

LOUISIANA CONRAD 30/J-1 VISA WAIVER PROGRAM APPLICATION PACKET DIRECTIONS

In order for an application to be deemed complete, the following is the list of items/documents/forms which must be included. Place these items/documents/forms in the order listed including all information as requested/described herein. Failure to follow these guidelines or place documents/sections in this order will delay review of the packet and could result in the packet being returned for correction/completion.

Packet Directions

- The physician's US DOS Case Number must be placed in the bottom right-hand corner of each page of the physician's Louisiana Conrad State 30/J-1 Visa Waiver Program: Application Packet
- All sections must be separated by colored divider pages and each divider pages MUST have the name of the section or appendix printed on the page.
- Do not use staples, binders, two-sided copies, and/or pages smaller than 8.5 x 11 inches. **USE A LARGE RUBBERBAND TO HOLD YOUR PACKET TOGETHER IF NEEDED.**
- Completely fill out each listed form, as required, and supply all listed documents.
- The packet Application Packet Checklist must be signed and placed in the appropriate section of the packet.
 - If a document is included in this packet list that does not apply to the applying physician or site, then that must be noted on the Application Packet Checklist by marking that section with an "N/A" to the left side of the number/letter on the Application Packet Checklist.

i: Louisiana Conrad 30/J-1 Visa Waiver Program **Site Information Form**

The Louisiana Conrad State 30/ J-1 Visa Waiver Program Site Information form must be filled out completely and placed on top of the application packet when submitted to the Bureau. Do not label or mark this form as a separate section of this application.

ii: Louisiana Conrad 30/J-1 Visa Waiver Program **Application Packet Checklist**

Place a fully completed checklist behind the Louisiana Conrad State 30/J-1 Visa Waiver Program Site Information form. Do not label or mark this form as a separate section.

Section 1: Form DS-3035 and/or the Third Party Bar Code Page

Attach a copy of the electronic application.

Section 2: Cover letter (letter of support)

This letter will be inserted by the Louisiana LDH Bureau of Primary Care and Rural Health indicating the site's support of this Louisiana Conrad State 30/J-1 Visa Waiver Program request application.

Section 3: Employment contract

It is suggested that the employer state the following Conrad State 30 and Immigration Services requirements into an amendment to contain the following:

- a. The facility name, address, telephone number of ALL locations where the physician will be working or might work occasionally. These possible work locations can be listed separately as an addendum if they are numerous.
- b. Both the physician and head of the employing facility must sign and date the contract.

- c. The contract must state that the physician is a full-time employee working a minimum of 40 hours per week or 160 hours per month. The hours may include 8 hours of administrative time per week. This will NOT include hours in teaching settings, supervising residents/fellows/students, or supervising a clinics, or other administrative work.
- d. The term of the contract must be for a minimum of three (3) years with a salary at least Level 2 of the United States Dept. Of Labor's prevailing wage guidelines for physicians of the same type in the same area. See Prevailing Wage Section O for further details.
- e. A non-compete clause must **NOT** be included in the contract with no restrictions to practicing in the area once the three (3) year requirements are met.
- f. The contract must include a clause stating that LDH will be notified at least 60 days prior to the termination of the contract by either party or **immediately upon termination** if an immediate termination occurs.
- g. The contract **CAN NOT** be terminated without cause by either party and must include a statement to that effect.
- h. The Bureau will be notified of ALL post-approval contract amendments and assignments after the date of the original contract signing.

NOTE: Failure of the physician OR the practice site to fulfill the employment contract which was submitted to the Bureau for review as a part of the of the Louisiana Conrad 30/J-1 Visa Waiver Program Application Packet will affect the visa status of the J-1 visa waiver physician and any decisions regarding future J-1 visa waiver physician placements for this employer at any of their locations throughout the state. Failure to comply with Louisiana Conrad State 30/J-1 Visa Waiver Program criteria by the physician or the employer as indicated by signing the Criteria for Support by the State of Louisiana may affect the employer's participation in other Bureau recruitment and retention incentive programs at any of its service locations and may affect the visa status of the J-1 visa waiver physician.

Section 4: Documentation of HPSA/MUA address designation

The site will include documentation that they are located in a designated primary care HPSA/MUA and/or a mental health HPSA as appropriate for each application. Verification by address can be found at <http://hpsafind.hrsa.gov/>.

If the site is NOT located in a HPSA/MUA, the applicant must complete the **FLEX (Non-HPSA) Support Request Form** and include it in this section.

Section 5: Practice site letter of need

A letter of explanation from the facility, detailing the need to hire a physician. Included in the letter should be a description of the population served, why it is necessary to hire a physician, and what will be accomplished with the hiring of this physician. The letter must be signed by the practice site administrator and be written on the practice site's letterhead.

Section 6: Physician Statement

See document titled **Physician Statement**. This document must be signed, dated, and notarized.

Section 7: Curriculum Vitae

Physician's current CV must be included.

Appendices

Documents must be placed in the following order and labeled accordingly:

- A. Qualifications** – Copies of the following will be included:
 - Copies of USMLE (United States Medical Licensing Examination) passing results for Step 1, Step 2 Clinical Skills, Step 2 Clinical Knowledge, and Step 3;
 - Any other relevant certifications/diplomas;
 - Applicant's current Louisiana State Board of Medical Examiner's license, OR a copy of the application for this license.

- B. Physician Attestation:** See document titled **Physician Attestation**. This document must be signed, dated, and notarized.

- C. IAP-66/DS-2019 forms:** Legible copies of the physician's IAP-66/DS-2019 forms covering every period the physician was in J-1 visa status will be included. These forms must be submitted in chronological order with "Begin a new program" first.

- D. Form G-28 or letterhead from law firm (if applicable):** Include this form if the J-1 physician wishes for his/her attorney to receive notice of actions taken regarding his/her waiver request application. The instructions and an electronic version of Form G-28 are available at <http://uscis.gov/graphics/formsfee/forms/g-28.htm> .

- E. I-94 entry and departure cards and/or passport documentation:** Photocopies of these cards, front and back, must be included AND/OR copies of the passport used when entering the United States.

- F. Three (3) letters of professional recommendation:** At least three (3) letters from the physician's peers/professors or those who know the physician's qualifications, in which these people recommend the physician for placement at a site to practice the type of medicine for which the physician was hired must be included.
NOTE: NO FORM LETTERS WILL BE ACCEPTED.

- G. Original signed copy of the Criteria for Support by the State of Louisiana:** This form must be signed and submitted with this packet.

- H. Recruitment effort:** Provide a written description of the recruitment campaign and outcomes with documentation of the practice site's position-specific advertisements.
Must include proof of good-faith effort conducted at least 3 months prior to the application such as copies of ads, placement agreements, etc. copies of ads and placement agreements, and other evidence documenting unsuccessful attempts to recruit qualified US physicians. Acceptable documentation shall include copies of advertisements for the position published in newspapers, journals, copies of letters to state medical schools, targeted mailings, copies of on-line advertisements that specifically target the practice opportunity, and other supporting documentation which demonstrates a good faith effort to recruit American physicians. Additional documentation may also be included regarding written statements of other recruitment activity including phone conversations, personal visits, and such.

Must provide documentation of United State citizens who inquired/applied and were not hired: A list of all US citizens/permanent residents who applied for or inquired about this position who were not hired will be included along with the reason they were not offered the job or if they turned down this position. If none applied, please note this in this section.

- I. **Three (3) letters of support from the community.** Letters of support from the medical community where the physician will be practicing including at least one (1) from a primary care physician or a local hospital administrator.
- J. **Specialty Dire Need Criteria Form:** The information requested in the Dire Need Criteria form needs to be submitted if a specialist (non-primary care) physician is being hired.
- K. **Copy of Verification of Employer's Valid Medicaid ID Number.**
- L. **Prevailing wage information:** Documentation of the salary range for the position, which must be **100% of the United States Department of Labor's (US DOL) prevailing wage rate (at least Level 2 or higher) for physicians of the same-type in that area and/or the salaries of currently employed US citizens at the practice site if lower than US DOL's noted wages.** A copy of the most current prevailing wage for the type of physician applied for from US DOL should be included or verification that the salary offered is the same as US citizens with similar work experience who are working in the same position at this facility. Information on prevailing wage can be found at <http://www.flcdatcenter.com/OesWizardStart.aspx>. If Level 1 wages are being used, an explanation of why this level is appropriate must be included. If information on prevailing wage being used is less than the wages listed on the US DOL website, the applicant will need to have this wage level certified by US DOL and provide documentation that the statistical information used as a basis for this other wage analysis is mathematically sound. A complete step-by-step guideline for selecting an appropriate prevailing wage can be found at <http://www.flcdatcenter.com/skill.aspx>.
- M. **Documentation of sliding fee scale/indigent care policy:** The site must provide a copy of their sliding fee scale/indigent care policy for their uninsured/underinsured patients who are at or below 200% of federal poverty level including the actual scale used. The sign/ notice that states that the site sees all patients regardless of ability to pay must be included. A picture of this sign posted in a conspicuous place in the waiting room of this site must be included.
- N. **Explanation for out of status (if applicable):** This information is required if the physician spent any time in some other visa status, out of status, or outside the United States.
- O. **A "No Objection" statement (if applicable):** A statement from the physician's government is required *if* the physician received government funding for his/her educational/living expenses while in school.