Well-Ahead Louisiana Primary Care Office

Louisiana Conrad 30/J-1 Visa Waiver Program

# Specialty Dire Need Criteria Form

A form is required for each practice location at which the physician will regularly Practice

Note: Approval for the specialty slot will not be considered until the Louisiana Conrad 30/J-1 Visa Waiver Program support request application packet and dire need justification is received.

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| Name and Address of Practice Site:  Name of Practice Site.  Address of Practice Site.  City/state/zip of Practice Site. | Name and Address of Employer (if different):  Name of Employer.  Address of Employer.  City/State/Zip of Employer. |
| Practice Contact Information:  Practice Contact Name and Title  Contact email address  Contact Phone Number | Employer Contact Information:  Employer Contact Name and Title  Contact email address  Contact Phone Number |

1. Why does the facility/community need the specialist?

Click or tap here to enter text.

1. How does this specialty link to primary care?

Click or tap here to enter text.

1. How has the demand for the specialty been handled in the past?

Click or tap here to enter text.

1. How has the situation changed?

Click or tap here to enter text.

1. Where are patients currently referred?

Click or tap here to enter text.

1. How many patients are affected and what is the estimated financial impact this physician will have on the community?

Click or tap here to enter text.

1. Can these figures support the salaries and administration of a new specialist office?

Click or tap here to enter text.

1. Where will the specialist practice and how will the specialist practice?

Click or tap here to enter text.

1. What is the specialist anticipated Medicaid patient population?

Click or tap here to enter text.

1. What is the specialist anticipated Medicare patient population?

Click or tap here to enter text.

1. Will the specialist accept Medicaid and Medicare referrals?

Click or tap here to enter text.

1. What is the specialist anticipated un-/underinsured indigent patient population?

Click or tap here to enter text.

1. What hospital will the specialist utilize?

Click or tap here to enter text.

1. Is the hospital located in the same HPSA as the practice?

Click or tap here to enter text.

1. If no, is the hospital located in a HPSA?

Click or tap here to enter text.

1. If the hospital is not located in a HPSA, why is the specialist utilizing the hospital?

Click or tap here to enter text.

1. Is this the closest hospital available to the patients?

Click or tap here to enter text.

1. What will be the call coverage schedule and with whom?

Click or tap here to enter text.

Provide a letter of support from an existing providers of the same specialty as the one being applied for in the community where the specialist will be practicing. Letters from providers that will be referring patients may also be submitted.

Letters should include the number of patients currently being referred, the distance to the current referral location, the barriers to specialist at other locations, and how the specialist will enhance primary care for the referring physician. NO FORM LETTERS WILL BE ACCEPTED.

The Bureau’s participation in and guidelines for the Louisiana Conrad 30 Program are completely discretionary and voluntary and may be modified or terminated at any time. The submission of a completed waiver request application packet to the Bureau does not ensure an automatic letter of support for a J-1 Visa Waiver. In all instances, the Bureau reserves the right to provide or deny support for any request.