

LOUISIANA CONRAD STATE 30 PROGRAM POLICIES AND PROCEDURES

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LOUISIANA CONRAD STATE 30 PROGRAM CONTACT INFORMATION

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DESCRIPTION AND MISSION OF THE LOUISIANA CONRAD STATE 30 PROGRAM

The Louisiana Department of Health and Hospitals (DHH) is committed to assuring that all Louisiana residents have access to quality affordable health care. The Louisiana Conrad State 30 (J-1 visa waiver) Program is a state and federal partnership that sponsors international medical graduates who agree to practice in underserved areas for a minimum of three years after completing their residency. To assist residents in accessing the program:

1. DHH has given the Bureau of Primary Care and Rural Health (the Bureau) the responsibility within the state of recommending and processing J-1 visa waiver requests for participation in the Louisiana Conrad State 30 Program.

The United States Department of State (US DOS) and the United States Citizenship and Immigration Services (USCIS) both recognize the Director of the Bureau as the person with authority to sign letters of support which indicate that the Bureau is acting as an Interested Government Agency (IGA) for the J-1 visa waiver request application being submitted for approval.

2. The primary purpose of the Louisiana Conrad State 30 Program is to improve access to primary health care in areas where there is a shortage of physicians, and secondarily, to improve access to needed specialty care.
3. The state of Louisiana recognizes that the Louisiana Conrad State 30 Program affords J-1 visa physicians the opportunity of waiving their two-year return home requirement in exchange for providing primary and/or specialty medical care in designated Health Professional Shortage Areas (HPSAs) or to residents of designated HPSAs for a period of at least three years.
4. The operation of the Louisiana Conrad State 30 Program is designed to be consistent with other health care programs and policies of the state of Louisiana. Policy guidelines will be the same for all sites, rural or urban, seeking support through the Louisiana Conrad State 30 Program.
5. The Louisiana Conrad State 30 Program is a separate and distinct program from any other programs intended for physicians holding J-1 visas now operating within the state of Louisiana, such as the Delta Regional Authority and the United States Department of Health and Human Services programs.
6. DHH's participation in and guidelines for the Louisiana Conrad State 30 Program are completely discretionary and voluntary and may be modified or terminated at any time. The submission of a completed waiver request application packet to the Bureau does not ensure an automatic letter of support for a J-1 visa waiver. In all instances, DHH reserves the right to support or deny support for any request.

PROGRAM TERMS AND CRITERIA OF NOTE

In order to better understand the following policy, the term "Conrad 30 physician" is

defined as a non-resident alien (foreign medical graduate [FMG]) who came to the United States to complete a residency/fellowship training program. The J-1 visa requires that the physician returns to his/her home country for two years before returning to the United States to live or work. The J-1 visa waiver eliminates this two-year return home requirement and allows the physician to adjust his/her visa status to an H-1B visa, which is a temporary work permit, in order to provide services to underserved citizens for at least three years.

NOTE: The waiver of the two-year return home requirement is not a visa and is only one step in a multi-step process.

The terms “Conrad 30 physician” and “J-1 visa waiver physician” are sometimes used interchangeably; however, for the purposes of this policy, the J-1 visa waiver physicians mentioned herein are those applying for a letter of support from the Bureau for their J-1 visa waiver request application, or ones who have been approved for this waiver and who are participating in the Louisiana Conrad State 30 Program at this time.

The term “primary care physician” is defined as a physician practicing one of the following specialties for at least 80% of their clinical work hours: pediatrics, obstetrics/gynecology, internal medicine, and family practice. If the physician has other sub-specialty patients, they will receive services no more than 20% of the physician’s clinical service hours or that physician will be considered a “specialist physician” for the purposes of this program.

The term “specialist physician” shall be defined as all physicians practicing specialties not defined as primary care above. As is the case for any J-1 visa waiver physician, specialists may participate in the Louisiana Conrad State 30 Program following a letter of support from DHH and final approval from US DOS and USCIS. After a review of the area’s need as established in the Louisiana Conrad State 30 Dire Need Criteria form, DHH will support specialist physicians to the area only if the need is considered to be sufficient to warrant such a placement. From October 1st through March 31st, there will be six slots reserved for specialist physicians. As of April 1st, any remaining slots will be supported on a first-come, first-served basis after it is determined that the packet is complete and meets all program requirements/guidelines. Complete, qualifying packets will be supported based on a first-come, first-served basis, regardless of whether or not it is the request of a specialist or primary care physician. The Louisiana Conrad State 30 Program will support J-1 visa psychiatrists if they are practicing in mental health shortage areas at sites which meet all other program criteria. US DOS and USCIS must approve these placements like any other J-1 visa waiver applicant.

The term “Health Professional Shortage Area (HPSA)” is defined in Section 332 of the Public Health Service Act, which provides that the United States Secretary of Health and Human Services shall designate HPSAs based on criteria established by regulation. HPSAs are defined in section 322 to include (1) urban and rural geographic areas, (2) population groups, and (3) facilities with shortages of primary health care and mental health providers. Dental HPSAs will not apply in the Louisiana Conrad State 30 Program. There are 10 slots available each year to practices in non-designated HPSAs provided that the physician’s work site can provide documentation that at least 30% of their patient-base resides in designated

HPSAs of the appropriate type. These are referred to as FLEX slots. To determine if the area where the physician will work is in a designated HPSA, there is an online database where this information can be found at: <http://hpsafind.hrsa.gov/>. The site must list the number of patients by zip codes who reside in designated HPSAs to apply for a FLEX slot. This information will be provided in the Louisiana Conrad State 30 Program FLEX (Non-HPSA) Support Request form which is to be filled out and submitted with the physician's Louisiana Conrad State 30 support request application packet.

The term "employer/practice site" is defined as a practice site/employer/service location eligible to recruit and hire J-1 visa physicians through the Louisiana Conrad State 30 program. However, the site must be one of the following: a non-profit/public health facility, an ambulatory-care medical facility, a for-profit facility, a privately owned facility, a Federally Qualified Health Center (FQHC), a rural health clinic, a community mental health center, an acute care hospital, and/or a state mental hospital. As of the date of the submission of an application requesting participation in the Louisiana Conrad State 30 Program, the practice site must be located in an area designated by the US Shortage Designation Branch as a primary care HPSA, or mental health HPSA in the case of psychiatrists seeking program participation, or the applicant must provide documentation that the site serves residents of a nearby HPSA. Documentation is considered proof that their patient base for the last year has been comprised of at least 30% of residents from a designated HPSA, of the appropriate type. The appropriate type means that primary care HPSAs are reviewed for primary care sites and mental health HPSAs are reviewed for mental health sites. In order to document that the site meets the criteria, the site must include information regarding their patient base numbers, the patients' zip codes, the HPSAs served, and the patient types served. This will be done by completing the Louisiana Conrad State 30 Program FLEX (Non-HPSA) Support Request Form.

NOTE: The site must have the following in place at least 90 days prior to submission of the J-1 visa waiver support request application packet for a letter of support for the J-1 visa waiver physician to be issued:

- **a written policy that states the site accepts all patients regardless of their ability to pay, as well as a sign posted in plain sight in the waiting room informing all patients of this policy;**
- **a sliding fee schedule, or some type of indigent-care policy for uninsured/underinsured patients who are at or below 200% of the federal poverty level; AND**
- **proof of provision of services to Medicare and Medicaid patients.**

The site will be asked to document the number of the following patient types for the last year:

- Medicaid patients,
- Medicare patients,
- uninsured/underinsured patients who were eligible for reduced fees under application of the sliding fee scale/indigent-care policy, AND
- total patients treated and number of visits to the site during the year.

NOTE: All physicians at the practice site must accept all of these patient types.

The term “group practice” will be defined in this policy as a practice location where more than one physician provides health care services on a routine basis. All physicians at the group practice must accept Medicare, Medicaid, and uninsured/underinsured sliding fee scale patients, regardless of whether or not they are of the same specialty type as the Louisiana Conrad State 30 Program physician. The Louisiana Conrad State 30 Program Review Committee will evaluate the support request application packet to determine if there are indications that the practice site is a group practice during the packet review and any site visits performed. If at any time it is deemed that the physician is practicing in a group practice, the criteria set forth in this section will apply. If the location of a group practice is not in a designated HPSA, then all physicians working in the group must treat people from a designated HPSA. Group physicians must be able to prove that at least 30% of their patients reside in a HPSA per the criteria outlined in this policy.

The Bureau can and will perform site visits both prior to and following support of any physician applying to participate or participating in the Louisiana Conrad State 30 Program at any time without prior announcement to ensure program compliance and accuracy of the application packet guidelines. Any issues arising from a site visit must be addressed by the attorney/physician/employer as necessary.

The term “J-1 visa waiver support request application packet” or “Louisiana Conrad State 30 Program support request application packet” shall be defined as the complete set of documents needed for submission to the Bureau in order for a letter of support to be issued for the J-1 visa physician’s waiver request. This set of documents might also be referred to as the “application,” the “packet,” the “application packet,” the “support application request,” or the “request packet” within this policy.

GENERAL INFORMATION REGARDING BUREAU SUPPORT OF A LOUISIANA CONRAD STATE 30 PROGRAM SUPPORT REQUEST APPLICATION PACKET

Once a J-1 physician has been hired by an employer/site and an employment contract has been signed, a complete J-1 visa waiver support request application packet will be submitted to the Bureau. The packet will be submitted to request a letter of support from the Bureau as an IGA in order for the physician to participate in the Louisiana Conrad State 30 Program.

