Bureau for Public Health
Office of Community Health Systems & Health Promotion
Division of Rural Health & Recruitment
State Office of Rural Health
350 Capitol Street, Room 515
Charleston, WV, 25301-3717
(304) 352-6035

J-1 Visa Waiver Program: Site Approval Application

Healthcare facilities in West Virginia seeking site approval under the J-1 Visa Waiver Program must meet all minimum requirements. Given the program's competitive nature, only complete applications will be considered. For further information or inquiries, please contact:

Wendy Castaneda
J-1 Visa Waiver Coordinator for WV State Office of Rural Health
Email: wendy.p.castaneda@wv.gov Phone: (304) 352-6005

Sponsoring Facility: _____ Date: _____

Address: _____ County: _____
Street City State Zip Code

Sponsor's Representative: _____

Title: _____

Telephone:_____ Email:_____

Clinical Practice Site Information: Please complete all fields. If a field is not applicable, write "N/A" (not applicable) in the designated space. *Leaving fields blank may result in delays or rejection of this document.* If there is more than one location, please use Addendum.

Site Name: _____

Site Address: _____ County:_____
Street City State Zip Code

Is the practice site located outside of a shortage designation area but treats patients that reside in shortage areas **(FLEX10 Slot)?** ☐ Yes ☐ No ☐ N/A

Is the practice site located in a health professional shortage area **(HPSA)?** ☐ Yes ☐ No ☐ N/A

Is the practice site located in a medically underserved area **(MUA)?** ☐ Yes ☐ No ☐ N/A

Site **HPSA** ID: _____ Site **MUA** ID: _____

Type of Practice - Please select all that apply:

☐ Federally Qualified Health Center ☐ Certified Rural Health Clinic

☐ Critical Access Hospital ☐ Free Clinic

☐ Federally Qualified Health Center Look-A like ☐ Community Mental Health agency

☐ Other: _____

Type of Organization - Please select only one: ☐ For-Profit ☐ Non-Profit ☐ Public

Has the clinical practice site been in operation as a health care facility for a **minimum** of 2 years? **(Selecting "no" means this site is ineligible, as a 2-year requirement applies)** ☐ Yes ☐ No

Does the practice site have an open policy to see all patients regardless of their ability to pay for services? **(If *yes*, attach a copy of your sliding fee schedule with application)** ☐ Yes ☐ No

Is a notice of the **sliding fee** schedule conspicuously posted at the practice site? **(Submit a copy of the public notice with application)** ☐ Yes ☐ No

Does the practice site participate in the **WV Medicaid Program?** ☐ Yes ☐ No

Does the practice site accept new **WV Medicaid users?** ☐ Yes ☐ No

Does the practice site accept **Medicare?** ☐ Yes ☐ No

Physician Specialty- Please write in specialty for which the practice site is recruiting:

Specialty: _____ **Sub-specialty**:_____

Will the J-1 physician have **hospital** privileges? ☐ Yes ☐ No

If *yes*, where?: _____

Typical Weekly Work Schedule for J -1 Physician: A minimum of 40 hours per week are required

	# OF HOURS	PRACTICE SITE NAME:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Practice Site J-1 Physician: Patients by Insurance Coverage (Past 12 Months)

	Number	Percentage
Medicaid		
Medicare		
Commercial Insurance		
Self- Pay/ Private Pay		
Sliding Fee Scale Visits		
Individuals not charged		
Total		

SPONSOR AGREEMENT

I hereby certify *under penalty of licensure action and other liability for fraudulent claims* that the information provided on this application is true and correct to the best of my knowledge and belief. I further certify that this organization uses the sliding fee scale or the financial assistance policy submitted with the above J-1 Visa Waiver Site Application to discount payment fees for uninsured patients with household incomes at or below 200 percent of the Federal Poverty Level.

Representative's Name:_____

Representative's Signature: _____

Representative's Title: _____ Date:_____

J-1 Visa Waiver Program: Checklist

Due to the competitive nature of the West Virginia J-1 Visa Waiver Program, only well-documented applications meeting the minimum requirements will be considered

Required Documents:

Recruitment of U.S. Citizen Physician (Good Faith Effort):
☐ Provide proof of a good faith effort to recruit a U.S. citizen physician for this position within the same salary range, without success, during the past six months.

Required Attachments:
☐ Copies of advertisements placed in newspapers and professional journals.
☐ Documentation of contacts within residency programs and/or professional recruiting firms.

Recruitment Summary:
☐ An overall summary of your recruitment efforts.
☐ Number of U.S. doctors who responded to advertisements.
☐ Number of U.S. doctors interviewed.
☐ Outcomes of interviews.

Supporting Letters from Local Primary Care Physicians:
☐ Provide letters from local primary care physicians supporting the specialist or sub-specialist from other facilities.

Documentation of Specialty/Sub-specialty Shortage:
☐ Document the shortage of this specialty or sub-specialty within the service area. Include data on major health problems in the community that necessitate this specialty or sub-specialty, such as endocrinologists in an area with a high rate of diabetes.

Submitting Application(s):
☐ Mail application(s) via FedEx, UPS, or USPS - **direct signature delivery required**:
OR
☐ Submit electronically to: wendy.p.castaneda@wv.gov

State Office of Rural Health
ATTN: Wendy Castaneda
350 Capitol St., RM 515
Charleston, WV, 25301

J-1 Visa Waiver Program: Addendum

(for additional clinical practice sites)

Use this addendum to list any additional clinical practice sites beyond the primary one. Attach as many needed to list all practicing sites. Please complete all fields. If a field is not applicable, write "N/A" (not applicable) in the designated space. **Leaving fields blank may result in delays or rejection of this application.**

Site Name: _____

Site Address: _____ County:_____
Street City State Zip Code

Is the practice site located outside of a shortage designation area but treats patients that reside in shortage areas **(FLEX10 Slot)?** ☐ Yes ☐ No ☐ N/A

Is the practice site located in a health professional shortage area **(HPSA)?** ☐ Yes ☐ No ☐ N/A

Is the practice site located in a medically underserved area **(MUA)?** ☐ Yes ☐ No ☐ N/A

Site **HPSA** ID: _____ Site **MUA** ID: _____

Type of Practice - Please select all that apply:

☐ Federally Qualified Health Center ☐ Certified Rural Health Clinic

☐ Critical Access Hospital ☐ Free Clinic

☐Federally Qualified Health Center Look-A like ☐ Community Mental Health agency

☐Other: _____

Type of Organization - Please select only one: ☐ For-Profit ☐ Non-Profit ☐ Public

Has the clinical practice site been in operation as a health care facility for a minimum of 2 years?
(**Selecting "no" means this site is ineligible, as a 2-year requirement applies**) ☐ Yes ☐ No

Does the practice site have an open policy to see all patients regardless of their ability to pay for services?
(**If *yes*, attach a copy of your sliding fee schedule with application**) ☐ Yes ☐ No

Is a notice of the sliding fee schedule conspicuously posted at the practice site?
(**Submit a copy of the public notice with application**) ☐ Yes ☐ No

Does the practice site participate in the **WV Medicaid Program?** ☐ Yes ☐ No

Does the practice site accept new **WV Medicaid users?** ☐ Yes ☐ No

Does the practice site accept **Medicare?** ☐ Yes ☐ No