West Virginia's

State Office of Rural Health

Site Application

J-1 Visa Waiver Program: **Conrad 30**

State Office of
Rural Health

West Virginia Department of
HEALTH

Contact Information

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To submit a letter request please mail via FedEx, UPS, or USPS-**direct signature delivery required.**

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

OR

Submit electronically to:
wendy.p.castaneda@wv.gov

J-1 Visa Waiver Program: Conrad 30 Program Timeline

Timeline	Activity
July 1st - August 31st	● WV SORH will begin accepting site applications for the upcoming year. The latest version of this document is available for download on the WV SORH website.
September 1st	● Applications will be accepted after September 1st; however, the review process will begin on September 1st. ● Site applications are reviewed for correctness and eligibility based on Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) scores. ● Letters of Site Approval will be issued after the September 1st review until all Conrad 30 slots are awarded. ● Upon meeting the necessary criteria, sites will be issued Letters of Site Approval. In the event a site is placed on the waitlist, the respective sponsor will be formally notified.
October 1st - June 1st	● WV SORH will start accepting **C30-Provider Submission Packets** from approved and awarded sites. The latest version of this document is available for download on the WV SORH website. ● C30-Provider Submission Packets to be reviewed for correctness upon receipt. ● C30-Provider Submission Packets are assigned a C30 waiver number slot and are prepared for submission to DOS. ● Requests for Letters of Recommendation for provider packets are submitted to the Cabinet Secretary of Health. ● Following the review of provider packets and the issuance of the Cabinet Secretary of Health's recommendation, WV SORH will forward the completed submission to the Department of State for further evaluation. ● WV SORH concludes its processing of the provider's packet by providing the sponsor representative with a copy of the Cabinet Secretary of Health's recommendation letter for their records. ● The Department of State (DOS) will conduct an independent review of the provider's packet and notify the sponsor, their representative, or the provider regarding the status of their recommendation to USCIS. ● The final approval of the waiver will be issued independently by USCIS.

J-1 Visa Waiver Program: Conrad 30 Program Timeline

Timeline	Activity
February 1st - April 1st	● Approved sites that have not yet submitted a C30-Provider Submission Packet will receive an initial Notice of Action letter. This correspondence specifies a deadline for providing either a recruitment progress update or the completed C30-Provider Submission Packet. ● A Final Notice of Action will be issued to sponsors who fail to recruit a provider within five months of receiving a C30 slot or following the issuance of the initial Notice of Action letter's deadline. This final notification serves as formal notice that any previously allocated C30 slots have been forfeited. ● WV SORH to reassign forfeited C30 slots to waitlisted sponsors. ● Notice of Award letters are sent to sponsors whose sites were on the wait list and awarded a forfeited slot. ● WV SORH will start accepting **C30-Provider Submission Packets** from sponsors who were awarded a forfeited slot. C30-Provider Submission Packets to be reviewed for correctness upon receipt. C30-Provider Submission Packets are assigned a C30 waiver number slot and are prepared for submission to DOS.
May 1st - June 1st	● The Department of State (DOS) will continue to conduct an independent review of the provider's packet and notify the sponsor, their representative, or the provider regarding the status of their recommendation to USCIS. ● The final approval of the waiver will be issued independently by USCIS. ● Reporting & Monitoring form sent to facilities and/or sponsor representatives for providers to complete. The latest version of this document is available for download on the WV SORH website.
July 1st	● Physicians with approved waivers are expected to commence their roles. ● Within 30 days of their start date, providers must submit Placement Verification forms to the WV SORH; these documents require signatures and confirmation from authorized facility leadership. The latest version of this document is available for download on the WV SORH website. ● Reporting & Monitoring forms are due by the end of the month to WV SORH for waiver recipients who started in the previous cycle. The latest version of this document is available for download on the WV SORH website.

J-1 Visa Waiver Program: Conrad 30 Site Application Checklist

Required Documents:

☐ Conrad 30 Site Application **Information Cover Sheet**

Sliding Fee:
☐ Evidence of public notice
☐ Schedule
☐ Application

Recruitment Summary: Minimum of 1 required
☐ Copies of advertisements placed in newspapers and professional journals.
☐ Documentation of contacts within residency programs and/or professional recruiting firms.
☐ 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. 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.

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

J-1 Visa Waiver Program: Conrad 30 Site Application
Information Cover Sheet - Page 1

Specialty: _____ **Sub Specialty:** _____

Primary Care: _____ **Flex 10:** _____

Sponsor: _____

Sponsor's Contact Information:

Name: _____

Email: _____

Phone: _____

Practice Facility Site(s) 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.*

Type of Practice - Please select all that apply:

☐ Federally Qualified Health Center
☐ Critical Access Hospital
☐ Federally Qualified Health Center Look-A like
☐ Certified Rural Health Clinic
☐ Free Clinic
☐ Community Mental Health Agency

☐ Other: _____

Has the clinical practice site been in operation as a health care facility for a **minimum** of two years? **(Selecting "no" means this site is ineligible)** ☐ 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

Primary Location: Where provider will complete the majority of their hours

1. Name: _____

Address: _____

County: _____ **HPSA ID#:** _____ **MUA #:** _____

Secondary Location: Where the provider will fulfill the next largest portion of their service hours

2. Name: _____

Address: _____

County: _____ **HPSA ID#:** _____ **MUA #:** _____

Additional Locations: *Complete if necessary*

3. Name: _____

Address: _____

County: _____ **HPSA ID#:** _____ **MUA #:** _____

4. Name: _____

Address: _____

County: _____ **HPSA ID#:** _____ **MUA #:** _____

5. Name: _____

Address: _____

County: _____ **HPSA ID#:** _____ **MUA #:** _____

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Information Cover Sheet- Page 4, Complete if Necessary

6. Name: _____

Address: _____

County: _____ **HPSA ID#:** _____ **MUA #:** _____

7. Name: _____

Address: _____

County: _____ **HPSA ID#:** _____ **MUA #:** _____

8. Name: _____

Address: _____

County: _____ **HPSA ID#:** _____ **MUA #:** _____

9. Name: _____

Address: _____

County: _____ **HPSA ID#:** _____ **MUA #:** _____

10. Name: _____

Address: _____

County: _____ **HPSA ID#:** _____ **MUA #:** _____