Submission of a Louisiana Conrad State 30 Program support request application packet will hold a slot for this physician while the packet is under review. This slot will ONLY be held while a determination about whether the physician’s request for support will be granted. The letter of support will only be provided if the packet is deemed to be complete/correct following the packet review process. If the packet is deemed to be incomplete or if changes are deemed to be needed following the review by the Louisiana Conrad State 30 Program Review Committee members, the point of contact for the packet, i.e., the physician/the attorney/the employer, will be notified of its incomplete and/or incorrect status in order for the packet to be completed or corrected as necessary. In the event that the errors or incomplete sections are found to be too numerous or excessive, the packet will be returned

to the point of contact as appropriate for correction and resubmission. **In the event that the packet is deemed to be incorrect and/or incomplete per this policy, the packet will be placed “on hold,” until it is corrected and/or completed. This means that a slot will not be held for this packet at that time. When the packet is corrected and/or completed, then it will be marked as being received as of the date of correction or completion, NOT THE ORIGINAL SUBMISSION DATE.**

The initial review of the application packet will be completed following receipt. If the packet is not complete, or does not meet program criteria at the time of this review, the point of contact will be notified in writing regarding the deficiencies and/or issues which need to be corrected/addressed. Subsequent review of the packet will be completed by the remaining members of the Louisiana Conrad State 30 Program Review Committee. Following all reviews of this packet, additional items may be requested or additional issues may need to be resolved. If additional items are noted to be needed for packet completion or if additional corrections are needed after the initial written notice is sent, the point of contact will be notified again in writing of these additional issues. **Louisiana Conrad State 30 Program support request applications will be evaluated for support by the Bureau only when they are fully completed.** The Bureau will make the determination about whether or not to support the physician’s waiver request application within three months after the packet is deemed to be complete with all issues resolved.

The Bureau may perform site visits at any time both prior to and following support of any physician applying to participate or participating in the Louisiana Conrad State 30 Program without prior announcement. These site visits are necessary to ensure program compliance and accuracy of the application packet information. Any issues arising from any site visit must be addressed by the point of contact as necessary to resolve these issues.

From October 1st through March 31st, six of the available Louisiana Conrad State 30 Program slots will be open to **specialists**. If all slots available for that J-1 year (October 1st through September 30th) have not been filled as of April 1st, the remaining slots for that J-1 year will be open to all positions (specialist or primary care) on a first-come, first-served basis after the packet is deemed to be correct/complete, i.e., if it meets program eligibility requirements and has all items completed correctly at the time of submission.

Employers may request support for two physicians per J-1 year, per service location, until April 1st. If there are remaining Louisiana Conrad State 30 Program slots at that time, additional requests may be submitted.

COMPLETION OF LOUISIANA CONRAD STATE 30 PROGRAM SUPPORT REQUEST APPLICATION PACKETS

Requested documents must be placed in the order described in this section of the policy. **The physician’s US DOS Case Number must be placed in the bottom right-hand corner of each page of the physician’s J-1 visa support request application packet.** If these numbers are not included on each page, the packet will be considered incomplete and will not be supported by the Bureau.

The following guidelines must be followed:

- All sections must be separated by a colored and/or tabbed divider pages.
- These divider pages must be appropriately labeled with the name of the document and/or sections behind it.
- Do not use of staples, binders, metal clamps , two-sided copies, and/or pages smaller than 8.5 x 11 inches, with the exception of one binder/clamp/device to hold the entire packet together.
- Completely fill out each listed form, as required, and supply all listed documents, if they apply, as instructed in this policy prior to submission of this packet in order for a speedy approval of the packet.
- If a document is included in this packet list that does not apply to the applying physician or site, then that must be noted on the packet checklist by marking that section with an “N/A” to the left side of the number/letter on the checklist.
- All items included in the packet must be noted as being complete by placing the compiler’s initials in the blank space prior to that section name or an “N/A” if the item is not necessary as noted above.
- The checklist must be placed in the packet after the Louisiana Conrad State 30 Program Site Information form.

In order for a Louisiana Conrad State 30 Program support request application packet to be deemed complete, the following is the list of items/documents/forms which must be included. Place these items/documents/forms in the order listed below including all information as requested/described herein. Failure to follow these guidelines or place documents/sections in this order will delay review of the packet and could result in the packet being returned for correction/completion:

- ***Louisiana Conrad State 30 Program Site Information Form*** – The Louisiana Conrad 30 Site Information form must be filled out completely and placed on top of the application when submitted to the Bureau. Do not label or mark this form as a separate section of this application.
- ***Louisiana Conrad State 30 Program Support Request Application Packet Checklist***— Place a fully completed checklist behind the Louisiana Conrad State 30 Program Site Information form. Do not label or mark this form as a separate section.

Begin the page numbers and section labels in the following order:

1. **Form DS-3035 and/or the Third Party Bar Code Page:** Access an electronic version of DS-3035 at <http://www.state.gov/documents/organization/9768.pdf>. The Third Party Bar Code page contains the J-1 visa waiver applicant’s full name, US Department of State Case Number, country of residence, and date of birth.
2. **Cover letter (letter of support):** This letter will be submitted by the Louisiana DHH Bureau of Primary Care and Rural Health indicating support of this Louisiana Conrad

State 30 Program support request application. *This is the only section that the applicant is not responsible for completing or noting that it is non-applicable.*

- 3. Employment contract requirements:** The employment contract MUST specify/ contain the following:
- a. The name, address, telephone number, and site hours of ALL locations where the physician will be working or might fill-in along with the hours the physician will be working at each specific location must be included. If there are locations where the physician might fill-in occasionally, these should also be included and noted as possible, but not regular, work locations. These possible work locations can be listed separately as an addendum if they are numerous.
 - b. Both the physician and the head of the employing health care facility must sign and date the contract.
 - c. The contract must state that the physician is a full-time employee working a minimum of 40 hours per week (or 160 hours per month) while providing direct patient care in a setting appropriate to the physician's specialty.
 - d. The term of the contract must be for a minimum of three years with a guaranteed salary at least Level 2 of the United States Dept. of Labor's prevailing wage guidelines for physicians of the same type in the same area. If the salary is less than this amount, documentation must be provided to demonstrate that the guaranteed level is appropriate—see Prevailing Wage section for further details.
 - e. The contract must state that the physician will practice at least 32 clinical hours per week (or 128 hours per month) in not less than four days a week. This will NOT include hours in teaching settings, supervising residents/fellows/students, or supervising a clinics, or other administrative work.
 - f. A non-compete clause must **NOT** be included in the contract.
 - g. The contract must include a clause stating that the sponsoring employer will not impede the physician from working in the area after the completion of his/her employment contract's initial term if the physician does not wish to work with the sponsoring employer, or if the employer does not chose to renew the physician's contract.
 - h. The contract must include a clause stating that Louisiana DHH will be notified at least 60 days prior to the termination of the contract by either party or **immediately upon termination** if an immediate termination occurs.
 - i. The contract **CANNOT** be terminated without cause by either party and must include a statement to that effect.

NOTE: Failure of the physician OR the practice site to fulfill the employment

contract which was submitted to the Bureau for review as a part of the of the Louisiana Conrad State 30 Program support request application packet will affect the visa status of the J-1 visa waiver physician and any decisions regarding future J-1 visa waiver physician placements for this employer at any of their locations throughout the state. Failure to comply with Louisiana Conrad State 30 Program criteria by the physician or the employer as indicated by signing the *CRITERIA FOR J-1 VISA WAIVER SUPPORT BY THE STATE OF LOUISIANA* form might affect the employer's participation in other Bureau recruitment and retention incentive programs at any of its service locations and may affect the visa status of the J-1 visa waiver physician.

NOTE: If it is determined that the employment contract submitted with the application for support has been altered or is not the complete contract, the Bureau will withdraw its support for this physician and will no longer support any other physicians for this employer at ANY of their locations throughout the state.

4. **Documentation of HPSA designation/FLEX (Non-HPSA) status:** The site will include documentation that they are located in a designated primary care HPSA and/or a mental health HPSA as appropriate for each application. This can be verified using the HPSA database on the federal Health Resources and Service Administration's web site at <http://hpsafind.hrsa.gov/>. If the area is not in a designated HPSA, ten (10) slots are available every year for non-designated areas provided the site can provide documentation that 30% or more of their patients are residents of a designated primary care or mental health HPSA, as appropriate. The site will also provide information on the patient-types from each nearby HPSA that they treat, specifically regarding the percentage of Medicaid, Medicare, and uninsured/underinsured indigent sliding fee scale patients. If the site is able to provide verification/documentation by filling out the Louisiana Conrad State 30 Program FLEX (Non-HPSA) Support Request form, the physician can apply for a non-designated slot.
5. **Letter of need from practice site:** A letter of explanation of the medical need in the community and the practice site's desire to hire a physician to alleviate this need must be included. The letter must be signed with an original signature and be written on the practice site's letterhead, which includes the site's telephone and fax numbers.
6. **Signed physician statement:** The following statement must be included and worded exactly as stated below:

I, (J-1 physician's name), hereby agree to the contractual requirements set forth in Section 214 (1) of the Immigration and Nationality Act, as follows:

- a) I have demonstrated a bona fide offer of "full-time" (40 hours) employment at (practice site), a health care facility, and have agreed to begin employment at this facility within 90 days of receiving such waiver and have agreed to

continue to work in accordance with paragraph two (2), at this health care facility where I will be employed for a total of not less than three (3) years (unless the U.S. Attorney General determines that extenuating circumstances, such as the closure of the facility or hardship to the physician, would justify a lesser period of time).

- b) In addition, I agree to practice medicine in accordance with paragraph two (2) for a total of not less than three (3) years, only in the health care facility for this waiver, which is either in a geographic area designated by the Secretary of the Department of Health and Human Services as having a shortage of health care professionals or serves the residents of such a designated shortage area.

It is important to note that the physician's term of service begins when USCIS grants approval the physician's waiver and the physician begins full-time employment or within 90 days of the USCIS approval.

7. **Curriculum Vitae:** Physician's current CV will be included.

Appendix documents must be placed in the following order and labeled accordingly:

A. Qualifications – Copies of the following will be included:

- Medical school diploma(s) and transcripts with official translations, if necessary;
- An ECFMG® (Educational Commission for Foreign Medical Graduates) certificate, if applicable;
- Certificates showing completion of residency/fellowship programs, if programs have been completed prior to application submission;
- Any board certifications;
- Copies of USMLE (United States Medical Licensing Examination) passing results for Step 1, Step 2 Clinical Skills, Step 2 Clinical Knowledge, and Step 3;
- Any other relevant certifications/diplomas;
- Applicant's current Louisiana State Board of Medical Examiner's license, OR a copy of the application for this license; AND
- Applicant's current Louisiana Medicaid Provider ID number, OR the copy of his/her application for this number, OR a letter stating that this will be forwarded once it has been applied for and received if physician is awaiting a Louisiana Medical License.

