

**New Jersey Department of Health
APPLICATION FOR J-1 VISA WAIVER / STATE CONRAD 30 PROGRAM**

**SECTION 4-1
HEALTH FACILITY'S J-1 VISA WAIVER AGREEMENT**

The New Jersey Department of Health, hereinafter known as the (Department), is committed to assisting all residents to have access to quality, affordable health care. Accordingly, the Department 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 our J-1 Visa Waiver / State Conrad 30 Program.

The Executive Director for the facility or practice sponsoring the physician **must initial all** the New Jersey's J-1 Visa Waiver / State Conrad 30 Program requirements.

Initial	Program Requirement
_____	Facility/Practice agrees to comply with all of the Program requirements set forth in this Agreement and guidelines.
_____	Physician request is sponsored by a facility/practice located in a Health Professional Shortage Area (HPSA) designated by the Secretary of U.S. Department of Health and Human Services.
_____	The physician has agreed to provide primary medical care for at least forty (40) hours a week at the HPSA site named in this request for a minimum of three years. Travel or on-call time is not included in the 40 hours required by this paragraph.
_____	The facility/practice sponsoring the physician 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 facility/ practice will charge persons receiving services at the usual and customary rate prevailing in the HPSA in which services are provided, except charges will be on a sliding fee scale for persons at or below 200 percent of poverty or at no charge for persons unable to pay for these services. Persons with third party insurance will be charged to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges.
_____	The facility/practice has made a reasonable good faith effort to recruit a U.S. physician for the job opportunity in the same salary range without success during the last 6 months immediately preceding this request for waiver. Recruitment efforts were through a number of appropriate sources most likely bring responses from able, willing, qualified and available U.S. physicians.
_____	The attached executed employment contract with the physician does not contain a restrictive covenant or non-compete clause which prevents or discourages the physician from continuing to practice in any HPSA after the period of obligation under this policy has expired.
_____	The physician has completed a residency in one of the following specialties: family practice, general pediatrics, obstetrics, gynecology, internal medicine or psychiatry and is dutifully licensed by New Jersey Board of Medical Examiners (in the process of obtaining a license).
_____	The physician has not been "out of status" (as defined by the Immigration and Naturalization Service of the United States Department of Justice) for more than six (6) months since receiving a visa under 8 U.S.C. 1182 (j) of the Immigration and Nationality Act, as amended.
_____	The physician has signed and notarized the Department's "Physician J-1 Visa Waiver Affidavit and Agreement" and agrees to comply with the terms and conditions set forth in that document and Program guidelines.
_____	Facility/Practice understands that all requests recommended by the Department as an "Interested Government Agency" and approved subsequently by the Immigration and Naturalization Service of the United States Department of Justice is subject to an initial review and annually thereafter for compliance with New Jersey J-1 Visa Waiver / State Conrad 30 Program policy, guidelines and applicable federal/state laws.

**SECTION 4-1
HEALTH FACILITY'S J-1 VISA WAIVER / STATE CONRAD 30 PROGRAM AGREEMENT
(CONTINUED)**

Initial

Program Requirement

- _____ A "No Objection" letter is not required from the physician's country's home government.
- _____ The physician has signed the Declaration of Pending Interested Government Agency and Medical License Affidavit statements.
- _____ Facility/Practice understands that relocation of the physician from the approved practice site to a new site must be approved by the Department in writing prior to the move.
- _____ Facility/Practice understands it has sole responsibility for ensuring the physician has proper medical credentials and the Department has no responsibility with respect to the physician's eligibility for change of non-immigration status or work authorization.

I certify that the application information provided to the Department of Health for purpose of determining whether it will act as an "Interested Government Agency" is true and correct as of the date set forth opposite my signature. I further understand that if the facility/practice does not respond to the Department staff seeking information and/or clarification of information in the application, the application will be returned for resubmission.

Executive Director:

Name	Title (if other than Executive Director)	
Signature		Date