

Department of Health and Human Resources
Bureau for Public Health
Office of Community Health Systems and Health Promotion
Division of Rural Health and Recruitment
State Office of Rural Health
350 Capitol Street, Room 515
Charleston, West Virginia 25301-3716

APPLICATION FOR SITE APPROVAL FOR J-1 VISA WAIVER PLACEMENT

1. **Sponsor:** _____ **Date:** _____

Address: _____
Street City Zip Code

Contact Person: _____ **Title:** _____

Telephone #: _____ **FAX #:** _____ **Email:** _____

2. **Practice address (if different) from Sponsor's address above - Please list all, if more than one location**

Facility Name **Street** **City** **Zip Code**

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3. **Is the practice site located in a health professional shortage area on the 2022 list (HPSA)?** Yes No

4. **Is the Practice site located in a medically underserved area (MUA) on the 2022 list?** Yes No

5. **Please list ID number of HPSA** _____ **Please list ID number of MUA** _____

6. **Is the Practice site located outside of a shortage designation area but see patients that reside in shortage areas (FLEX10 Slot)?** Yes No

7. **Type of Practice**

- Federally Qualified Health Center
- Certified Rural Health Clinic
- Critical Access Hospital
- Free Clinic
- Federally Qualified Health Center Look-A like
- Community Mental Health agency
- Others _____

8. **Type of Organization**

- For- Profit
- Non- Profit
- Public

9. **Physician Specialty (Select all apply)**

A. **FP** **IM** **PED** **Geriatrics** **OB/GYN** **PSY** **Children/Adolescent**
Psychiatry **Others** _____

B. **Specialty:** _____ **Sub-specialty:** _____

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 facility.

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: _____