B. Physician Attestation Form: A notarized statement must be included which **MUST** be worded as stated below:

I, (J-1 physician's name), hereby declare and certify, under penalty of the provisions of 18USC.1001, that: (1) I have sought or obtained the cooperation of the Louisiana Department of Health and Hospitals which is submitting an IGA request on behalf of

me under the Louisiana Conrad State 30 Program to obtain a waiver of the two-year home residency requirement; and (2) I do not now have pending nor will I submit during the pendency of this request another request to any United States Government department or agency or any equivalent to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

- C. **IAP-66/DS-2019 forms:** Legible copies of the physician's IAP-66/DS-2019 forms covering every period the physician was in J-1 visa status will be included. These forms must be submitted in chronological order with "Begin a new program" first.
- D. **Form G-28 or letterhead from law firm (if applicable):** Include these forms if the J-1 physician wishes for his/her attorney to receive notice of actions taken regarding his/her waiver request application. The instructions and an electronic version of Form G-28 are available at <http://uscis.gov/graphics/formsfee/forms/g-28.htm> if the physician/site has an attorney assisting them with this waiver request application.
- E. **I-94 entry and departure cards and/or passport documentation:** Photocopies of these cards, front and back, must be included AND/OR copies of the passport used when entering the United States.
- F. **Three (3) letters of professional recommendation:** At least three (3) letters from the physician's peers/professors or those who know the physician's qualifications, in which these people recommend the physician for placement at a site to practice the type of medicine for which the physician was hired must be included.
NOTE: NO FORM LETTERS WILL BE ACCEPTED.
- G. **Documentation of physician's site visit:** Documentation that can prove that the physician visited the proposed site of employment, i.e., copies of plane tickets, hotel reservations, photos of the physician at the site with the employer, gas receipts in that area on the date of the visit, etc. This is waived if the physician is completing residency/fellowship program, or has completed residency/fellowship in the past, at the facility or at a nearby facility in Louisiana (or a neighboring state within a 75 mile radius).
- H. **Original signed copy of the CRITERIA FOR J-1 VISA WAIVER SUPPORT BY THE STATE OF LOUISIANA form:** This form can be downloaded from the Bureau's web site at: <http://new.dnh.louisiana.gov/index.cfm/page/792> and must be signed and submitted with this packet.
- I. **Recruitment effort:** Documentation of the practice site's recruitment effort must include position-specific advertisements. **At least three (3) of the approved types of advertisements must be submitted with the physician's support request packet. Advertisements must begin at least six months prior to the submission of the physician's support request application packet to the Bureau.**

Documentation of the following types of advertisements/recruitment efforts are required which include the wording of the ad and date it was placed (**ad wording**

must include the name and location of the facility and the specialty being recruited):

- Regional and/or national newspaper print ads with dates of printing;
- Regional and/or national journal print ads with dates of printing;
- Internet advertisements from regional or national publications with dates posted;
- Internet advertisements posted on recruitment/job-related web sites, including Med Job Louisiana (www.medjoblouisiana.com) and/or 3RNet (www.3rnet.org) free postings, with dates posted;
- A Med Job Louisiana recruiter letter, verifying that a recruitment effort with Med Job Louisiana has occurred, which includes the dates of activity related to this opening;
- Copies of e-mails/e-mail blasts sent to residents/fellows in Louisiana or nearby states with dates sent;
- Contracts with paid recruiters or any documentation of work performed by an in-house recruiter/staff that notes dates and types of recruitment activities performed; AND/OR
- Mail-outs/flyers sent to state or local residents/fellows regarding this job opening with dates mailed;

NOTE: All Louisiana residency/fellowship program directors, as well as other nearby program directors for this specialty, must be contacted by this site requesting that this job opening be posted for their participants to see for a period of at least six months, immediately preceding the date of support request application packet submission.

Ads/internet postings done after the physician contract has been signed will document that the recruitment effort is continuing. Recruitment must have started at least six months before the waiver request application packet is submitted for support. Any lull of more than four months in recruitment activities (any of the items listed) will not be considered active recruitment during the review of this Louisiana Conrad State 30 Program support request application packet.

- J. Documentation of United State citizens who inquired/applied and were not hired:**
A list of any US citizens/permanent residents who applied for/inquired about this position who were not hired will be included along with the reason they were not offered the job or if they turned down this position. If none applied, please note this in this section.

- K. Four (4) letters of support from the community, including additional specialist letters, as requested in the Dire Need Criteria form:** Letters of support from the community where the physician will be practicing including at least one (1) from a primary care physician or a local hospital administrator. If a specialist is being hired, an additional letter from a physician of the same specialty will be included here if one is practicing in the area.
NOTE: NO FORM LETTERS WILL BE ACCEPTED.
- L. Proof of practice site's existence: A copy of one of the following items must be submitted:** a lease; fire marshal's inspection; utility receipt that includes the matching physical address of the site; site letterhead, including the address, phone number, and fax numbers; phone book page listing with matching address; or any other document which verifies the existence of this site at the address included in the Louisiana Conrad State 30 Program Site Information form and the physician's employment contract.
- M. Dire Need Criteria form:** The information requested in the Dire Need Criteria form needs to be submitted if a specialist (non-primary care) physician is being hired.
- N. Copy of Verification of Employer's Valid Medicaid ID Number**
- O. Prevailing wage information:** Documentation of the salary range for the position, which must be **100% of the United States Department of Labor's (US DOL) prevailing wage rate (at least Level 2 or higher) for physicians of the same-type in that area and/or the salaries of currently employed US citizens at the practice site if lower than US DOL's noted wages.** A copy of the most current prevailing wage for the type of physician applied for from US DOL should be included or verification that the salary offered is the same as US citizens with similar work experience who are working in the same position at this facility. Information on prevailing wage can be found at <http://www.flcdatcenter.com/OesWizardStart.aspx>. If Level 1 wages are being used, an explanation of why this level is appropriate must be included. If information on prevailing wage being used is different from the wages listed on the US DOL website, the applicant will need to have this wage level certified by US DOL and provide documentation that the statistical information used as a basis for this other wage analysis is mathematically sound. A complete step-by-step guideline for selecting an appropriate prevailing wage can be found at <http://www.flcdatcenter.com/skill.aspx>.
NOTE: If the J-1 physician has worked even one day in the United States or another country, Level 2 wages apply.
- P. Documentation of sliding fee scale/indigent care policy:** The site must provide a copy of their sliding fee scale/indigent care policy for their uninsured/underinsured patients who are at or below 200% of federal poverty level including the actual scale used. The sign/ notice that states that the site sees all patients regardless of ability to pay must be included. A picture of this sign posted in a conspicuous place in the waiting room of this site must be included.

Q. Explanation for out of status (*if applicable*): This information is required if the physician spent any time in some other visa status, out of status, or outside the United States.

R. A “No Objection” statement (*if applicable*): A statement from the physician’s government is required *if* the physician received government funding for his/her educational/living expenses while in school.

PRIORITY CRITERIA FOR SUPPORT OF A J-1 PHYSICIAN BY THE BUREAU

The Bureau will review the J-1 physician’s Louisiana Conrad State 30 Program support request application packet to determine if a letter of support can be signed for the physician holding a J-1 visa using the following priorities/considerations:

1. Priority will be given to physicians who agree to serve in HPSAs with the highest degree of shortage and whose service will have the greatest impact on underserved populations.
2. Priority will be given to J-1 physicians who have completed their residency/fellowship in a Louisiana residency/fellowship program.
3. Priority will be given to physicians who agree to serve for periods longer than three (3) years initially.
4. Priority will be given to correctly completed packets over incomplete/incorrect ones.
5. Consideration of the degree of shortage in an area, which includes determining the number of Louisiana Conrad State 30 Program participants, Louisiana State Loan Repayment participants, and National Health Service Corps participants already practicing in the HPSA for primary care physicians and the information on the Dire Need Criteria form for specialists, will be utilized in determining if a letter of support will be issued for the J-1 physician.
6. The Bureau will review the shortages of health care providers across the state to determine the most equitable distribution of the 30 available slots annually.

RESPONSIBILITIES OF THE BUREAU OF PRIMARY CARE AND RURAL HEALTH

The Bureau must:

1. Verify that the employer is located in a designed HPSA as determined by the US Secretary of Health and Human Services (per federal regulations) or that the practice is serving residents of a HPSA;
2. Verify that the employer has an active practice site, i.e., one which is open at least

40 hours a week. For newly opened practices, the Bureau will verify that the site has been opened at least one year, has implemented a sliding fee scale/indigent care policy, and has complied all other criteria as required by and reported to the Bureau. The sliding fee scale/indigent care policy, including posted signage announcing it, must be implemented and in effect at least 90 days prior to the submission of the J-1 visa waiver support request application packet to the Bureau;

3. Assist the J-1 visa waiver physician and/or the attorney with other forms that may be required for the physician or the physician's family members as needed;
4. Submit the completed application packet requesting that a J-1 visa waiver be approved to the appropriate federal government agency on behalf of the physician including a letter of support from the Bureau acting as an IGA supporting this Louisiana Conrad State 30 Program support request application packet; AND
5. Complete all site visits as required prior to issuing a letter of support and as the physician completes his/her J-1 visa waiver obligation to ensure program compliance by all parties.

RESPONSIBILITIES OF THE PHYSICIAN/EMPLOYER FOLLOWING J-1 VISA WAIVER APPROVAL

The physician/employer must:

1. Provide the Bureau with a quarterly report after the physician has obtained his/her H1-B visa and begins working. The first report must be submitted within 30 days after employment begins and additional reports must be submitted every three months thereafter until the three-year commitment period is completed.

NOTE: Failure to provide these reports in a timely manner will jeopardize future Louisiana Conrad State 30 Program support for this practice site and may result in an out of compliance report for the J-1 visa waiver physician to the federal government.

GUIDELINES FOR CHANGE IN EMPLOYER /TERMINATION OF EMPLOYMENT

1. **Responsibilities of the physician:**
 - a. **Notify USCIS and US DOS of any change/termination of employment which necessitates the J-1 visa waiver physician to need to begin working for a new employer in order to receive approval for this change prior to the change or immediately upon immediate termination. Consult an immigration attorney to ensure this notice/approval is done correctly. Any/all federal approvals of this change must be received prior to any changes being made.**
 - b. Notify the Bureau in writing of the intent to change employers detailing the

reason for the transfer at least 60 days in advance if possible or immediately if an immediate termination has occurred.

