

**4104 Delaware Conrad State 30 / J-1 Visa Waiver Program
Appendix A
Site Application Forms**

Site Application Form

Sponsoring Site: _____

Street address: _____

City: _____ State: ____ ZIP: _____ County: _____

Contact Number: _____ Email: _____

Website: _____

(Check 1) Non-Profit: ____ For Profit ____

1. How many physicians currently practicing for the sponsoring site came to practice in Delaware through the Conrad State 30/J-1 Visa Waiver Program?

2. How many of the physicians currently practicing for the sponsoring site are in the process of completing the 3-year service obligation? _____
3. How many physicians completed the service obligation and continued to practice at the sponsoring site? _____
4. Has the applicant sponsoring site employed any J-1 Visa physicians who are no longer practicing with them? Yes ____ No ____

If you responded "yes", if you know, tell us why they left and where are those physicians practicing now?

Proposed Practice Site(s)

1. Name: _____

Hours of Operation: _____

Address: _____

HPSA Number: _____

2. Name: _____

Hours of Operation: _____

Address: _____

HPSA Number: _____

3. Name: _____

Address: _____

HPSA Number: _____

4. Name: _____

Address: _____

HPSA Number: _____

5. Name: _____

Address: _____

HPSA Number: _____

6. Name: _____

Address: _____

HPSA Number: _____

Recruitment Contact:

Name: _____

Contact Number: _____

Email: _____

Organization: _____

Active Client Data

Practice Site # _____

What is the total number of patients receiving the following medical services annually:

Primary Care: _____ Specialty Care: _____ Mental Health Care: _____ Total: _____

Total users in previous calendar year below 200% of the federal poverty level: _____

Patient Population by Payor Mix (ROW totals will equal 100% horizontally)

Age Group	%Medicaid	% Medicare	% Sliding Fee Scale	% Commercial	% Private Pay	ROW TOTAL

Staffing Levels at Practice Site # ____.

Primary care specialties include family medicine, general internal medicine, general pediatrics, obstetrics & gynecology.

Area of Practice	Staffing (Current)	Number of J-1 Physicians Requested
Primary Care Physicians		
Primary Care Nurse Practitioners		
Primary Care Physician Assistants		
Specialty Physicians		
Specialty Nurse Practitioner		
Specialty Physician Assistants		
Psychiatric Physicians		

Please provide the work schedule of the J-1 physician requested.

SITE 1		
Location:		
Day	Time 00:00 am – 00:00 pm	Total Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
SITE 2		
Location:		
Day	Time 00:00 am – 00:00 pm	Total Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
SITE 3		
Location:		
Day	Time 00:00 am – 00:00 pm	Total Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
SITE 4		
Location:		
Day	Time 00:00 am – 00:00 pm	Total Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please fill in above requested information for each practice site you are listing in this application

Needs Assessment

The Needs Assessment must include the following:

- Description of the service area in which patients reside in relation to the sponsoring site location.
- A geographic services area health resource inventory, including all medical services and practices in the surrounding area.
- Description of the nearest available sites providing services like the proposed J-1 practice site, including miles to the nearest site and travel time.
- Health Professional Shortage Area or Medical Underserved Documentation - You can obtain this documentation for your site at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find> or <https://data.hrsa.gov/tools/shortage-area/mua-find>.
- Documentation of a shortage in the defined service area for the specialty being requested under the J-1 Visa Waiver Program.

a) Provide statistics demonstrating the specialty/sub-specialty is greatly needed in the proposed practice site's service area.

b) Document that the specialty/sub-specialty is not currently available to sufficiently meet the need in the service area for the underserved population.

c) Describe how a J-1 physician will be used to meet the underserved population needs in the service area; discuss any unique qualifications, such as language/cultural match or experience with a population like those in the service area, are sought to meet a particular need.

Retention

Describe the short- and long-range plan for the retention of a J-1 physician beyond the required 3-year obligation.

Proof of Failed Recruitment Attempts

Date Posted	Method of Recruitment	Still Active (yes or no)	If no, what is the ending date of the post?

The sponsoring site must provide proof that attempts were made to hire a physician with United States citizenship throughout the past 3 months to no avail. This section must include a written description of the failed attempts to recruit as well as back up documentation including, but not limited to, copies of medical journal or newspaper advertisements, and letters to medical residency programs or medical schools. Include dates indicating the frequency of the advertisements and other attempts. State any attempts to gain recruitment support from the hospital within the practice site's geographic service area. Submit documentation of all recruitment attempts.

Sponsoring Site Waiver Agreement

The Delaware Department of Health and Social Services (DHSS) is committed to ensuring that all residents have access to quality, affordable health care. Accordingly, DHSS is prepared to consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 Visas under certain conditions. Therefore, the additional requirements are deemed necessary to support Delaware's Conrad State 30/J-1 Visa Waiver Program.

The director or applicant official for the facility or practice must initial all the following requirements:

Initial

	Sponsoring site agrees to comply with all the Program requirements set forth in this Agreement and guidelines.
	The sponsoring site is in a Health Professional Shortage Area (HPSA) or medically underserved area (MUA), as designated by the Secretary of the U.S. Department of Health and Human Services.
	The J-1 physician will provide medical care for at least 40 hours a week at the HPSA or MUA site named in the application for a minimum of 3 years. Travel and on-call time is not included in the required 40 hours.
	The sponsoring site agrees to provide health services to individuals without discriminating against them because (a) they are unable to pay for those services, or (b) payment for those health services will be made under Medicaid and Medicare. The sponsoring site will charge persons receiving services at the usual and customary rate prevailing in the HPSA/MUA in which services are provided, except charges will be on a sliding scale for persons at or below 200% of poverty or at no charge for persons unable to pay for these services.
	The sponsoring site agrees to enroll in the VIP II Program within 30 days of submitting this application or provide documentation that the site is already a Screening for Life health Care Connection or VIP network provider.
	The sponsoring site has made a reasonable, good faith effort to recruit a physician with United States citizenship for the job opportunity in the same salary range without success throughout during the last 6 months immediately preceding this request for a waiver. Recruitment efforts were through several appropriate sources most likely to bring responses from able, willing, qualified, and available physicians with United States citizenship.
	I understand and acknowledge that the review of this site application is discretionary and that in the event a decision is made not to approve the site application, I hold harmless the State of Delaware, DHSS, and all State employees or organizations involved in the review process from any action or lack of action made in connection with this request.
	I agree to notify the J-1 Program Manager at the Division of Public Health in writing of the start date of the J-1 physician employment within 15 days of execution of the employment contract and to provide a copy of the employment contract.
	I agree to adhere to all provisions of this regulation, including the contract provisions (see Section 6.0 of this regulation).

Signature of Applicant Official:

Title: _____ **Date:** _____

Printed or typed name:
