









MOVING LOUISIANA'S HEALTH FORWARD

Well-Ahead Louisiana Primary Care Office

Louisiana Conrad 30/J-1 Visa Waiver Program

Application Packet Checklist Physician's Name: US DOS Case #:	
Attached to top of application packet ☐ i. Completed Site Information Form ☐ ii. Completed Application Packet Checklist	
Louisiana Conrad 30/J-1 Visa Waiver Program Support Request Application Packet: □ 1. Form DS-3035 and Third Party Bar Code Page □ 2. Cover letter (letter of support from state of Louisiana)—NOT provided by applicant □ 3. Copy of dated, signed employment contract □ 4. Documentation of □ HPSA designation □ FLEX (Non-HPSA) status (check which is provided of FLEX, you must include the FLEX (Non-HPSA) Support Request Form □ 5. Letter of need from practice site □ 6. Signed Physician Statement □ 7. Curriculum Vitae)
Appendix to Louisiana Conrad 30/J-1 Visa Waiver Program Support Request Application Packet: A. Qualifications—see all items/documents listed in the Application Packet Directions docume B. Notarized Physician Attestation C. IAP-66/DS-2019 forms for each year in J-1 Visa status D. Form G-28 or letterhead from law firm, if applicable E. I-94 Entry and Departure Cards and/or Passport documentation F. Three (3) letters of professional recommendation—NO FORM LETTERS G. Original signed copy of Criteria for Support by the State of Louisiana H. Evidence of employer's regional and national recruitment efforts I. Three (3) letters of support from the community—NO FORM LETTERS J. Specialty Dire Need Criteria Form required for specialists K. Copy of Verification of Employer's Valid Medicaid ID Number L. Prevailing Wage Information M. Documentation of Sliding Fee Scale/Indigent Care Policy (submit policy & posted policy pholon in the policy of Status, if applicable O. "No Objection" Statement, if applicable	nt
Physician's Name (Please Print)	
Physician's Signature Date	

Page **1** of **1** Updated: 9/29/2022