



## Well-Ahead Louisiana Primary Care Office

### Louisiana Conrad 30/J-1 Visa Waiver Program

#### Physician Statement: Forensic Pathology

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 healthcare facility within 90 days of receiving such waiver and have agreed to continue to work in accordance with paragraph two (2), at this healthcare facility where I will be employed for a total of not less than five (5) 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 for a total of not less than five (5) years, only in the 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 healthcare 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