

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 SCORING SHEET
(State Primary Care Office Use Only)

PHYSICIAN'S NAME _____ Date of Birth _____ USDOS # _____ Specialty Type _____		
CRITERIA 1 (WEIGHT x5) Practice Type <input type="checkbox"/> Primary Care 8 Total *5 = _____	CRITERIA 2 (WEIGHT x4) HPSA Score <input type="checkbox"/> ≥17 6 <input type="checkbox"/> 14-16 3 <input type="checkbox"/> 11-13 1 <input type="checkbox"/> ≤10 0 Total *4 = _____	CRITERIA 3 (WEIGHT x4) Physician Retention <input type="checkbox"/> Florida Residency 2 Total *4 = _____
CRITERIA 4 (WEIGHT x3) Sliding Fee Patients <input type="checkbox"/> >30% 4 <input type="checkbox"/> 18% - 29% 2 <input type="checkbox"/> 10% - 17% 1 <input type="checkbox"/> ≤9% 0 Total *3 = _____	CRITERIA 5 (WEIGHT x3) Medicaid Patients <input type="checkbox"/> >50% 4 <input type="checkbox"/> 26% - 49% 2 <input type="checkbox"/> 10% - 25% 1 <input type="checkbox"/> ≤10% 0 Total *3 = _____	CRITERIA 9 (WEIGHT x1) Non-Compete Clause <input type="checkbox"/> No 3 Total *1 = _____
CRITERIA 7 (WEIGHT x3) Employer Type <input type="checkbox"/> Safety Net 4 <input type="checkbox"/> Non Profit 3 <input type="checkbox"/> For Profit 1 Total *3 = _____	CRITERIA 8 (WEIGHT x2) Service Type <input type="checkbox"/> Outpatient/Ambulatory 4 <input type="checkbox"/> Hospitalist 2 <input type="checkbox"/> Other 1 Total *3 = _____	TOTAL SCORE _____
CRITERIA 10 Specialist Addendum <input type="checkbox"/> Employment will satisfy unmet needs of the community 1-5 <input type="checkbox"/> Physician's performance and training will meet needs of the community 1-5 <input type="checkbox"/> Description of the patient population and service area 1-5 <input type="checkbox"/> Description and distance of nearest providers 1-5 Total = _____		
CRITERIA 11 FLEX Addendum <input type="checkbox"/> Description of the facility's service area and community 1-5 <input type="checkbox"/> Description of patient population and assurance of access to care 1-5 <input type="checkbox"/> Evidence of a disproportionate share of uninsured patients 1-5 <input type="checkbox"/> Description and distance of nearest providers 1-5 Total = _____		
		Specialist Addendum TOTAL SCORE = _____