



**10. Weekly Schedule for J-1 Physician**

Day	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

11. Has the health care facility, where the J-1 physician will be working been in operation as a health care facility for a minimum of 2 years?

- Yes                       No

12. Does the facility have an open policy to see all patients regardless of their ability to pay for services?

- Yes                       No                      **(If yes, attach a copy of your sliding fee schedule)**

13. Does the facility have a notice conspicuously posted of the availability of the sliding fee schedule?

- Yes                       No                      **(Submit a copy of the public notice)**

14. Does the facility participate in WV Medicaid Program?  Yes  No

15. Does the facility accept new WV Medicaid?  Yes  No

16. Does the facility accept Medicare?  Yes  No

17. Will the J-1 physician have hospital privileges?  Yes  No

If yes, where: \_\_\_\_\_

18. Patients by insurance coverage for past twelve (12) Months by the practice site where the J-1 Physician will practice

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

**The narrative for this application is to be prepared on a separate sheet of paper. Please remember, the West Virginia J-1 Visa Waiver Program is very competitive and only well-documented applications that meet minimum requirements will be approved.**

**19. Provide proof that a good faith effort has been made to recruit a U.S. citizen physician for this position at the same salary range without success during the past six months.**

***Attach copies of ads in newspapers and professional journals; include contacts with residency programs and professional recruiting firms. Submit an overall summary of your recruitment efforts including the number of U.S. doctors who responded to your advertisements, how many were interviewed and the interview outcome.***

**20. Provide letters from local primary care physicians supporting the specialist or sub-specialist from other facilities.**

**21. Document the shortage of this specialty or sub-specialty in the service area. Provide data on major health problems in the community related to the need for this specialty or sub-specialty. (e.g. endocrinologists in an area with a high rate of diabetes)**

### SPONSOR VERIFICATION

**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 ‘no-pay’ 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.**

**Sponsor Name:** \_\_\_\_\_

**Employer’s Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

