



Well-Ahead Louisiana Primary Care Office

Louisiana Conrad 30/J-1 Visa Waiver Program

Physician Statement

I, _____, hereby agree to the contractual requirements set forth in Section 214 (1) of the immigration and Nationality Act, as follows:

- a) I have demonstrated a bona fide offer of "full time" (40 hours) employment at (practice site), a health care facility within 90 days of receiving such waiver and have agreed to continue to work in accordance with paragraph two (2), at this health care facility where I will be employed for a total of not less than three (3) years (unless the U.S. Attorney General determines that extenuating circumstances, such as the closure of the facility or hardship to the physician, would justify a lesser period of time).
- b) In addition, I agree to practice medicine in accordance with paragraph two (2) for a total of not less than three (3) years, only in health care facility for this waiver, which is either in geographic area designated by the Secretary of the Department of Health and Human Services as having a shortage of health care professionals or serves the residents of such a designated shortage area.

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

Physician's Name (Please Print)

Physician's Signature

Date