MY J-1.

I understand the pressure, but I don't want you to spend the next three years in a practice where you're unhappy just because they offered sponsorship. A waiver should open the door to your career—not trap you in a position you can't wait to leave.

Be Prepared with Plan B and Plan C

Even with careful planning, things don't always go as expected. As you build your strategy, think beyond your first-choice opportunity.

Ask yourself:

- What is my backup plan if my preferred job doesn't work out?
- What if my waiver application isn't approved?
- What if processing is delayed?
- Am I limiting myself too much geographically?
- Does the practice appear prepared to submit a strong waiver application?

The more flexible your strategy, the more options you'll have if circumstances change.

Plan B – a genuine additional year of training

If it looks like your waiver won't come through in time, talk to your program director and DIO early about whether a real additional year of accredited clinical training is realistic. This is not a “wait around” year. The ECFMG/Intealth does not support sponsor stand-alone research years and cannot extend J-1 sponsorship for anyone who has already received a favorable DOS waiver recommendation, so this path only works if pursued instead of a pending waiver, not alongside one.

Any extension requires strong program director support, and if it pushes the total training past the 7-year regulatory maximum, it also needs DOS review. This can realistically buy a fellow time into the following summer/fall, which is often when board exams are. This is a case-by-case situation and not something you should assume is available.

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Plan C – the O-1 “extraordinary ability” visa

The O-1 doesn't erase the 212(e) two-year home residency requirement; you still need a waiver eventually before the H-1B or a green card. However, it will allow you to leave, get the O-1 visa, and re-enter to keep working while continuing to pursue the waiver.

It also requires meeting a higher bar (recognized awards, publications, media coverage, or similar top-of-field distinctions). It also gets heavy USCIS scrutiny for early-career physicians, so it's not a fit for everyone, but it is a real, underused option that you should know exists.

A gray area – some sources may indicate that you can file for an adjustment of status while a waiver is pending as a way to stay in the country. I recommend you connect with an immigration attorney on this and any contingency plans.

Financial Considerations

While this is not about the waiver itself, there are some baseline J-1 program requirements that need to be budgeted for ahead of time, especially across the gap between fellowship ending and your new jobs benefits starting.

Proof of Funds

ECFMG/Intealth's currently published minimum funding levels are \$1,600/month for the J-1 physician, \$600/month for a J-2 spouse, and \$400/month for each dependent child. This proof must be shown via a bank letter or statement, and the funds have to be liquid (checking/savings), not in a retirement or investment account.

Direct from ECFMG's checklist (Intealth, April 2026) \$1600/month for the physician, \$600/month for a J-2 spouse, \$400/month per child. These figures are reissued periodically so I strongly recommend you confirm the current amount directly with ECFMG/Intealth and not rely solely on the stated.

ECFMG Initial Sponsorship Documentation Checklist: www.ecfm.org/evsp/initial-accredited.pdf

ECFMG Continuation of Sponsorship Documentation Checklist: www.ecfm.org/evsp/continuation-accredited.pdf

Note: If you extend your training, you will also need to resubmit funding documentation to Intealth.

Health Insurance

J-1 exchange visitors and any J-2 dependents are required to maintain insurance meeting specific federal minimums for the entire program.

- At least \$100,000 in medical benefits per accident/illness
- \$25,000 for repatriation of remains
- \$50,000 for medical evacuation
- No more than \$500 deductible
- Qualifying rated insurer

ECFMG General Requirements (mandatory insurance): www.ecfm.org/evsp/applying-general.html

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A willful lapse of this coverage is treated as a program violation and can result in termination from the exchange visitor program.

Real Situations

These are real situations I've encountered while helping J-1 nephrologists navigate the waiver process. Although every case is different, they illustrate why timing, flexibility, and preparation matter.

Timing Matters

A fellow accepted a position in Indiana and submitted their waiver application in the fall. They learned in mid-March that they were not selected, leaving only 3½ months before graduation to secure another waiver position. Fortunately, I was able to help them find another opportunity, but they remain under significant time pressure because of the additional processing required before their visa expires.

Lesson: Have a backup plan and understand when your state makes waiver decisions.

