



Well-Ahead Louisiana Primary Care Office

Louisiana Conrad 30/J-1 Visa Waiver Program

Criteria for Support by the State of Louisiana

1. Primary care shall include pediatrics, obstetrics/gynecology, general internal medicine, and family practice. Psychiatry will also be accepted in a mental health shortage area. Other specialties may be practiced only with the approval of Louisiana Department of Health (LDH), US DOS, and USCIS.
2. **A copy of the signed employment contract must be submitted to LDH. The contract must specify:** (1) The name, address, and telephone number of practice site; (2) The clinical hours; (3) That the physician is a full-time employee (40 hours per week or 160 hours per month) for a minimum of three years; (4) That the physician will practice at least 32 clinical hours per week or 128 hours per month in not less than four days in an appropriate setting for physician's medical specialty—not engaged in teaching/ research/ supervision; (5) That the practice hours do not include on-call or travel time; (6) That the contract may be terminated only for cause and cannot be terminated by mutual agreement until the three years has expired; (7) That the employer will not prevent or impede the physician if he/she wishes to remain in the area after the completion of his/her J-1 visa waiver obligation but no longer work at the employer's practice location; and (8) That LDH will be notified in writing at least 60 days prior to termination of employment if it occurs within the three-year obligation period.
3. The physician must provide current curriculum vitae with a current address and phone number.
4. The physician must provide a copy of a Louisiana license to practice medicine issued by the Louisiana State Board of Medical Examiners (LSBME). To expedite the waiver process, a letter from the LSBME stating receipt all of required information needed for physician to receive a Louisiana license will suffice until a copy of the license is received and/or a copy of the physician's application for a Louisiana medical license. Upon receipt of Louisiana license, a copy must be forwarded to LDH.
5. The practice must be comprised of at least 30% Medicaid, Medicare, and uninsured/underinsured indigent patients. The site must provide a copy of Medicaid provider ID number. Employer must have a sliding fee scale policy for persons with income below 200% of the most recent federal poverty in place at least 90 days prior to requesting support for a J-1 visa waiver physician.
 - a. Notification that the employer has a sliding fee schedule and that all patients will be seen regardless of ability to pay must be posted in a conspicuous place in the waiting room of the practice so that all patients can see the notice. A copy of the notice must be submitted with the application.
6. The physician must practice in a federally designated Health Professional Shortage Area (HPSA) or in an approved site outside a HPSA which serves the residents of a HPSA (at least 30% of patient-base).
7. The employer must provide evidence of recruitment efforts for US citizens or US nationals per the Louisiana Conrad State 30 Program policy. These efforts must have begun at least three (3) months prior to submitting a support request application packet to the Louisiana Conrad State 30 Program.



8. The three-year waiver contract must be fulfilled regardless of changes in visa status. Before the obligation has expired, the physician agrees to provide LDH with any practice site address changes.
9. The physician must submit quarterly reports during his/her J-1 obligation period. The physician must fill out separate forms for each practice site if the physician works at multiple sites.
10. During the contract period, failure to meet the criteria requirements shall result in immediate retraction of Louisiana's letter of support. Such action will affect the physician's visa status and the employer's eligibility to participate in the Louisiana Conrad State 30 Program in the future.

NOTE: If the physician must relocate to another entity from the site initially approved or add any additional sites, he/she must provide written notification to Louisiana LDH prior to the change to ascertain that the location qualifies for a waiver. **This approval is separate to any USCIS/US DOS approval which must be obtained prior to any change in work location or employer.**

This is to certify that I agree and will adhere to the above guidelines.

Physician's Name (Please Print)

Physician's Signature

Date

Employer's Name (Please Print)

Employer's Authorized Signature

Date