



**VISA WAIVER PHYSICIAN TRANSFER REQUEST
GUIDELINES AND PROCEDURES**
Florida Conrad 30/J-1 Visa Waiver Program
Health and Human Services (HHS) Exchange Visitor Program

The Florida Department of Health (FDOH) State Primary Care Office (PCO) administers the Florida Conrad 30/J-1 Visa Waiver Program. The intent of the Conrad 30 Program and the HHS Exchange Visitor Program is to improve access to primary health care services to medically underserved Floridians in federally designated Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUAs/MUPs).

Florida's Transfer Request Guidelines

Applicant

- 1) Physicians may only transfer to a new practice facility or employer after written approval by FDOH. The Transfer Request Form and all supporting documents, which are available at [FDOH PCO Visa Waiver Programs](#), must be submitted prior to the transfer to: FL.PCO@flhealth.gov.
- 2) In accordance with federal guidelines, the physician must provide proof of a valid extenuating circumstance for the transfer to a new employer.
- 3) The physician must continue to practice clinical medicine full time (no less than 40 hours per week) in a designated primary care or mental health HPSA (for psychiatrist only) or MUA/P for the remainder of the obligation service period.
- 4) FDOH does not maintain a list of employers or vacancies for visa waiver physicians. Florida participates in the [National Rural Recruitment and Retention Network \(3RNet\)](#), which assists in matching physicians with possible employers.
- 5) Must obtain an employment contract from the employer/health care facility where they are to be employed. Employment Contracts must include:
 - signatures of both the physician and employer (head of facility),
 - minimum of 40 hours per week of direct patient care,
 - specific contract length, which at a minimum, must be for three years, and
 - a statement that physician “agrees to begin employment at the health care facility within 90 days of receipt of the waiver, not the date his or her J-1 visa expires, and continues to work for a total of not less than three (3) years after the approval is granted.”
(<https://www.uscis.gov/working-united-states/students-and-exchange-visitors/conrad-30-waiver-program>) 8 U.S. Code §1184(l)(1)(C)(ii).
- 6) 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 J-1 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 Medicine.

Employer

Must provide an employment contract/agreement between the employer and the physician.

Employment Contracts must include:

- signatures of both the physician and employer (head of facility),
- minimum of 40 hours per week of direct patient care
- a specified term of employment (contract length), which cannot be less than three years, and
- a statement that physician “agrees to begin employment at the health care facility within 90 days of receipt of the waiver, not the date his or her J-1 visa expires, and continues to work for a total of not less than three (3) years after the approval is granted.” (https://www.uscis.gov/working-united-states/students-and-exchange-visitors/conrad-30-waiver-program) 8 U.S. Code §1184(l)(1)(C)(ii).
- [Do not add any caveats or make alterations to this language.]
- Recommended Items to be Included in Employment Contacts (Not Mandatory)
 - Address of all practice locations
 - HPSA name and ID number for all practice locations
 - Direct patient care hours per week per location

Transfer Request Procedure

Submit the following documents electronically in PDF format via email to: FL.PCO@flhealth.gov
(Contact information and supporting documents are available at: [FDOH PCO Visa Waiver Programs.](#))

For physicians transferring to a new practice facility site while remaining with the same employer, the physician must provide:

- 1) The Florida Visa Waiver Physician Transfer Request Form
- 2) A cover letter from the employer indicating an agreement with the physician regarding the transfer.
- 3) Evidence that the new facility is located in a designated shortage area (copy of the HRSA “[Find Shortage Areas: HPSA & MUAP by Address](#)” query result)
- 4) A copy of the facility’s sliding fee scale
- 5) Photographic evidence of the sliding fee scale public notice posted in the lobby or patient waiting room of the facility. The public notice shall include the facility’s commitment to serve all patients regardless of their ability to pay or their enrollment in Medicare or Medicaid.

For physicians transferring to a new employer, the physician must provide:

- 1) The Florida Visa Waiver Physician Transfer Request Form
- 2) A signed Employer Attestation Form
- 3) A cover letter from the current employer indicating the release of the physician and reasons for termination.
- 4) A cover letter from the physician indicating the intent to transfer, reasons for the transfer and proof of the extenuating circumstance, intended date of transfer, and intent to continue upholding all FDOH program policies and procedures

- 5) A cover letter from the new employer signed, dated, and stating:
 - a. The name, physical address, phone number, and email address of the facility
 - b. The HPSA ID number in which the facility is located
 - c. A minimum of 40 hours per week of direct patient care
 - d. The facility accepts Medicaid clients, employs a sliding fee scale, and has posted a notice in a conspicuous place in the lobby or waiting area that all clients will be seen regardless of their ability to pay.
- 6) Employment Contract, which includes:
 - a. Signatures of both the 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 the practice facility
 - e. Minimum of 40 hours per week of direct patient care
 - f. The specific start and end dates of the employment service.
- 7) Evidence that the facility is located in a designated shortage area (copy of the HRSA "[Find Shortage Areas: HPSA & MUA/P by Address](#)" query result)
- 8) A copy of the facility's sliding fee scale
- 9) Photographic evidence of the sliding fee scale public notice posted in the lobby or patient waiting room of the facility. The public notice shall include the facility's commitment to serve all patients regardless of their ability to pay or their enrollment in Medicare or Medicaid.

Verification of Medical Practice, Monitoring, and Reporting

The physician and employer must complete the Florida Visa Waiver Physician Practice Status Report, available at: [FDOH PCO Visa Waiver Programs](#), by June 30th of each year during the three year waiver service period. Status reports may be submitted as a PDF document via email to: FL.PCO@flhealth.gov.

FDOH, or its representative, may 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 visa waivers. Violation of any of the agreed upon conditions by the physician may result in referral of the physician to appropriate authorities.

Contract changes which result in termination of employment, a change in practice scope, or the relocation of the physician from the site approved in the application request to a new site must be presented in writing to FDOH prior to the change. The new practice facility must receive FDOH approval and be located within a designated shortage area.

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

Transfer Request Checklist

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

New site with current employer:

- 1) Florida Transfer Request Form
- 2) Employer's Cover Letter
- 3) Employer Attestation Form
- 4) Evidence of health professional shortage area designation for the new site

New site with new employer:

- 1) Florida Transfer Request Form
- 2) Physician's Cover Letter
- 3) New Employer's Cover Letter
- 4) Employer Attestation Form
- 5) Current Employer's Cover Letter
- 6) New Employment Contract
- 7) Evidence of health professional shortage area designation

Additional Resources and Links:

For additional information and supporting documents for Florida's visa waiver programs, visit the Florida Department of Health State Primary Care Office website: <http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/conrad-30-program-j-1-visa/>

For information regarding health professional shortage areas, visit the Health Resources and Services Administration (HRSA) website: <http://www.hrsa.gov/shortage/>

For information regarding sliding fee scales, visit the HRSA website: <http://bphc.hrsa.gov/technicalassistance/taresources/slidingrequirements.html>