Flexibility Matters

Another fellow delayed accepting an excellent opportunity because they wanted a 7-on/7-off schedule so they could return to South America every other week to see family. The waiver application had to be revised and resubmitted to comply with program requirements, delaying the entire process.

Lesson: Be careful that personal preferences don't unintentionally jeopardize your waiver timeline.

Life Happens

One fellow secured a waiver position but later had to return to their home country because of a family emergency. During that time, immigration rules changed, creating unexpected challenges for both the physician and the employer. As of July 2026, the physician is still trying to secure employment.

Lesson: Even with careful planning, circumstances outside your control can affect your career. Build flexibility into your long-term strategy whenever possible.

Your Waiver Doesn't Guarantee Your Job

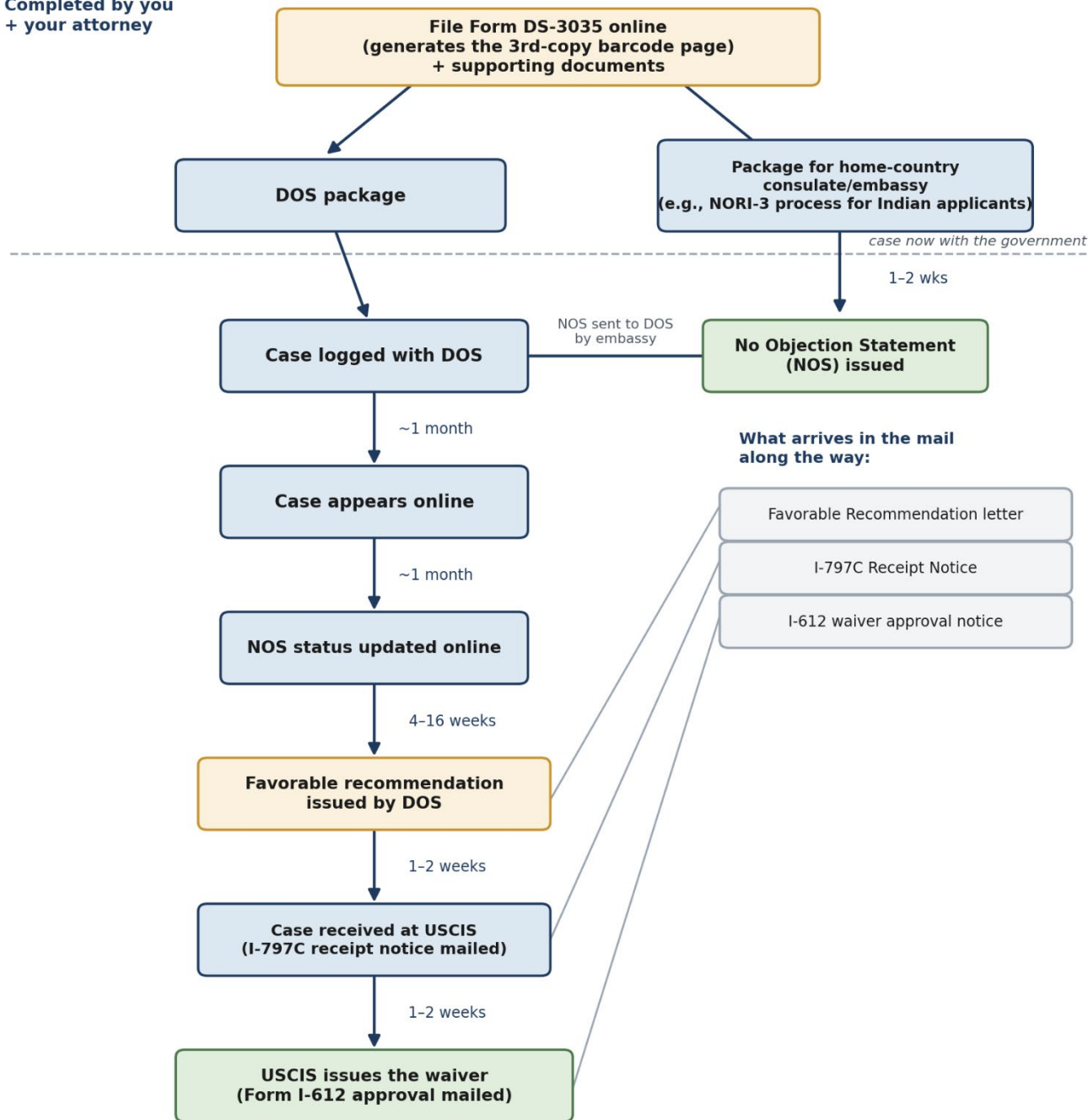
Years ago, a fellow was terminated from their position for legitimate performance reasons. They had 30 days to leave the United States. Fortunately, they were able to secure another waiver position in a very rural community.

Lesson: Your waiver doesn't guarantee your employment. Choosing the right practice—and being successful once you're there—is just as important as obtaining the waiver itself.

How a Conrad/Federal J-1 Waiver Moves Through DOS and USCIS

(illustrative — actual timing varies by case; confirm with your attorney)

Completed by you
+ your attorney



Recreated for this memo based on the community-shared J-1 waiver process flow commonly referenced in r/j1waiver — redrawn here, not a copy of any specific post.

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State Wavier Overview

For reference, most states begin accepting applications on September 1 or October 1 (or the first business day thereafter). Always verify the current year's application dates directly with the applicable state program.

Important Legislative Update

The Conrad 30 program's underlying federal statutory authority lapsed on September 20, 2025. As of this writing, physicians who acquire J-1 status on or after October 1, 2025, may not be eligible for a Conrad 30 waiver unless Congress reauthorizes the program before they need to apply. Physicians already in J-1 status before that date (which covers essentially every current resident/fellow) remain eligible under current guidance, but this is a live legislative situation, not settled law.

Bipartisan reauthorization bills (H.R. 1585 / S. 709, the "Conrad State 30 and Physician Access Reauthorization Act") were introduced in February 2025 and remained in committee as of the most recent confirmed update. Check [congress.gov](https://www.congress.gov) for H.R. 1585 and S. 709 for real-time status before relying on any state deadline in this document — if the program lapses further or is reauthorized with new terms, every date below could change.

This table is intended as a planning tool, not legal guidance. Application windows, requirements, and policies change regularly. Always confirm current requirements with the official state program and your immigration attorney before making decisions.

STATE	APPLICATION WINDOW	NOTES	SOURCE
Alabama	Oct 1	Awarded on first-come, first-served basis.	Alabama Dept. of Public Health
Alaska	Rolling basis	Direct website does not specify application open date, nor does it contain any J1 waiver information. Information obtained from FordMurray Law.	Alaska Dept. of Health
Arizona	Primary care: Oct 1. Subspecialty: 1st Monday of first full workweek in Jan.	Rural areas can submit subspecialty applications year-round. 22 spots are dedicated to primary care/psychiatrists, 1 discretionary; 7 subspecialists	AZ Dept. of Health Services
Arkansas	Oct 1	First-come, first-served basis. Flex slots.	Arkansas Dept. of Health
California	Oct 1	Reviewed in order of receipt.	HCAI CA Dept. of Health Care Access and Info.
Colorado	Rolling basis	Direct website does not specify application open date. Confirmed by phone: rolling basis due to historically unfilled spots. Flex slots.	CO. Dept. of Public Health &
Connecticut	Oct 1	Closes April 1 or when 30 or more applications are reached. Lottery if oversubscribed.	CT Dept. of Public Health
Delaware	Oct 1	Two-step process – site approval first, physician application.	DE Health & Social Services
Florida	1st Monday of October, 8am ET; window closes 10 business days later, 5pm ET.	Mail-only. Applicants <u>must</u> already hold an active FL medical license. Decisions by Dec 31.	FL Dept. of Health
Georgia	Aug 1	Closes Aug 31. Reviews Sept 1. Flex slots.	GA Dept. of Community Health
Hawaii	Rolling basis	Applications are on a first-come, first-served basis. Flex slots are evaluated Oct 1-31.	HI Dept. of Health

