

Nebraska National Interest Waiver (I-140) Guidelines

The requesting party for a National Interest Waiver letter from the Nebraska Department of Health & Human Services should complete and submit the **Nebraska National Interest Waiver (I-140) Information Request Form.**

Each National Interest Waiver request will be considered on an individual basis with the following items being considered:

- Information submitted in the application
- Nebraska sponsorship of J-1 waiver application
- Fulfillment of J-1 visa waiver requirements
- Responsiveness to additional information requested

Please inform our office contact (Thomas Rauner) when one has received an approval of the I-140 National Interest Waiver, at your earliest convenience. Thank you.

Thomas Rauner
DHHS – Office of Rural Health
301 Centennial Mall South
P.O. Box 995026
Lincoln, NE 68509-5026
Phone: (402) 471-0148
Fax: (402) 471-0180
e-mail: thomas.rauner@nebraska.gov

Nebraska National Interest Waiver (I-140) Information Request Form
(please submit legible responses)

- (1) Your Full Name: _____
- (2) Your Nebraska Medical License Number and any Other States You Have a License:

- (3) Name of Employment Site: _____
- (4) Address and Phone Number of Employment Site: _____

- (5) Date when you started working: _____
- (6) Provide the name and address if you want the letter sent somewhere other than the
Citizenship and Immigration Service (USCIS), such as to you or your attorney.

- (7) Percentage of the patients served by you or your practice site who are on Medicaid or
uninsured: _____
- (8) Copy of Citizenship and Immigration Service (USCIS), Notice of Action, Approval
Notice of H1B1 visa:
- (9) Copy of your current Curricula Vitae.:
- (10) Provide a summary of you visa waiver experience (include a complete list of
employer(s) and addresses):

The National Interest Waiver letter will be sent to the appropriate Service Center of the
Citizenship and Immigration Service (USCIS).

You may submit this information by fax, e-mail or other forms of carrier to:

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