

**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

\* **Specialty** includes family practice (FP), Internal medicine (IM), pediatrician (PEDI), obstetrician (OB) and gynecologist (GYN), **subspecialty** includes Fellowship.