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STATE	APPLICATION WINDOW	NOTES	SOURCE
Idaho	Rolling basis	Direct website does not specify application open date. Confirmed by phone: rolling basis due to historically unfilled spots. Flex slots.	Idaho Bureau of Rural Health & Primary Care
Illinois	Oct 1	Closes Oct 31; reopens Jan 1-31 and Apr 1-30 if slots are unfilled. Flex slots.	IL Dept. of Public Health
Indiana	Sept 1	Closes upon reaching 30 applications or more. Lottery if oversubscribed. Decisions are made mid-March.	IN Primary Health Care Assoc.
Iowa	1 st Tuesday in Sept	Closes last Friday of Oct unless slots remain.	IA Dept. of Health & Human Services
Kansas	Sept 1	Closes Nov 30 unless unfilled slots. Decision made Dec 15 for applications received by Nov 30.	KS Dept. of Health and Environment
Kentucky	Oct 1	Closes Oct 31 or last business day of the month unless slots remain. Flex slots.	KY Cabinet for Health & Family Services
Louisiana	Oct 1	6 slots are reserved for specialists through Dec 31. First-come, first-served after Jan 1.	LA Dept. of Health
Maine	Oct 1	First-come, first-served. Flex slots.	ME Dept. of Health & Human Services
Maryland	Oct 1	Closes Dec 1. Flex slots.	MD Dept. of Health
Massachusetts	Oct 1	Closes Jan 15. If unfilled slots remain, they may open a second session. Applications undergo a three-tier process (completeness and eligibility, will increase care to those in high need areas, and a final review)	MA Dept. of Public Health
Michigan	Sept 1	Closes Nov 1. If more than 30 applications are received, they will be evaluated and ranked based on targeted criteria and the specific health care needs of the community.	MI Health & Human Services
Minnesota	Aug	Direct website does not specify application open date, however in 2025 it opened Aug 11 and closed Oct 15. If unfilled slots remain, they will continue to accept applications on a first-come, first-served basis. Flex slots.	MN Dept. of Health
Mississippi	Rolling basis	Direct website does not specify application open date. Confirmed by phone: rolling basis due to historically unfilled spots. First-come, first served. Flex slots.	MS State Dept. of Health
Missouri	Oct 1	Closes Oct 31. Applications are recommended based on highest HPSA score. Primary care is given priority.	MO Dept. of Health & Senior Services
Montana	Oct 1	Remains open until filled. Flex slots. For 2025-2026 cycle, only 25 applications were received.	MT Dept. of Public Health & Human Services
Nebraska	Oct 1	Remains open until filled. Historically, 77% of waivers have been approved to subspecialists.	NE Dept. of Health & Human Services
Nevada	Oct 1	First-come, first-served basis. Flex slots.	NV Div. of Public & Behavioral Health
New Hampshire	Oct 1	Closes Jun 30. Flex slots.	NH Dept. of Health & Human Services
New Jersey	Oct 1	Remains open until filled. Flex slots.	NJ Dept. of Health

