

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

FLORIDA CONRAD 30/J-1 VISA WAIVER PROGRAM GUIDELINES AND PROCEDURES

Purpose: The Florida Department of Health (FDOH) State Primary Care Office (PCO) administers the Florida Conrad 30/J-1 Visa Waiver Program. The 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).

Florida's Conrad 30 Program Guidelines:

Applicant

- The application period is from October 1 through the first Monday of November of each year. The deadline for submitting applications is by close of business the first Monday in November.
- All applicants must have a USDOS case number at the time of application. The USDOS case number must appear on the lower right corner on every page of the application packet. The case number must be typed and be placed high enough from the bottom right corner of each page so it is visible on both the original application and the copy submitted to the Florida Department of Health.
- The physician must practice clinical medicine full time (40 hours per week) in a designated primary care or mental health HPSA or MUA/P (excluding FLEX waivers) for the required three (3) year obligation period.
 - Commences within **90 days** from the date the waiver is approved by the U.S. Bureau of Citizenship and Immigration Services (USCIS).
- Primary care specialties are the priority for the State of Florida. Primary care specialties include:
 - Family medicine
 - Internal medicine
 - Pediatrics
 - Obstetrics
 - Gynecology
 - Psychiatry
 - Hospitalists

Physicians of all other medical specialties are considered specialists. There are no restrictions regarding the type of specialists that may apply, with the exception of those involved in care that is not medically essential, such as cosmetic surgery.

Florida Department of Health

Division of Public Health Statistics and Performance Management
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- **Non-HPSA-MUA/P (FLEX)** waivers will be considered **only** if there are unused waivers after the review and scoring process is complete.
- Transfers: If a physician seeks to transfer to a new practice facility or employer, the physician must submit a formal request to the PCO prior to the transfer. The physician must also provide extenuating circumstance for the transfer in accordance with federal regulations. The Transfer Request Form, guidelines, and additional information are available on the [FDOH PCO website](#).
- 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.
- Past compliance with the program guidelines may be considered.
- 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

- There is no limit to the number of applications submitted by an employer. However, only one (1) application per specialty may be recommended. If unused waiver slots remain, additional applications from like specialties for one employer may be considered. The employer will prioritize the applicants based on their clinic needs.
- The sponsoring facility must accept Medicaid clients and employ a sliding fee scale. Signage must be posted in a conspicuous place in the lobby or waiting area that indicates all clients will be seen regardless of their ability to pay. Further information regarding federal poverty guidelines is available on the [U.S. Department of Health and Human Services website](#). Employers must comply with the guidelines for a sliding fee scale as established by the US Department of Health and Human Services.
- An example of a sliding fee scale based upon the US Federal poverty guidelines can be found at the National Health Service Corps site: [National Health Service Corps Discounted Fee Schedule](#). In addition, please see: [Discounted /Sliding Fee Schedule Information Package](#)

Timeline for Application Processing by the Florida Department of Health:

Overview of Application Timeline	
October 1	FDOH application window opens
First Monday of November	FDOH application submission deadline
November - January	Application review and processing by FDOH
January	FDOH State Surgeon General recommendation decisions and submission to USDOS
March	USDOS recommendation decision and submission to USCIS
April - June	USCIS final decision

At the close of the application cycle (First Monday in November), FDOH staff will review and score each application competitively on the basis of the eligibility requirements and selection criteria specified. The state's highest priority for waiver placement is primary care physicians working at outpatient/ambulatory care sites or with safety net providers located in high need areas.

After final approval by the State Surgeon General, FDOH staff will notify each applicant on his or her recommendation status (January). Applicants must please remain patient and allow ample time to reach a decision on each application. Correspondence between employers, physicians, or attorneys with FDOH staff will not take place during the review and scoring of applications.

The FDOH will notify applicants of the Florida State Surgeon General recommendations by email. Recommended applications will be sent certified mail, return receipt requested, to the USDOS.

Applicants will be notified directly from the USDOS and the USCIS of their approval or denial. FDOH recommendation does not guarantee recommendation by the USDOS or approval by the USCIS.

Verification of Medical Practice, Monitoring, and Reporting:

The physician and employer must complete the Florida Visa Waiver Physician Practice Status Report, available on the [FDOH PCO website](#), 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.

Other providers of indigent care in the county or community may be notified of the J-1 physician placement. The physician's name and practice location may be posted on the PCO website as a provider of primary health care that accepts Medicaid, Medicare, and sliding fee patients.

Application Submission Procedure:

<ul style="list-style-type: none">• Submit one (1) original and one (1) copy of the completed application and required documents. <i>Do not hand print the application forms. All documents in the application must be typed.</i>
<ul style="list-style-type: none">• Do not use staples, binders, clips or pages larger or smaller than 8.5 x 11.
<ul style="list-style-type: none">• Documents must be submitted in the order listed in the Application Checklist below, separated by a colored divider page, appropriately titled according to the document behind it Every page, including the color divider pages must have the USDOS case number typed on it in a font large enough to discern the correct number. Do not use tabbed dividers, clips, plastic dividers or any divider of the like. Application documents must be separated by color sheets only.
<ul style="list-style-type: none">• A US Department of State Waiver Case File Number is required and must appear on the lower right corner on every page of the application packet.
<ul style="list-style-type: none">• All required documents are available on the FDOH PCO website.
<ul style="list-style-type: none">• Application packets must be mailed to: State Primary Care Office Division of Public Health Statistics & Performance Management Florida Department of Health 4052 Bald Cypress Way, Bin C15 Tallahassee, Florida 32399

- 1) Florida Conrad 30/J-1 Visa Waiver Recommendation Application
- 2) Certification Statement A (Affidavit and Agreement Form)
- 3) Certification Statement B (Physician Attestation)
- 4) Certification Statement C (Employer Attestation)
- 5) Specialist or FLEX Waiver Addendum (if applicable)

Physicians applying for a specialist waiver must demonstrate a need by addressing the following:

- Describe how the physician's employment will satisfy important unmet needs of the medical practice patients and the specific health care needs of the community served.

