New Jersey Department of Health

# Application for J-1 Visa Waiver / State Conrad 30 Program

Complete a separate application for each J-1 Visa Waiver.

Use the New Jersey J-1 Visa Waiver Guidelines to complete this application.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Submitted: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 1. Name of Sponsoring Agency: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | County: | | | | | |  | | | | | | | | |
| State: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | |  | | | | | | | | |
| 2. Name of Sponsoring Agency Contact: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Number: | | | | | | | | | | **(** **)** **-      (ex:      )** | | | | | | | |
| 3. Practice Site Address (if different from above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | County: | | | | | | |  | | | | | | | | | | | Zip Code: | | | |  | | |
| 4. HPSA Type(s): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HPSA Service Area Number: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HPSA FIPS State/County Code: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Practice Site Service Area: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Type of Practice: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public  Private Non-Profit  Private for Profit  Community/Migrant Health Center  Hospital-based Clinic  Private Practice  Group Practice  Health Department | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (Specify): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Practice Site NJ Health Facility License Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Medicaid Provider Number: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicare Provider Number: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Practice Site Service Hours: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Weekday | | | | | | | | | | | | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Hours | | | | | | | |  | |
|  | Start | | | | | | | | | | | | | | | | | | End | | | | | | | | | | | |  | |
|  | Monday | | | | | | | | | | | | AM/PM | | | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | |  | | | | | | | |  | |
|  | Tuesday | | | | | | | | | | | | AM/PM | | | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | |  | | | | | | | |  | |
|  | Wednesday | | | | | | | | | | | | AM/PM | | | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | |  | | | | | | | |  | |
|  | Thursday | | | | | | | | | | | | AM/PM | | | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | |  | | | | | | | |  | |
|  | Friday | | | | | | | | | | | | AM/PM | | | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | |  | | | | | | | |  | |
|  | Saturday | | | | | | | | | | | | AM/PM | | | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | |  | | | | | | | |  | |
| ***\* Schedule must indicate time services actually provided at site.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Practice Site Primary Care Program (Check if On-Site or Referral) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Service Component | | | | | | | | | | | | | | | | | | | | | | | | | On-Site | | | | | | | | Referral  Off-Site | | | | | | |  | | | | | | | | | | | |
|  | Pediatric Care | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | Adult Care | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | Obstetrical Care | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | Family Planning | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | Routine Physical | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | Routine Eye Care | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | Routine GYN Care | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | Routine Dental Exam | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | Diagnostic X-Rays/Lab Tests | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | Mental Health/Substance Abuse | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | Nutrition Education/Counseling | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | Women, Infant, Children Food Program | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| 1. Describe Arrangements for Secondary, Tertiary and After Hours Care   **(NO ADDITIONAL SHEET ALLOWED)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Name of J-1 Physician: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialty: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Subspecialty: | | | | | | | | |  | | | | | | | | | | | |
| 10. J-1 Physician Weekly Work Schedule: \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Weekday | | | | | | | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Where  (Hospital/Site) | | | | | | | | | | | | Total Hours | | |  |
|  | Start | | | | | | | | | | | | | | | | End | | | | | | | | | | | | |  |
|  | Monday | | | | | | | AM/PM | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  |
|  | Tuesday | | | | | | | AM/PM | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  |
|  | Wednesday | | | | | | | AM/PM | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  |
|  | Thursday | | | | | | | AM/PM | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  |
|  | Friday | | | | | | | AM/PM | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  |
|  | Saturday | | | | | | | AM/PM | | | | | | | | | | | | | | | | AM/PM | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  |
| ***\* Schedule must indicate time J-1 Physician actually providing services at site.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Complete Current Medical Staffing for the Practice Site: (**See Attachment A**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete Health Care Resource Inventory: (**See Attachment B**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Number of Other J-1 Physicians at Practice Site: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Number of National Health Service Corps at Site: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Practice Site Client Demographics: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Population of Service Area: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Total Number of Active Primary Care Clients Seen the Previous Calendar Year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| ***(This is NOT the number of encounters/visits)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Number of Active Primary Care Clients Encounters/Visits in the Previous Calendar Year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 14. Percent of Practice Site Active Clients with Incomes at or Below 200 Percent of Federal Poverty Level: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Age Group | | | | | | | | | | | | | | | \* Medicaid | | | | | | | | | | \* Medicare | | | | | | | | + Sliding Fee Scale | | | | | | | Commercial | | | | | |  | | | | | |
|  | Birth – 11 Years | | | | | | | | | | | | | | | **%** | | | | | | | | | | **%** | | | | | | | | **%** | | | | | | | **%** | | | | | |  | | | | | |
|  | 12 – 18 Years | | | | | | | | | | | | | | | **%** | | | | | | | | | | **%** | | | | | | | | **%** | | | | | | | **%** | | | | | |  | | | | | |
|  | 19-62 Years | | | | | | | | | | | | | | | **%** | | | | | | | | | | **%** | | | | | | | | **%** | | | | | | | **%** | | | | | |  | | | | | |
|  | 63+ Years | | | | | | | | | | | | | | | **%** | | | | | | | | | | **%** | | | | | | | | **%** | | | | | | | **%** | | | | | |  | | | | | |
|  | Average % - | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |
|  | HPSA: | | | | | | | | | | | | | | | **%** | | | | | | | | | | **%** | | | | | | | | **%** | | | | | | | **%** | | | | | |  | | | | | |
|  | Not HPSA: | | | | | | | | | | | | | | | **%** | | | | | | | | | | **%** | | | | | | | | **%** | | | | | | | **%** | | | | | |  | | | | | |
| \* This includes Medicaid/Medicare fee-for-service and managed care. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| + Sliding Fee Scale would include clients with no insurance coverage (uninsured).  SUBMIT SLIDING FEE SCALE AS [**ATTACHMENT C**](attachmentc.htm). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Practice Site Service Area 5-Year Average Rate for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infant Mortality: | | | | | | | | | |  | | | | | | | | | | | | | | | | | Low Birthweight: | | | | | | | | | | | |  | | | | | | | | |  | | | | |
| 15. Identify Practice Site Contiguous Service Area(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Average distance to the next nearest source of primary care that is available to the clients of this practice site using available public transportation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miles: | | | | |  | | | | | | | | | | | Minutes: | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |

| 1. What statistics demonstrate the J-1 Physician’s Specialty/Subspecialty is greatly needed in the practice service area?   ***(ONE ADDITIONAL SHEET ALLOWED; PLEASE BE PRECISE)*** |
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| 1. Document that the Specialty/Subspecialty is not available to the service area indigent population:   ***(ONE ADDITIONAL SHEET ALLOWED; PLEASE BE PRECISE)*** |
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| --- | --- | --- | --- | --- |
| 1. Describe how the J-1 Physician will meet the service area indigent population needs:   ***(NO ADDITIONAL SHEET ALLOWED)*** | | | | |
|  | | | | |
| 1. Describe the J-1 Physician’s unique qualifications, cultural match and experience to meet the service area indigent population primary care needs:   ***(NO ADDITIONAL SHEET ALLOWED)*** | | | | |
|  | | | | |
| 1. Comprehensive summary of recruitment efforts within 6 months of requesting waiver for this J-1 Physician:   ***(Attach copies of these recruitment efforts.)*** | | | | |
|  | Type of Advertisement | Date | Response/Dismissal Cause |  |
|  |  |  |  |  |
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|  | | | | |
| 1. Describe the short or long-range plan for the retention of this J-1 Physician during and beyond three-year obligation:   ***(No additional sheet allowed.)*** | | | | |
| Short: | | | | |
|  | | | | |
| Long: | | | | |
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|  | | | | |