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STATE	APPLICATION WINDOW	NOTES	SOURCE
New Mexico	Sept 8	Remains open until filled. First-come, first-served basis. Due to a new signatory for the 2027 cycle, expect a delay for a signed NMDOH support letter. Flex slots.	NM State Dept. of Health
New York	Oct 2	Direct website does not specify application open date. Date obtained at FordMurray Law. Applications must be postmarked on or before Nov 30 th . Flex slots.	NY State Dept. of Health
North Carolina	Oct 1	Remains open until filled. First-come, first-served basis. Flex slots.	NC Office of Rural Health
North Dakota	Oct 1	Remains open until filled. Flex slots. Direct website does not specify timing. Date obtained at FordMurray Law.	ND Health & Human Services
Ohio	Oct 1	Direct website does not specify application open date. However, for the 2026 the application cycle opened Oct 8. Closes Jan 31. It is assumed the same for the 2027 cycle. Flex slots.	Ohio Dept. of Health
Oklahoma	Oct 1	Direct website does not specify application open date. Date obtained at FordMurray Law.	OK State Department of Health
Oregon	Oct 1	Remains open until filled. Flex spots.	Oregon Health Authority
Pennsylvania	Oct 1	Closes Dec 15. Direct website does not have 2027 cycle application dates. The provided dates are an assumption based on the 2026 cycle.	PA Dept. of Health
Rhode Island	Oct 1	Remains open until filled. Preference given to physicians who did residency in RI or are in primary care.	RI Dept. of Health
South Carolina	Jul 1	Direct website does not confirm application open date but is assumed by previous year date and additionally verified on www.ruralhealthinfo.org	SC Dept. of Public Health
South Dakota	Oct 1	Remains open until filled. First-come, first-served.	SD Dept. of Health
Tennessee	Oct 1	Remains open until filled. Review the Policies and Procedures document for additional information on the percentages of slots for specialists.	TN Dept. of Health
Texas	Sep 1	Closes Sept 15. If more than 30 applicants, the state prioritizes primary care and mental health specialists.	TX Dept. of State Health Services
Utah	Oct 1	Closes Sept 30. 20 of 30 slots require HPSA-area practice; 10 for non-HPSA underserved-population service.	UT Office of Primary Care & Rural Health
Vermont	Rolling basis	Flex slots.	VT Dept. of Health
Virginia	Oct 16	Closes Apr 16. Flex slots open for application Feb 1.	VA Dept. of Health
Washington	Oct 1	First review is Oct 1-15. Second review Nov 15-Sept 1 if there are available slots. Applicants are scored by criteria (see website)	WA Dept. of Health
West Virginia	Oct 1	Remains open until filled.	WV Dept. of Health
Wisconsin	Sept 1	Remains open until filled. Flex slots.	WI Dept. of Health Services
Wyoming	Rolling basis	Remains open until filled. Flex slots.	WY Dept. of Health

Disclaimer: This guide is intended for educational purposes and reflects the author's experience recruiting nephrologists with J-1 visas. It is not legal advice. Immigration laws, waiver programs, and state requirements change frequently. Physicians should consult qualified immigration counsel regarding their individual circumstances.

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STATE	APPLICATION WINDOW	NOTES	SOURCE
Washington, D.C.	Oct 1	Remains open until filled. Flex slots.	DC Dept. of Health

Final Thoughts

Don't measure success solely by whether you obtain a J-1 waiver. Measure success by whether you find a practice where you'll still want to be after your waiver is complete.

Thank you for choosing nephrology and making a difference.

About the Author

Tammy Elzy has spent more than 28 years working exclusively in nephrology, helping physicians navigate career decisions and private practices build strong, successful teams. Throughout her career, she has advised thousands of nephrologists nationwide and personally guided more than 1,000 physicians through career transitions, compensation negotiations, partnership discussions, and practice selection.

After more than two decades with DaVita, where she led physician career education and recruitment initiatives, Tammy founded NephMD Recruitment. She is known for her straightforward, relationship-driven approach and her commitment to honesty, transparency, and long-term success for both physicians and practices.

Since 2009, Tammy has tracked the post-fellowship career decisions of graduating nephrology fellows, providing her with a unique, longitudinal perspective on workforce trends, physician preferences, and the evolving nephrology job market. This guide reflects not only publicly available information but also decades of firsthand experience helping J-1 physicians successfully navigate the transition from fellowship to private practice.

Tammy is a frequent speaker on nephrology recruitment, physician workforce trends, career planning, and J-1 waiver strategy. She has presented educational programs for fellowship training programs, the Renal Physicians Association (RPA), and other national nephrology organizations, helping physicians better understand the evolving nephrology job market and make informed career decisions.

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References

Information contained in this guide was compiled from official federal and state government resources, including:

Federal Resources

- ECFMG/Intealth Exchange Visitor Sponsorship Program
- U.S. Citizenship and Immigration Services (USCIS)
- U.S. Department of State – Waiver Review Division

Federal Waiver Programs

- Appalachian Regional Commission (ARC)
- Delta Regional Authority (DRA)
- Southeast Crescent Regional Commission (SCRC)

Additional Resources

- 3RNET J-1 Waiver Data
- Individual State Departments of Health
- State Primary Care Offices (PCOs)

Important Note: Immigration laws, waiver programs, and state requirements change frequently. Every effort has been made to ensure the accuracy of this information at the time of publication. Physicians should verify current requirements with the applicable state agency and consult qualified immigration counsel before making employment or immigration decisions.