- c. Provide the Bureau with the new employer's name, practice site's name, address, telephone number, and proposed date of transfer along with notice of approval from USCIS/US DOS as necessary. Complete a new Louisiana Conrad State 30 Program Site Information form with new employer information and submit it to the Bureau.
- d. Obtain a new H-1B Visa with the new employer as the sponsor. **Consult an immigration attorney for advice/guidance on this process.**
- e. Provide the Bureau with documentation of termination from the original employer.

2. Responsibility of the original employer:

- a. Notify the Bureau in writing of the intent to release the Louisiana Conrad State 30 Program (J-1 visa waiver) physician from employment at least 60 days prior to termination if possible or **immediately** upon immediate termination.
- b. Provide the Bureau with an explanation for termination.
- c. Provide the Bureau with all pending Quarterly Report information for this physician from the time of the last report up to the termination date.

3. Responsibility of the new employer:

- a. Provide the Bureau with a copy of the signed proposed employment contract and a signed copy of the *Criteria for J-1 Visa Waiver Support by The State of Louisiana* form.
- b. Notify the Bureau in writing of the intent to employ the Louisiana Conrad State 30 Program (J-1 visa waiver) physician. Complete a Louisiana Conrad State 30 Program Site Information form with correct and current information for the new employer.
- c. Provide the Bureau with an employment contract for at least the length of the physician's remaining J-1 visa waiver obligation period which follows all the guidelines of the employment contract as noted in this policy.
- d. Provide the Bureau with a copy of the site's sliding fee scale/indigent care policy which includes the scale used and a copy of the signage posted at the site stating that all patients will be seen regardless of ability to pay along with a picture showing that the sign is posted in a prominent place in the waiting room or lobby of the practice where all patients can easily see it.

- e. Provide USCIS and US DOS with any documentation they request to approve this change.
- f. Complete and submit to the Bureau all necessary Louisiana Conrad State 30 Program Quarterly Reports for this physician.

The Bureau will review the request for change in employment within Louisiana and make a decision to support this move based on the same criteria used for support of the original application. To remain in status, any change in employer within Louisiana for any participating Louisiana Conrad State 30 Program physician cannot take place without approval from USCIS and US DOS, as necessary, and the support of the Bureau. USCIS will not approve any change in employer unless there has been extenuating circumstances beyond the physician's control which led to the need to terminate employment with the original employer. USCIS must also approve a new H-1B visa in order for the physician to legally work for a new employer in the United States. CONSULT AN IMMIGRATION ATTORNEY TO COMPLETE THIS PROCESS IN ORDER TO ASSURE ALL APPROVALS/PROTOCOLS ARE FOLLOWED AS NEEDED FOR THE PHYSICIAN TO REMAIN IN STATUS.

GUIDELINES FOR CHANGES IN EMPLOYMENT SITE

1. Responsibility of the physician:

- a. Receive approval from all appropriate government agencies (USCIS, US DOS, and the Bureau) before beginning employment at any location not listed in the original application package submitted to the Bureau. Complete a new Louisiana Conrad State 30 Program Site Information form with new site information for submission to the Bureau.
- b. Report the change in employment site via submission of a Louisiana Conrad State 30 Program Quarterly Report to the Bureau immediately upon start at new site.
- c. Submit a final Louisiana Conrad State 30 Program Quarterly Report to the Bureau with appropriate dates and numbers for the original employment site.
- d. **Obtain necessary H-1B visa for new employment site as necessary. Consult an immigration attorney for advice regarding need for new H-1B visa and what approvals are needed for this change by US DOS and USCIS.**

2. Responsibility of Employer:

- a. Notify the Bureau in writing of the intent to change the location of practice for the Louisiana Conrad State 30 Program participating physician by submitting a Louisiana Conrad State 30 Program Site Information form for the new location at least 60 days in advance of making any changes.

- b. Provide a draft of the proposed amendments to the physician's employment contract, which includes the new practice address and times the physician will be working there.
- c. Provide interested government agencies with any documentation that might be requested regarding this change.

The Bureau will review the request for change in employment site and make a decision based on the same criteria used for support of the original application. To remain in status, any change in employment site within the state of Louisiana for the Louisiana Conrad State 30 Program participating physician cannot take place without approval from USCIS and/or US DOS as necessary and support of the Bureau.

DEFINITION OF TERMS

The following words and terms shall have the following meanings for this program, unless the context clearly indicates otherwise:

- 1. Health Professional Shortage Area (HPSA)** – Section 332 of the Public Health Service Act provides that the US Secretary of the Department of Health and Human Services shall designate HPSAs based on criteria established by regulation. HPSAs are defined in section 332 to include: (1) urban and rural geographic areas, (2) population groups, and (3) facilities with shortages of primary health care and mental health providers. Dental HPSAs will not apply in the Louisiana Conrad State 30 Program.
- 2. Metropolitan Statistical Area (MSA)** – The United States Office of Management and Budget defines MSAs according to published standards that are applied to United States Census Bureau data. MSAs are defined in terms of entire counties and must contain a place with a minimum population of 50,000 and may include outlying counties that have a high degree of economic and social integration with the population center.
- 3. Conrad 30 Physician (also known as J-1 visa waiver physician)** – A non-resident alien who is a foreign medical graduate (FMG) who came to the United States to complete a residency/fellowship training program. The J-1 visa requires that the physician returns to his/her home country for two years before returning to the United States. The J-1 visa waiver eliminates this two-year return home requirement and allows the physician to adjust his/her visa status to an H-1B visa (temporary work permit) in order to practice in a HPSA location for at least three years.

NOTE: The waiver of the two-year return home requirement is not a visa and is only one step in a multi-step process.

The terms "Conrad 30 physician" and "J-1 visa waiver physician" are used

interchangeably at times; however, for the purposes of this policy, the J-1 visa waiver physicians mentioned herein are those applying for a letter of support from the Bureau for their J-1 visa waiver request application or ones who have been approved for this waiver and who are participating in the Louisiana Conrad State 30 Program until the end of their 3-year waiver obligation period.

4. **Primary Care Physicians, Psychiatrists, and Specialist Physicians** – Primary care physicians in this program are ones who are practicing one of the following specialties for at least 80% of their clinical work hours: pediatrics, obstetrics/gynecology, general internal medicine, and family practice. If the physician has other sub-specialty patients, these patients will receive services no more than 20% of the physician’s clinical service hours or that physician will be considered a “specialist physician” for the purposes of this program.

The Louisiana Conrad State 30 Program will support J-1 visa psychiatrists if they are practicing in mental health shortage areas at sites which meet all other program criteria. US DOS and USCIS must approve these placements the same as all other J-1 visa waiver request applicants. Psychiatrists will be considered primary care mental health physicians.

5. **Specialist Physician** – Includes all physicians practicing specialties not defined as primary care in the previous definition. After a review of the area’s need as established in the Dire Need Criteria form, DHH will support specialist physicians only if the described need is considered to be sufficient to warrant such a placement.
6. **Employer/Practice Site** – A practice site/employer/service location eligible to recruit and hire J-1 visa physicians through the Louisiana Conrad State 30 Program. This site must be one of the following: a non-profit/public health facility, an ambulatory-care medical facility, a for-profit facility, a privately owned facility, a Federally Qualified Health Center (FQHC), a rural health clinic, a community mental health center, an acute care hospital, and/or a state mental hospital. The practice site must be located in an area designated by the U.S. Shortage Designation Branch as a primary care HPSA, or a mental health HPSA in the case of psychiatrists seeking program participation, or it must be documented that the site serves residents of a nearby HPSA. In order to prove that the site serves the residents of a nearby qualifying HPSA, the site must provide documentation that their patient base for the last year has been comprised of at least 30% of residents from a designated HPSA of the appropriate type.

NOTE: The site must have the following in place before a letter of support for their J-1 visa waiver physician will be issued:

- a. A written policy that states the site accepts all patients regardless of their ability to pay along with a sign which states this that is posted in a highly-visible location in the waiting room/lobby where all patients may read it;

- b. A sliding fee schedule or some type of indigent-care policy for uninsured and/or underinsured patients who are at or below 200% of the federal poverty level; AND
 - c. The site must accept Medicare and Medicaid assignments. The site will be asked to document the number of the following types of patients seen for the previous year: Medicaid, Medicare, uninsured/underinsured who were eligible for reduced fees under application of the sliding fee scale/indigent-care policy, and the total number of patients treated.
- 7. J-1 Visa Waiver Support Request Application Packet** – Includes the complete set of documents needed for submission to the Bureau in order for a letter of support to be issued for the J-1 visa physician’s J-1 visa waiver request. This set of documents might also be referred to as the “application,” the “packet,” the “application packet,” or the “request packet” within this policy. It may also be called the Louisiana Conrad State 30 Program support request application packet.
- 8. Louisiana Conrad State 30 Program FLEX (Non-HPSA) Support Form**—The term “FLEX” or “FLEX slots” for the Louisiana Conrad State 30 Program refers to J-1 visa waiver physician applicants who are applying for support to be hired in areas not designated as HPSAs but who will serve residents of nearby designated HPSAs once in practice in this location. In order to meet the requirements of the Louisiana Conrad State 30 Program, the practice site must demonstrate that at least 30% of its patient-base for the past year has resided in designated HPSAs of the appropriate type for the physician hired (primary care or mental health). The site must complete the Louisiana Conrad State 30 Program FLEX (Non-HPSA) Support Request form in order to document that this is the case.

APPENDIX TO LOUISIANA CONRAD STATE 30 PROGRAM POLICY

THESE ARE ALL THE FORMS/DOCUMENTS WHICH COULD POSSIBLY BE REQUIRED FOR COMPLETION OF THE LOUISIANA CONRAD STATE 30 PROGRAM SUPPORT REQUEST APPLICATION PACKET AND ALL FORMS NEEDED FOR SUBMISSION BY PARTICIPATING LOUISIANA CONRAD STATE 30 PROGRAM PHYSICIAN AFTER EMPLOYMENT BEGINS.

