

**FLORIDA CONRAD 30/J-1 VISA WAIVER PROGRAM
APPLICATION SCORING SHEET
(State Primary Care Office Use Only)**



APPLICATION TYPE	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Specialist	<input type="checkbox"/> FLEX
PHYSICIAN'S NAME _____	SPECIALTY _____		
EMPLOYER _____	COUNTY _____		
REVIEWER _____	DATE _____	TOTAL SCORE _____	

<p>CRITERIA 1 (WEIGHT x5) Practice Type</p> <p><input type="checkbox"/> Primary Care 6</p> <p style="text-align: right;">Total *5 = _____</p>	<p>CRITERIA 5 (WEIGHT x3) Employer Type</p> <p><input type="checkbox"/> Safety Net 2</p> <p><input type="checkbox"/> Non Profit 1</p> <p><input type="checkbox"/> For Profit 0</p> <p style="text-align: right;">Total *3 = _____</p>	<p>CRITERIA 9 Specialist Addendum</p> <p><input type="checkbox"/> Needed Specialty 1-3</p> <p><input type="checkbox"/> Patients Description 1-3</p> <p><input type="checkbox"/> Nearest Provider 1-3</p> <p style="text-align: right;">Total = _____</p>
<p>CRITERIA 2 (WEIGHT x4) Shortage Type</p> <p><input type="checkbox"/> Geographic 3</p> <p><input type="checkbox"/> MUA/MUP 1</p> <p><input type="checkbox"/> Special Population 1</p> <p><input type="checkbox"/> Facility 0</p> <p style="text-align: right;">Total *4 = _____</p>	<p>CRITERIA 6 (WEIGHT x3) Sliding Fee Patients</p> <p><input type="checkbox"/> >50% 3</p> <p><input type="checkbox"/> 25% - 49.9% 2</p> <p><input type="checkbox"/> 10% - 24.9% 1</p> <p><input type="checkbox"/> <10% 0</p> <p style="text-align: right;">Total *3 = _____</p>	<p>CRITERIA 10 FLEX Addendum</p> <p><input type="checkbox"/> Service Area 1-3</p> <p><input type="checkbox"/> Patients Description 1-3</p> <p><input type="checkbox"/> Evidence of Patients 1-3</p> <p><input type="checkbox"/> Nearest Provider 1-3</p> <p style="text-align: right;">Total = _____</p>
<p>CRITERIA 3 (WEIGHT x4) HPSA Score</p> <p><input type="checkbox"/> High (16 or greater) 4</p> <p><input type="checkbox"/> Medium (11-15) 1</p> <p><input type="checkbox"/> Low (10 or lower) 0</p> <p style="text-align: right;">Total *4 = _____</p>	<p>CRITERIA 7 (WEIGHT x2) Service Type</p> <p><input type="checkbox"/> Outpatient/Ambulatory 2</p> <p><input type="checkbox"/> Hospitalist 1</p> <p><input type="checkbox"/> Other 0</p> <p style="text-align: right;">Total *2 = _____</p>	
<p>CRITERIA 4 (WEIGHT x4) Physician Retention</p> <p><input type="checkbox"/> Florida Residency 2</p> <p style="text-align: right;">Total *4 = _____</p>	<p>CRITERIA 8 (WEIGHT x1) Non-Compete Clause</p> <p><input type="checkbox"/> No 3</p> <p style="text-align: right;">Total *1 = _____</p>	