New Jersey Department of Health

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

# ATTACHMENT B

# HEALTH CARE RESOURCE INVENTORY

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Practice Name**  **and Address** | **Specialty** | **Sub-specialty** | **Hospital Hours**  **Yes/No** | **Total Office**  **Hours** | **Accept** Medicaid **Yes/No** | **Percent**  **Medicaid** | **Accept**  **New**  **Patients**  **Yes/No** | **Fee**  **Scale**  **Yes/No** | **Comments** |
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\* **Specialty** includes family practice (FP), Internal medicine (IM), pediatrician (PEDS), obstetrician (OB) and gynecologist (GYN), **subspecialty** includes Fellowship.