Appendix A — The Louisiana Conrad State 30 Program Support Request Application Packet Documentation Definition and Criteria List

Appendix B — The Louisiana Conrad State 30 Program Support Request Application Packet Checklist

Appendix C — The Louisiana Conrad State 30 Program Site Information form

Appendix D — The Criteria for J-1 Visa Waiver Support by the State Of Louisiana form

Appendix E — The Dire Need Criteria form

Appendix F — The Louisiana Primary Care HPSA Map

Appendix G — The Louisiana Mental Health HPSA Map

Appendix H — The Louisiana Conrad State 30 Program Quarterly Service Report

Appendix I — The Louisiana Conrad State 30 Program FLEX (Non-HPSA) Support Request form

APPENDIX A:

**THE LOUISIANA CONRAD STATE 30 PROGRAM SUPPORT REQUEST APPLICATION
PACKET DOCUMENTATION DEFINITION AND CRITERIA LIST**

**LOUISIANA CONRAD STATE 30 PROGRAM APPLICATION PACKET
DOCUMENTATION DEFINITION AND CRITERIA LIST**

Requested documents **MUST** be placed in this order. **The physician's US DOS Case Number must be placed in the bottom right-hand corner of each page of the physician's Louisiana Conrad State 30 Program support request application packet.** If these numbers are not included on each page, the packet will be considered incomplete and will not be supported by the Bureau.

The following guidelines must be followed:

- All sections must be separated by a colored and/or tabbed divider pages.
- These divider pages must be appropriately labeled with the name of the document and/or sections behind it.
- Do not use of staples, binders, metal clamps , two-sided copies, and/or pages smaller than 8.5 x 11 inches, with the exception of one binder/clamp/device to hold the entire packet together.
- Completely fill out each listed form, as required, and supply all listed documents, if they apply, as instructed in this policy prior to submission of this packet in order for a speedy approval of the packet.
- If a document is included in this packet list that does not apply to the applying physician or site, then that must be noted on the packet checklist by marking that section with an "N/A" to the left side of the number/letter on the checklist.
- All items included in the packet must be noted as being complete by placing the compiler's initials in the blank space prior to that section name or an "N/A" if the item is not necessary as noted above.
- The checklist must be placed in the packet after the Louisiana Conrad State 30 Program Site Information form.

In order for a Louisiana Conrad State 30 Program support request application packet to be deemed complete, the following is the list of items/documents/forms which must be included. Place these items/documents/forms in the order listed below including all information as requested/described herein. Failure to follow these guidelines or place documents/sections in this order will delay review of the packet and could result in the packet being returned for correction/completion:

- ***Louisiana Conrad State 30 Program Site Information Form*** – The Louisiana Conrad 30 Site Information form must be filled out completely and placed on top of the application when submitted to the Bureau. Do not place a page divider before or after this form. Do not label or mark this form as a separate section of this application.
- ***Louisiana Conrad State 30 Program Support Request Application Packet Checklist***— Place a fully completed checklist behind the Louisiana Conrad State 30 Program Site Information form. Do not label or mark this form as a separate section.

Begin the page numbers and section labels in the following order:

1. **Form DS-3035 and/or the Third Party Bar Code Page:** Access an electronic version of DS-3035 at <http://www.state.gov/documents/organization/9768.pdf>. The Third Party Bar Code page contains the J-1 visa waiver applicant's full name, US Department of State Case Number, country of residence, and date of birth.
1. **Cover letter (letter of support):** This letter will be submitted by the Louisiana DHH Bureau of Primary Care and Rural Health indicating support of this Louisiana Conrad State 30 Program support request application. *This is the only section that the applicant is not responsible for completing or noting that it is non-applicable.*
2. **Employment contract requirements:** The employment contract **MUST** specify/ contain the following:
 - a. The name, address, telephone number, and site hours of ALL locations where the physician will be working or might fill-in along with the hours the physician will be working at each specific location must be included. If there are locations where the physician might fill-in occasionally, these should also be included and noted as possible, but not regular, work locations. These possible work locations can be listed separately as an addendum if they are numerous.
 - b. Both the physician and the head of the employing health care facility must sign and date the contract.
 - c. The contract must state that the physician is a full-time employee working a minimum of 40 hours per week (or 160 hours per month) while providing direct patient care in a setting appropriate to the physician's specialty.
 - d. The term of the contract must be for a minimum of three years with a guaranteed salary at least Level 2 of the United States Dept. of Labor's prevailing wage guidelines for physicians of the same type in the same area. If the salary is less than this amount, documentation must be provided to demonstrate that the guaranteed level is appropriate—see Prevailing Wage section for further details.
 - e. The contract must state that the physician will practice at least 32 clinical hours per week (or 128 hours per month) in not less than four days a week. This will **NOT** include hours in teaching settings, supervising residents/fellows/students, or supervising a clinics, or other administrative work.
 - f. A non-compete clause must **NOT** be included in the contract.
 - g. The contract must include a clause stating that the sponsoring employer will not impede the physician from working in the area after the completion of his/her employment contract's initial term if the physician does not wish to work with the sponsoring employer, or if the employer does not chose to renew the physician's contract.

- h. The contract must include a clause stating that Louisiana DHH will be notified at least 60 days prior to the termination of the contract by either party or **immediately upon termination** if an immediate termination occurs.
- i. The contract **CANNOT** be terminated without cause by either party and must include a statement to that effect.

NOTE: Failure of the physician OR the practice site to fulfill the employment contract which was submitted to the Bureau for review as a part of the of the Louisiana Conrad State 30 Program support request application packet will affect the visa status of the J-1 visa waiver physician and any decisions regarding future J-1 visa waiver physician placements for this employer at any of their locations throughout the state. Failure to comply with Louisiana Conrad State 30 Program criteria by the physician or the employer as indicated by signing the *CRITERIA FOR J-1 VISA WAIVER SUPPORT BY THE STATE OF LOUISIANA* form might affect the employer's participation in other Bureau recruitment and retention incentive programs at any of its service locations and may affect the visa status of the J-1 visa waiver physician.

NOTE: If it is determined that the employment contract submitted with the application for support has been altered or is not the complete contract, the Bureau will withdraw its support for this physician and will no longer support any other physicians for this employer at ANY of their locations throughout the state.

3. **Documentation of HPSA designation/FLEX (Non-HPSA) status:** The site will include documentation that they are located in a designated primary care HPSA and/or a mental health HPSA as appropriate for each application. This can be verified using the HPSA database on the federal Health Resources and Service Administration's web site at <http://hpsafind.hrsa.gov/>. If the area is not in a designated HPSA, ten (10) slots are available every year for non-designated areas provided the site can provide documentation that 30% or more of their patients are residents of a designated primary care or mental health HPSA, as appropriate. The site will also provide information on the patient-types from each nearby HPSA that they treat, specifically regarding the percentage of Medicaid, Medicare, and uninsured/underinsured indigent sliding fee scale patients. If the site is able to provide verification/documentation by filling out the Louisiana Conrad State 30 Program FLEX (Non-HPSA) Support Request form, the physician can apply for a non-designated slot.
4. **Letter of need from practice site:** A letter of explanation of the medical need in the community and the practice site's desire to hire a physician to alleviate this need must be included. The letter must be signed with an original signature and be written on the practice site's letterhead, which includes the site's telephone and fax numbers.
5. **Signed physician statement:** The following statement must be included and worded exactly as stated below:

I, (J-1 physician's name), hereby agree to the contractual requirements set forth in Section 214 (1) of the Immigration and Nationality Act, as follows:

- a) I have demonstrated a bona fide offer of “full-time” (40 hours) employment at (practice site), a health care facility, and have agreed to begin employment at this facility within 90 days of receiving such waiver and have agreed to continue to work in accordance with paragraph two (2), at this health care facility where I will be employed for a total of not less than three (3) years (unless the U.S. Attorney General determines that extenuating circumstances, such as the closure of the facility or hardship to the physician, would justify a lesser period of time).
- b) In addition, I agree to practice medicine in accordance with paragraph two (2) for a total of not less than three (3) years, only in the health care facility for this waiver, which is either in a geographic area designated by the Secretary of the Department of Health and Human Services as having a shortage of health care professionals or serves the residents of such a designated shortage area.

It is important to note that the physician’s term of service begins when USCIS grants approval the physician’s waiver and the physician begins full-time employment or within 90 days of the USCIS approval.

6. **Curriculum Vitae:** Physician’s current CV will be included.

Appendix documents must be placed in the following order and labeled accordingly:

A. Qualifications – Copies of the following will be included:

- Medical school diploma(s) and transcripts with official translations, if necessary;
- An ECFMG© (Educational Commission for Foreign Medical Graduates) certificate, if applicable;
- Certificates showing completion of residency/fellowship programs, if programs have been completed prior to application submission;
- Any board certifications;
- Copies of USMLE (United States Medical Licensing Examination) passing results for Step 1, Step 2 Clinical Skills, Step 2 Clinical Knowledge, and Step 3;
- Any other relevant certifications/diplomas;
- Applicant’s current Louisiana State Board of Medical Examiner’s license, OR a copy of the application for this license; AND
- Applicant’s current Louisiana Medicaid Provider ID number, OR the copy of his/her application for this number, OR a letter stating that this will be forwarded once it has been applied for and received if physician is awaiting a Louisiana Medical License.

B. Physician Attestation Form: A notarized statement must be included which **MUST** be worded as stated below:

I, (J-1 physician’s name), hereby declare and certify, under penalty of the provisions of 18USC.1001, that: (1) I have sought or obtained the cooperation of the Louisiana Department of Health and Hospitals which is submitting an IGA request on behalf of me under the Louisiana Conrad State 30 Program to obtain a waiver of the two-year

home residency requirement; and (2) I do not now have pending nor will I submit during the pendency of this request another request to any United States Government department or agency or any equivalent to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

- C. IAP-66/DS-2019 forms:** Legible copies of the physician's IAP-66/DS-2019 forms covering every period the physician was in J-1 visa status will be included. These forms must be submitted in chronological order with "Begin a new program" first.
- D. Form G-28 or letterhead from law firm (if applicable):** Include these forms if the J-1 physician wishes for his/her attorney to receive notice of actions taken regarding his/her waiver request application. The instructions and an electronic version of Form G-28 are available at <http://uscis.gov/graphics/formsfee/forms/g-28.htm> if the physician/site has an attorney assisting them with this waiver request application.
- E. I-94 entry and departure cards and/or passport documentation:** Photocopies of these cards, front and back, must be included AND/OR copies of the passport used when entering the United States.
- F. Three (3) letters of professional recommendation:** At least three (3) letters from the physician's peers/professors or those who know the physician's qualifications, in which these people recommend the physician for placement at a site to practice the type of medicine for which the physician was hired must be included.
NOTE: NO FORM LETTERS WILL BE ACCEPTED.
- G. Documentation of physician's site visit:** Documentation that can prove that the physician visited the proposed site of employment, i.e., copies of plane tickets, hotel reservations, photos of the physician at the site with the employer, gas receipts in that area on the date of the visit, etc. This is waived if the physician is completing residency/fellowship program, or has completed residency/fellowship in the past, at the facility or at a nearby facility in Louisiana (or a neighboring state within a 75 mile radius).
- H. Original signed copy of the *CRITERIA FOR J-1 VISA WAIVER SUPPORT BY THE STATE OF LOUISIANA form*:** This form can be downloaded from the Bureau's web site at: <http://new.dhh.louisiana.gov/index.cfm/page/792> and must be signed and submitted with this packet.
- I. Recruitment effort:** Documentation of the practice site's recruitment effort must include position-specific advertisements. **At least three (3) of the approved types of advertisements must be submitted with the physician's support request packet. Advertisements must begin at least six months prior to the submission of the physician's support request application packet to the Bureau.**

Documentation of the following types of advertisements/recruitment efforts are required which include the wording of the ad and date it was placed (**ad wording must include the name and location of the facility and the specialty being recruited**):

- Regional and/or national newspaper print ads with dates of printing;

- Regional and/or national journal print ads with dates of printing;
- Internet advertisements from regional or national publications with dates posted;
- Internet advertisements posted on recruitment/job-related web sites, including Med Job Louisiana (www.medjoblouisiana.com) and/or 3RNet (www.3rnet.org) free postings, with dates posted;
- A Med Job Louisiana recruiter letter, verifying that a recruitment effort with Med Job Louisiana has occurred, which includes the dates of activity related to this opening;
- Copies of e-mails/e-mail blasts sent to residents/fellows in Louisiana or nearby states with dates sent;
- Contracts with paid recruiters or any documentation of work performed by an in-house recruiter/staff that notes dates and types of recruitment activities performed; AND/OR
- Mail-outs/flyers sent to state or local residents/fellows regarding this job opening with dates mailed;

NOTE: All Louisiana residency/fellowship program directors, as well as other nearby program directors for this specialty, must be contacted by this site requesting that this job opening be posted for their participants to see for a period of at least six months, immediately preceding the date of support request application packet submission.

Ads/internet postings done after the physician contract has been signed will document that the recruitment effort is continuing. Recruitment must have started at least six months before the waiver request application packet is submitted for support. Any lull of more than four months in recruitment activities (any of the items listed) will not be considered active recruitment during the review of this Louisiana Conrad State 30 Program support request application packet.

- J. Documentation of United State citizens who inquired/applied and were not hired:** A list of any US citizens/permanent residents who applied for/inquired about this position who were not hired will be included along with the reason they were not offered the job or if they turned down this position. If none applied, please note this in this section.
- K. Four (4) letters of support from the community, including additional specialist letters, as requested in the Dire Need Criteria form:** Letters of support from the community where the physician will be practicing including at least one (1) from a primary care physician or a local hospital administrator. If a specialist is being hired, an additional letter from a physician of the same specialty will be included here if one is practicing in the area.

NOTE: NO FORM LETTERS WILL BE ACCEPTED.

- L. Proof of practice site's existence: A copy of one of the following items must be submitted:** a lease; fire marshal's inspection; utility receipt that includes the matching physical address of the site; site letterhead, including the address, phone number, and fax numbers; phone book page listing with matching address; or any other document which verifies the existence of this site at the address included in the Louisiana Conrad State 30 Program Site Information form and the physician's employment contract.
- M. Dire Need Criteria form:** The information requested in the Dire Need Criteria form needs to be submitted if a specialist (non-primary care) physician is being hired.
- N. Copy of Verification of Employer's Valid Medicaid ID Number**
- O. Prevailing wage information:** Documentation of the salary range for the position, which must be **100% of the United States Department of Labor's (US DOL) prevailing wage rate (at least Level 2 or higher) for physicians of the same-type in that area and/or the salaries of currently employed US citizens at the practice site if lower than US DOL's noted wages.** A copy of the most current prevailing wage for the type of physician applied for from US DOL should be included or verification that the salary offered is the same as US citizens with similar work experience who are working in the same position at this facility. Information on prevailing wage can be found at <http://www.flcdatcenter.com/OesWizardStart.aspx>. If Level 1 wages are being used, an explanation of why this level is appropriate must be included. If information on prevailing wage being used is different from the wages listed on the US DOL website, the applicant will need to have this wage level certified by US DOL and provide documentation that the statistical information used as a basis for this other wage analysis is mathematically sound. A complete step-by-step guideline for selecting an appropriate prevailing wage can be found at <http://www.flcdatcenter.com/skill.aspx>. **NOTE: If the J-1 physician has worked even one day in the United States or another country, Level 2 wages apply.**
- P. Documentation of sliding fee scale/indigent care policy:** The site must provide a copy of their sliding fee scale/indigent care policy for their uninsured/underinsured patients who are at or below 200% of federal poverty level including the actual scale used. The sign/ notice that states that the site sees all patients regardless of ability to pay must be included. A picture of this sign posted in a conspicuous place in the waiting room of this site must be included.
- Q. Explanation for out of status (if applicable):** This information is required if the physician spent any time in some other visa status, out of status, or outside the United States.
- R. A "No Objection" statement (if applicable):** A statement from the physician's government is required *if* the physician received government funding for his/her educational/living expenses while in school.

APPENDIX B:
The Louisiana Conrad State 30 Program Support Request
Application Packet Checklist

LOUISIANA CONRAD STATE 30 PROGRAM SUPPORT REQUEST APPLICATION PACKET CHECKLIST

Physician's Name and US DOS Case #: _____

*The following is the checklist of items required for a complete Louisiana Conrad State 30 Program support request application packet. **REVIEW APPENDIX A of the Louisiana Conrad State 30 Program Policy to ensure items requested are completed correctly.** Processing of incorrect and/or incomplete packets will be delayed until all issues are addressed.*

- _____ 1. Form DS-3035 and Third Party Bar Code Page
- _____ 2. Cover letter (letter of support from state of Louisiana) —**NOT provided by applicant**
- _____ 3. Copy of dated, signed employment contract
- _____ 4. Documentation of HPSA designation/FLEX (Non-HPSA) status (*circle which is provided*)
- _____ 5. Letter of need from practice site
- _____ 6. Signed Physician Statement—*see Appendix A for correct wording*
- _____ 7. Curriculum Vitae

Appendix to Louisiana Conrad State 30 Program Support Request Application Packet:

- _____ A. Qualifications—*see all items/documents listed in Appendix A*
- _____ B. Notarized physician attestation form—*see Appendix A for correct wording*
- _____ C. IAP-66/DS-2019 forms for each year in J-1 Visa status
- _____ D. Form G-28 or letterhead from law firm, *if applicable*
- _____ E. I-94 Entry and Departure Cards and/or Passport documentation
- _____ F. Three (3) letters of professional recommendation — **NO FORM LETTERS**
- _____ G. Documentation of physician's visit to practice site
- _____ H. Original signed copy of *CRITERIA FOR J-1 VISA WAIVER SUPPORT BY STATE OF LA* form
- _____ I. Evidence of employer's regional and national recruitment efforts
- _____ J. Documentation of all US citizens/permanent residents who applied and reason not hired
- _____ K. Four (4) letters of support from the community—**NO FORM LETTERS**
- _____ L. Documentation of practice site's existence
- _____ M. Dire Need Criteria Form *required for specialists*
- _____ N. Copy of Verification of Employer's Valid Medicaid ID Number
- _____ O. Prevailing Wage Information
- _____ P. Documentation of Sliding Fee Scale/Indigent Care Policy
- _____ Q. Explanation for Out of Status, *if applicable*
- _____ R. "No Objection" Statement, *if applicable*

APPENDIX C:

The Louisiana Conrad State 30 Program Site Information Form

LOUISIANA CONRAD STATE 30 PROGRAM SITE INFORMATION

Name and Address of Practice Site:	Name and Address of Employer (if different):
<u>Contact Name and Title:</u> E-mail: Telephone: Fax:	Telephone Number at Applying Practice Site: Practice fax: Employer's telephone: Employer's fax:
Attorney for Employer (if applicable):	Attorney for Physician (name & contact info):
Practice Type: <input type="checkbox"/> Public <input type="checkbox"/> Non-profit <input type="checkbox"/> For profit	Employer's Medicaid ID #:
Service Site Type: <input type="checkbox"/> FQHC <input type="checkbox"/> RHC <input type="checkbox"/> Ambulatory Care Clinic <input type="checkbox"/> SBHC <input type="checkbox"/> SRH <input type="checkbox"/> CAH <input type="checkbox"/> Other _____	Employer's Medicare ID #:
Physician will practice: <input type="checkbox"/> Family Practice <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> OB/GYN <input type="checkbox"/> Psychiatry <input type="checkbox"/> Sub-specialty, specify type as advertised: _____	
Specify the salary range for the physician exactly as it has been advertised, which must be 100% of the US Department of Labor's prevailing wage rate (level 2) for same type physician in the area and/or the same as the salaries of currently employed U.S. physicians of same type/experience at the practice site.	
What will be the work schedule for the physician? Include office hours, hospital privileges, call coverage, duties, patient load and an explanation of any special responsibilities for the position.	
How many total patients are seen at practice site yearly?	How many of these patients are uninsured/underinsured/qualify for sliding fee scale?
How many of these patients are on Medicaid?	How many of these patients are on Medicare?
Does this practice site currently have in place a sliding fee scale/indigent care policy for patients below 200% of the Federal Poverty Level? <u>Please circle:</u> ___ YES ___ NO <u>If yes, list date SFS Policy Implemented:</u> _____ <u>If yes, what percentage of uninsured/underinsured patients were eligible for reduced fees?</u> _____	
How does the site ensure that patients are aware of the availability of the sliding fee scale/indigent care policy? Please give details and provide examples of signage/notices in place at the site.	
IMPORTANT NOTES: 1. If a specialist position is being requested, complete and include the Dire Need Criteria form with all information requested at the time of this J-1 Visa Waiver request application. 2. If the site is not in a designated HPSA, but at least 30% of its patients are residents of a HPSA, or if it is located within a 30 minute drive time (20 to 25 miles) of a HPSA, the site can apply for one of ten non-HPSA slots available annually. Provide information (patient's zip codes and/or maps showing distance to nearest HPSA) proving claim. For additional information, contact Jeanne Haupt at (225) 342-3506 or Jeanne.Haupt@la.gov.	
Signature:	Date Application Mailed:

**APPENDIX D:
The Criteria for J-1 Visa Waiver Support By the State of
Louisiana Form**

CRITERIA FOR J-1 VISA WAIVER SUPPORT BY THE STATE OF LOUISIANA

(Revised 04/03/12)

1. Primary care shall include pediatrics, obstetrics/gynecology, general internal medicine, and family practice. Psychiatry will also be accepted in a mental health shortage area. Other specialties may be practiced only with the approval of Louisiana DHH, US DOS, and USCIS.
2. **A copy of the signed employment contract must be submitted to DHH.** The contract **must specify:** (1) The name, address, and telephone number of practice site; (2) The clinical hours; (3) That the physician is a full-time employee (40 hrs/wk or 160 hrs/month) for a minimum of three years; (4) That the physician will practice at least 32 clinical hours per week or 128 hours per month in not less than four days in an appropriate setting for physician's medical specialty—not engaged in teaching/ research/ supervision; (5) That the practice hours do not include on-call or travel time; (6) That the contract may be terminated only for cause and cannot be terminated by mutual agreement until the three years has expired; (7) That the employer will not prevent or impede the physician if he/she wishes to remain in the area after the completion of his/her J-1 visa waiver obligation but no longer work at the employer's practice location; and (8) That DHH will be notified in writing at least 60 days prior to termination of employment if it occurs within the three-year obligation period.
3. The physician must provide current curriculum vitae with a current address and phone number.
4. The physician must provide a copy of a Louisiana license to practice medicine issued by the Louisiana State Board of Medical Examiners (LSBME). To expedite the waiver process, a letter from the LSBME stating receipt all of required information needed for physician to receive a Louisiana license will suffice until a copy of the license is received and/or a copy of the physician's application for a Louisiana medical license. Upon receipt of Louisiana license, a copy must be forwarded to DHH.
5. The practice must be comprised of at least 30% Medicaid, Medicare, and uninsured/underinsured indigent patients. The site must provide a copy of Medicaid provider ID number. Employer must have a sliding fee scale policy for persons with income below 200% of the most recent federal poverty in place at least 90 days prior to requesting support for a J-1 visa waiver physician. Notification that the employer has a sliding fee schedule and that all patients will be seen regardless of ability to pay must be posted in a conspicuous place in the waiting room of the practice so that all patients can see the notice. A copy of the notice must be submitted with the application.
6. The physician must practice in a federally designated Health Professional Shortage Area (HPSA) or in an approved site outside a HPSA which serves the residents of a HPSA (at least 30% of patient-base).
7. The employer must provide evidence of recruitment efforts for US citizens or US nationals per the Louisiana Conrad State 30 Program policy. These efforts must have begun at least six (6) months prior to submitting a support request application packet to the Louisiana Conrad State 30 Program.
8. The three-year waiver contract must be fulfilled regardless of changes in visa status. Before the obligation has expired, the physician agrees to provide DHH with any practice site address changes.
9. The physician must submit quarterly reports during his/her J-1 obligation period. The physician must fill out separate forms for each practice site if the physician works at multiple sites.
10. During the contract period, failure to meet the criteria requirements shall result in immediate retraction of Louisiana's letter of support. Such action will affect the physician's visa status and the employer's eligibility to participate in the Louisiana Conrad State 30 Program in the future.

NOTE: If the physician must relocate to another entity from the site initially approved or add any additional sites, he/she must provide written notification to Louisiana DHH prior to the change to ascertain that the location qualifies for a waiver. **This approval is separate to any USCIS/US DOS approval which must be obtained prior to any change in work location or employer.**

This is to certify that I agree and will adhere to the above guidelines.

Physician's Name (Please Print)

Physician's Signature

Date

Employer's Name (Please Print)

Employer's Authorized Signature

Date

APPENDIX E:
The Dire Need Criteria Form

DIRE NEED CRITERIA FOR LOUISIANA CONRAD STATE 30 PROGRAM SPECIALIST REQUEST

The Louisiana Conrad State 30 Program is designed primarily to improve access to primary health care in physician shortage areas in the state. Secondly, the goal is to improve access to necessary but limited specialty care in these shortage areas. As a result, twenty percent (20%) of the available Louisiana Conrad State 30 Program slots will be available for the placement of specialty physicians in Health Professional Shortage Areas (HPSAs). The Department of Health and Hospitals Bureau of Primary Care and Rural Health (Bureau) will evaluate the total number of Louisiana Conrad State 30 Program requests six (6) months into the federal fiscal year. If slots are still vacant as of April 1st, remaining Louisiana Conrad State 30 Program slots will be made available to specialty or primary care physicians on a first-come, first-served basis for all correctly completed applications that meet all program requirements at the time of packet review.

Louisiana Conrad State 30 Program specialty placements will be made based on the community's ability to establish dire need for the specialist. Dire need within a community will be proved by sufficient documentation that indicates that this specialty is critical to the delivery of primary health care services in the community, the specialty is in high demand, and the specialist will serve the needs of the community's Medicaid, Medicare, and un-/underinsured indigent populations.

In order to justify the placement of a specialist, all of the following information must be provided to the Bureau in addition to the standard Louisiana Conrad State 30 Program support request application packet as listed in the Louisiana Conrad State 30 Program policy. In addition to the letters mentioned in #3 of this form, a letter of support from the nearest specialist of the same type as the one being requested should be included in the Louisiana Conrad State 30 Program support request application packet. This letter is in addition to the original four requested letters.

NOTE: Approval for a specialty slot will not be considered until the Louisiana Conrad State 30 Program support request application packet and dire need justification is received.

1. Why does the facility/community need the specialist?

- How does this specialty link to primary care?
- How has the demand for the specialty been handled in the past?
- How has the situation changed?
- Where are patients currently referred?
- l. How many patients are affected and what is the estimated financial impact this physician will have on the community?
- Can these figures support the salaries and administration of a new specialist office?

2. Where will the specialist practice and how will the specialist practice?

- What is the specialist's anticipated Medicaid patient population?
- What is the specialist's anticipated Medicare patient population?
- Will the specialist accept Medicaid and Medicare referrals?
- What is specialist's anticipated un-/underinsured indigent patient population?
- What hospital will the specialist utilize?
- Is the hospital located in the same HPSA as the practice?
- If no, is the hospital located in a HPSA?
- If the hospital is not located in a HPSA, why is the specialist utilizing the hospital?
- Is this the closest hospital available to the patient?
- What will be the call coverage schedule and with whom?

3. Provide a letter of support from any existing providers of the same specialty as the one being applied for in the community where the specialist will be practicing. Letters from providers that will be referring patients may also be submitted.

Letters should include the number of patients currently being referred, the distance to the current referral location, the barriers to specialists at other locations, and how the specialist will enhance primary care for the referring physician. **NO FORM LETTERS WILL BE ACCEPTED.**

The Bureau's participation in and guidelines for the Louisiana Conrad State 30 Program are completely discretionary and voluntary and may be modified or terminated at any time. The submission of a completed waiver request application packet to the Bureau does not ensure an automatic letter of support for a J-1 visa waiver. In all instances, the Bureau reserves the right to provide or deny support for any request.

APPENDIX F:

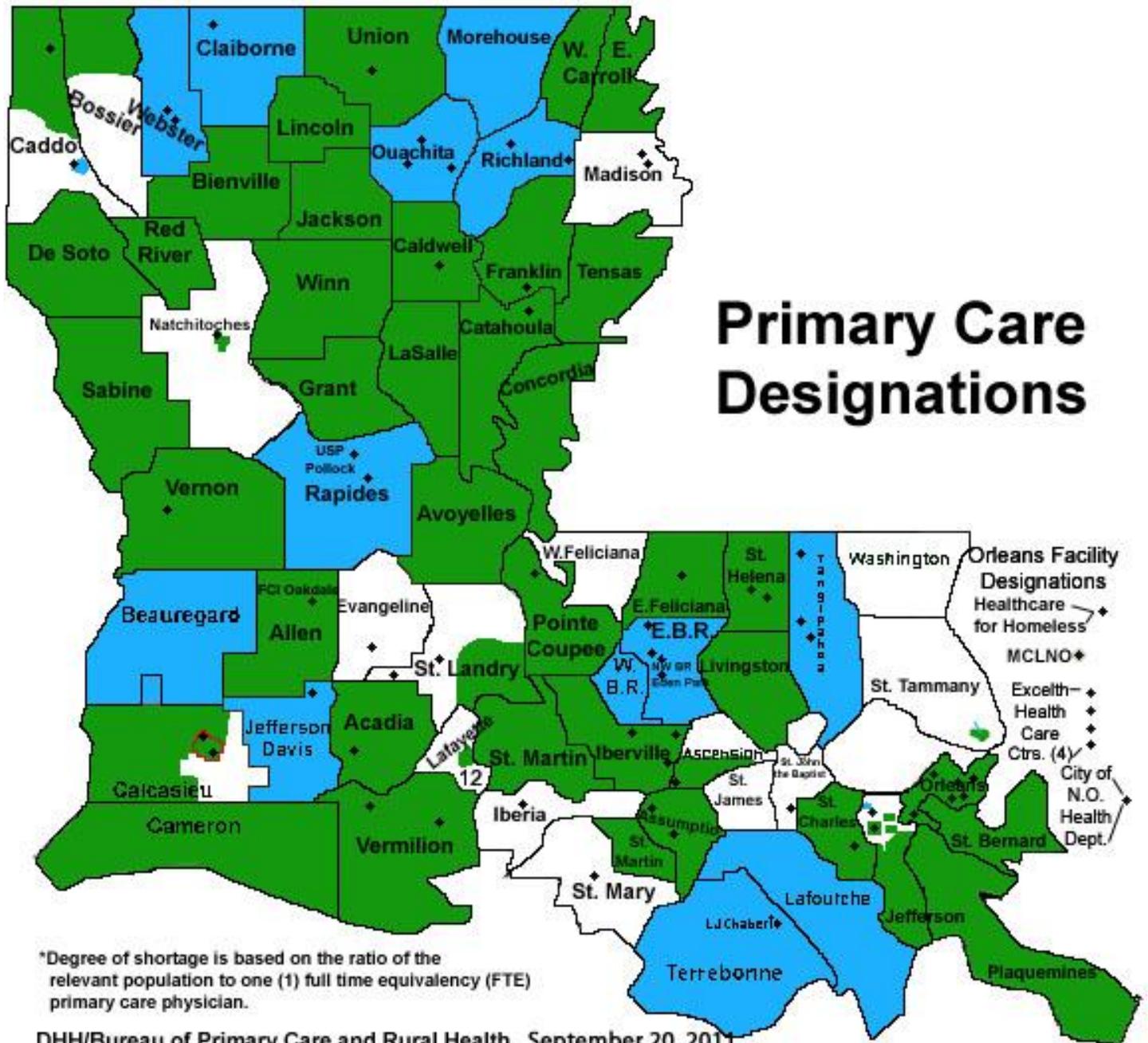
The Louisiana Primary Care HPSA Map—(check Bureau web site and/or the federal HPSA database for current information)