- Describe how the physician's performance competencies or specific training and skills will meet the needs of the patient population and community to be served.
- Describe who will benefit from the specialty services. Provide data on the number of patients affected and how many are low-income (Medicaid) or uninsured.
- Provide the number of physicians practicing this specialty in the service area. If this specialty is currently not available in the service area, identify the nearest location where this specialty service can be obtained.

Physicians applying for a FLEX waiver must demonstrate a need by addressing the following:

- Describe the facility's service area. Provide evidence that a minimum of 30% of the employer's current patient base resides in a neighboring HPSA or MUA/P (for example, a patient visit report that identifies total patient visits in the last 6-12 months of service by patient origin zip code).
 - Describe who will benefit from the physician's services. Identify the percent of Medicaid and Medicare patients who will have access to this physician. Describe how the facility will assure access to this physician for low-income or uninsured patients.
 - Provide evidence the facility serves a disproportionate share of uninsured or Medicaid recipients (include data on the number of patients affected and how many are low-income or uninsured).
 - If this service is not currently available in the community, identify the nearest location where this service can be obtained.
- 6) Cover Letter from the practice facility that indicates a desire to hire the physician
- 7) Employment Contract, which includes:
- Signatures of both the physician and employer
 - Date the document was signed
 - Name, physical address, mailing address, phone number, and email address of the practice facility
 - Minimum of 40 hours per week of direct patient care
 - Three (3) year term of employment, including the specific start and end dates and a statement that work shall commence within 90 days after the waiver is approved by the U.S. Bureau of Citizenship and Immigration Services
 - Description of the geographic area served by the facility
- 8) 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)
- 9) Copy of the facility's sliding fee scale
- 10) Photo 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.
- 11) Copy of the physician's valid Florida medical license or a copy of the Florida medical license application
- 12) Curriculum Vitae of the physician

13) Personal Statement from physician regarding his or her reasons for not wishing to fulfill the two-year home country residence requirement to which the applicant agreed at the time of acceptance of exchange visitor status

14) Form DS-3035 (USDOS J-1 Visa Waiver Recommendation Application)

15) Copies of the Certificate of Eligibility for Exchange Visitor J-1 Status (DS-2019/IAP-66) forms for each year the physician was in J-1 status)

16) Copies of Form I-94 Entry and Departure Cards

17) Explanation for Out of Status if the foreign medical graduate spent any period of time in some other visa status, out of status, or outside of the U.S.

18) Form G-28 (Notice of Entry of Appearance as Attorney or Accredited Representative) or letterhead from law office, if an attorney represents the applicant

19) A "No Objection" Statement from the visitor's government if foreign government funding is involved.

Application Checklist:

- 1) Florida Conrad 30 Recommendation Application
- 2) Certification Statement A (Affidavit and Agreement Form)
- 3) Certification Statement B (Physician Attestation)
- 4) Certification Statement C (Employer Attestation)
- 5) Specialist or FLEX waiver addendum (if applicable)
- 6) Practice facility's cover letter
- 7) Employment Contract
- 8) Evidence of shortage designation status
- 9) Facility's sliding fee scale
- 10) Photo of the sliding fee scale public notice
- 11) Physician's Florida medical license or license application
- 12) Physician's Curriculum Vitae
- 13) Physician's Personal Statement
- 14) Form DS-3035
- 15) DS-2019/IAP-66 forms
- 16) Form I-94 entry and departure cards
- 17) Explanation for Out of Status (if applicable)
- 18) Form G-28 or letterhead from law office (if applicable)
- 19) "No Objection" Statement (if applicable)

**Applications must be submitted by USPS mail, Fed Ex, United Parcel Service or a similar mail carrier service to: State Primary Care Office
Division of Public Health Statistics and Performance Management
Florida Department of Health
4052 Bald Cypress Way, Bin #A05
Tallahassee, Florida 32399**

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 Visa Waiver Program](#)

For information regarding the J-1 Visa, visit: [USDOS J-1 Visa](#)

For information regarding the USDOS application instructions, visit: [USDOS](#)

For information regarding health professional shortage areas, visit the [Health Resources and Services Administration \(HRSA\) Shortage Designation website](#).

For information and guidance regarding sliding fee scales see [the National Health Service Corps Sliding Fee website](#).

For information regarding federal poverty guidelines, visit [U.S. Department of Human Services Office of The Assistant Secretary for Planning and Evaluation](#) website:
<http://aspe.hhs.gov/poverty/index.cfm>

For information regarding employment opportunities in Florida, visit: [National Rural Recruitment and Retention Network \(3RNet\)](#)