NATIONAL INTEREST WAIVER (NIW) GUIDELINES

Purpose: The Florida Department of Health (DOH) State Primary Care Office (PCO) administers the Florida Conrad 30/J-1 Visa Waiver Program. Our goal is to improve access to primary health care services and to address health disparities within federally designated Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUAs/MUPs)

Guidelines:

1. A physician must practice clinical medicine full time (no less than 40 hours per week) in a verified HPSA or MUA/P (excluding FLEX waivers) for the required five (5) year obligation period.

2. The facility, upon recommendation of waiver application, must: accept Medicaid/Medicare clients, employ a discounted/sliding fee schedule for low-income clients, and post a notice in a conspicuous place in the waiting area that all clients will be seen regardless of their ability to pay.

3. A transfer from one site to another is not permitted without prior written approval by DOH.

4. Sites receiving waiver approval must agree to report to DOH on the status of their NIW physician's placement's activities at the start of employment and every 12 months thereafter during the 5 year obligation service period. The Florida NIW Physician Practice Status Report is available at: FDOH PCO Visa Waiver Programs.

5. Primary care specialties include family medicine, internal medicine, pediatrics, obstetrics and gynecology, psychiatry, and hospitalist.

6. Past compliance with the program guidelines may be considered.

7. Any violations of policy, including failure to provide status reports in a timely and accurate manner, or failure to demonstrate good faith in utilizing a NIW physician's services in accordance with these policies will jeopardize future eligibility for placements and will cause for reporting to federal authorities or the Florida Board of Medical Examiners. This referral could ultimately lead to invocation of remedies such as a reprimand, fine, revocation of the medical license, or deportation proceedings against the NIW physician.

Application Procedure and Checklist:

Submit one original and one copy of the completed application and required documents. Do not use staples, binders, or pages larger or smaller than 8.5 x 11. Documents should be submitted in the following order, separated by a cover divider page, appropriately labeled with the name of the document behind it.

Documents to be submitted:

1) Florida NIW Recommendation Application
2) Florida NIW Affidavit and Agreement Form
3) Practice facility's cover letter
4) Employment Contract, which includes:
    a. Signatures of both the NIW physician and employer
    b. Date the document was signed and the expected employment start date
    c. Name, physical address, phone number, and email address of the NIW physician
    d. Name, physical address, mailing address, phone number, and email address of
    e. the practice faclity
    f. Minimum of 40 hours per week of direct patient care
    g. Five (5) year term of employment, including the specific start and end dates
    h. Description of the patient demographics of the area served by the facility
5) Evidence of shortage designation status
6) Facility's sliding fee scale
7) Photo of the sliding fee scale public notice in the patient waiting area
8) Physician's Florida medical license or license application
9) Physician's Curriculum Vitae
10) Physician's Personal Statement
11) Form G-28 or letterhead from law office (if applicable)

Monitoring and Reporting:

The NIW physician and employer will complete the Florida NIW Physician Practice Status Report every 12 months after the commencement of employment during the 5 year waiver service period. This form will allow DOH to monitor the status of the NIW physician and information about the practice sites. DOH or its representative may also conduct periodic monitoring through telephone calls or site visits to ensure compliance with federal and state policies and procedures. Violation of any of the agreed upon conditions by the employer may result in denial of future requests for National Interest or J-1 Visa Waivers. Violation of any of the agreed upon conditions by the physician may result in referral of the physician to the appropriate office.

The physician and/or employer shall, upon reasonable notice and during normal business hours, grant DOH representatives, who shall maintain full confidentiality and comply with HIPAA regulations, reasonable access to all records maintained by the physicians' practice, which are pertinent to ascertaining compliance with these guidelines. DOH representatives may also perform audits for compliance of these guidelines.

Contract changes which result in termination of employment, a change in practice scope, and/or relocation from a site approved in the application request to a new site must be presented in writing to DOH prior to the change.

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Application Checklist:
*(For use by attorney and or physician when completing application package; **not required** to be submitted with application.)*

1. ☐ Florida NIW Recommendation Application
2. ☐ Florida NIW Affidavit and Agreement Form
3. ☐ Practice facility's cover letter
4. ☐ Physician's employment contract
5. ☐ Evidence of shortage designation status
6. ☐ Facility's sliding fee scale
7. ☐ Photo of the sliding fee scale public notice
8. ☐ Physician's Florida medical license or license application
9. ☐ Physician's Curriculum Vitae
10. ☐ Physician's Personal Statement
11. ☐ Form G-28 or letterhead from law office (if applicable)

Application materials may be submitted electronically to: FL.PCO@flhealth.gov
Or by mail to:

Application materials may be mailed to: State Primary Care Office Division of Public Health Statistics and Performance Management Florida Department of Health 4052 Bald Cypress Way, Bin #AO5 Tallahassee, Florida 32399