Bureau web site:

<http://new.dhh.louisiana.gov/assets/oph/pcrh/pcrh/hpsa/PCHPSAMap-FLAT.jpg>

HPSA Database:

<http://hpsafind.hrsa.gov/>



HPSA DESIGNATIONS LEGEND:

- Geographic Designation
- Population Group Designation
- Facility Designation

APPENDIX G:

The Louisiana Mental Health HPSA Map—(check Bureau web site and/or the federal HPSA database for current information)

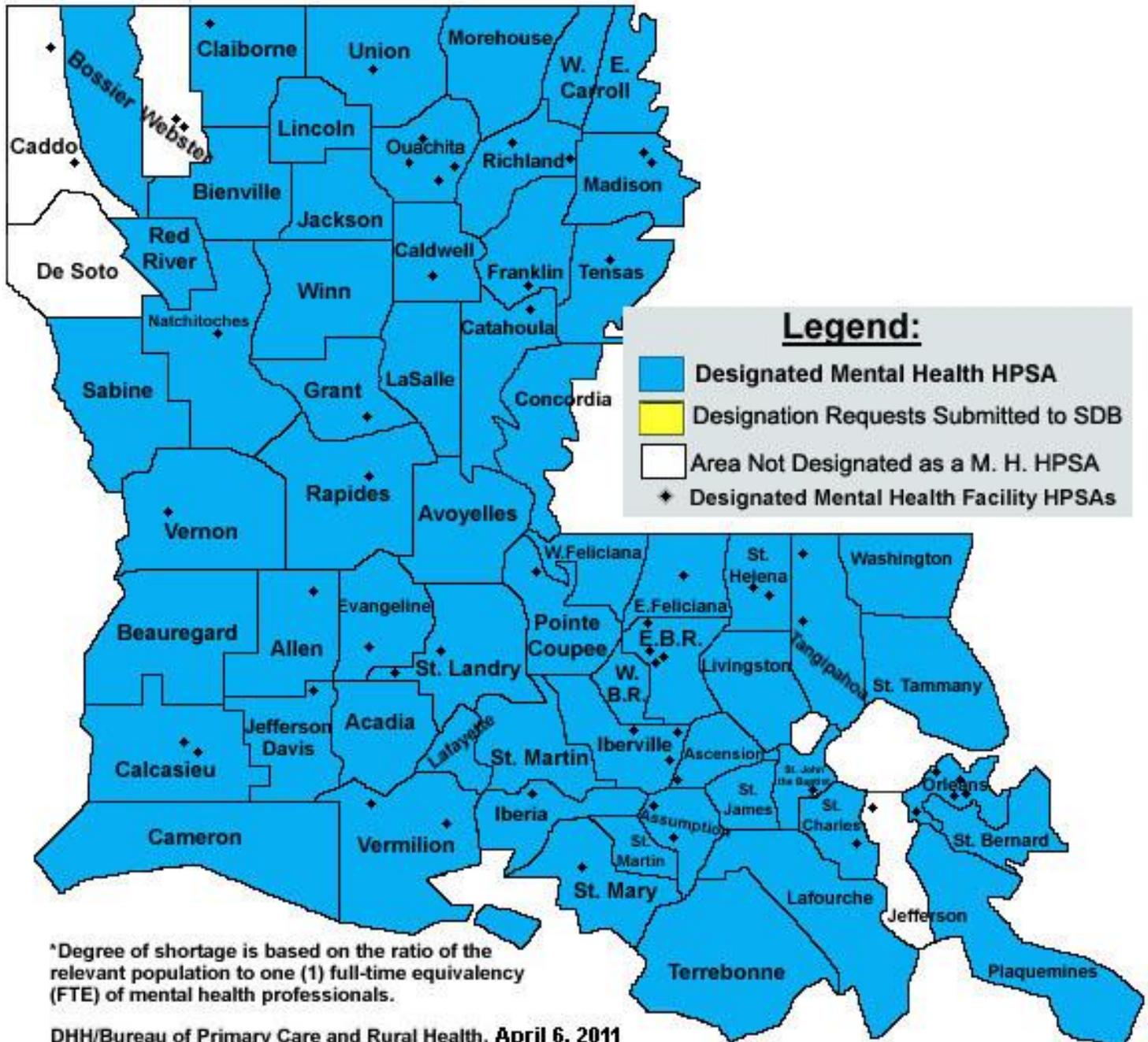
Bureau web site:

***[http://new.dhh.louisiana.gov/assets/oph/pcrh/pcrh/hpsa/MentalHP
SAMap-FLAT.jpg](http://new.dhh.louisiana.gov/assets/oph/pcrh/pcrh/hpsa/MentalHP_SAMap-FLAT.jpg)***

HPSA Database:

<http://hpsafind.hrsa.gov/>

Health Professional Shortage Area (HPSA) Map Mental Health



To Look Up HPSAs by address go to: <http://datawarehouse.hrsa.gov>

APPENDIX H:

**The Louisiana Conrad State 30 Program Quarterly Report for
Participating Physicians Form**

LOUISIANA CONRAD STATE 30 PROGRAM QUARTERLY SERVICE REPORT FOR PARTICIPATING PHYSICIANS

Please mail or fax to: **Jeanne R. Haupt**

DHH-Bienville Bldg.
628 North 4th Street
Baton Rouge, LA 70802
Web site: <http://new.dhh.louisiana.gov/index.cfm/page/570/n/252>

Phone: (225) 342-3506
Fax: (225) 342-5839
E-mail: Jeanne.Haupt@la.gov

Physician:	Medicaid ID#	Start Work Date (date began working to complete J-1 waiver obligation):
Home Address:	Practice Name/Address:	
Home Telephone Number:	Practice Telephone Number:	Practice Fax Number:

*Please update above information for any changes.

FOR SERVICES RENDERED FROM: _____ TO: _____	
(MM/YY) (MM/YY)	
Number of clinical (patient) hours worked per quarter:	Total number of hours worked during quarter:
If hours less than expected (less than 40 hours per week, 32 clinical hours/wk), please explain:	
Patient Profile Statistics: Complete each item and indicate ACTUAL or ESTIMATED FOR THE PHYSICIAN AND THE TOTAL PRACTICE NUMBERS, e.g., 300/1000 (physician #/total practice #)	
# of total patients for the quarter: /	# Primary Care patients: /
# Specialty Care patients: /	# AIDS/HIV (if pertinent to approval): /
# Medicaid patients: /	# Medicare patients: /
# Un-/underinsured/self pay non-indigent: /	# Uninsured/underinsured indigent/SFS: /
# of HPSA residents treated (if in non-designated area): /	
Which HPSAs (ID#s)?	
Is the sign/notification of patients about the availability of the sliding scale/indigent policy in place? YES/NO	
If no, note date of correction for this deficiency: _____	
Complete on your last report: Are you staying at this practice site? If no, where do you plan to go? Please provide contact information if you plan to leave.	
I verify that the physician named has maintained a full-time practice at the facility listed and that all medical practice has been provided in the appropriate designated HPSA(s).	
Physicians Signature:	Employer's Signature/Title:
Date:	Date:
DHH Use:	Date Received: Date Entered:

APPENDIX I:
The Louisiana Conrad State 30 Program FLEX (Non-HPSA)
Support Request Form

LOUISIANA CONRAD STATE 30 PROGRAM FLEX (NON-HPSA) SUPPORT REQUEST

Name and Address of Practice Site:	Name and Address of Employer (if different):
Contact Name and Title:	Practice Site Telephone Number:
E-mail:	Practice Site Fax Number:
Telephone:	Employer Telephone Number:
Fax:	Employer Fax Number:
FOR SERVICES RENDERED FROM: _____ TO: _____	
(MM/YY) (MM/YY)	
Patient Profile Statistics: Complete each item and indicate ACTUAL or ESTIMATED FOR THE TOTAL PRACTICE NUMBERS (write an E if estimated).	
# of total patients/# of visits: /	# Primary Care patients/# of visits: /
# Specialty Care patients/# of visits: /	# AIDS/HIV (if pertinent to approval)/visits: /
# Medicaid patients/# of encounters: /	# Medicare patients/# of encounters: /
# Uninsured/underinsured self pay (non-indigent) patients/# of visits: /	# Uninsured/underinsured indigent SFS patients/# of visits: /
# of total HPSA residents treated/# of visits: /	
Which HPSAs are served? (Patient Zip Codes and HPSA ID # of that area, e.g. 70131—HPSA #122071)	
# of Medicaid patients from HPSAs/# of visits: /	# of Medicare patients from HPSAs/# of visits: /
# Uninsured/underinsured self pay (non-indigent) HPSA patients/# of visits: /	# Uninsured/underinsured indigent SFS patients/# of visits: /
<i>By signing below, I verify that the information provided in this for this facility/medical practice is correct for the period noted on this form.</i>	
CEO/Administrator's Signature/Title:	Office Manager/Form Compiler's Signature/Title:
Date:	Date: