



Well-Ahead Louisiana Primary Care Office
Louisiana Conrad 30/J-1 Visa Waiver Program

Site Information Form: Forensic Pathology

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

Name and Address of Practice Site:	Name and Address of Employer (if different):
Practice Contact Name, Email, Phone:	Employer Contact Name, Email, Phone:
Attorney for Employer: Email: Direct Phone Number:	Attorney for Physician: Email: Direct Phone Number:
Service Site Type: <input type="checkbox"/> FQHC <input type="checkbox"/> RHC <input type="checkbox"/> Ambulatory Care Clinic <input type="checkbox"/> SBHC <input type="checkbox"/> SRH <input type="checkbox"/> CAH <input type="checkbox"/> Hospital <input type="checkbox"/> Medical Examiner Office <input type="checkbox"/> Other	<input type="checkbox"/> Primary Care HPSA score <input type="checkbox"/> Practice not in Primary Care HPSA (FLEX) To determine if your practice site is in a Primary Care HPSA, visit www.ruralhealthinfo.org/am-i-rural
Physician will practice: <input type="checkbox"/> Family Practice <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> OB/GYN <input type="checkbox"/> Psychiatry <input type="checkbox"/> Sub-specialty, specify type as advertised:	
Specify the salary range for the physician exactly as it has been advertised, which must be 100% of the U.S. Department of Labor's prevailing wage rate (level 2) for same type physician in the area and/or the same as the salaries of currently employed U.S. physicians of same type/experience at the practice site. \$	
What will be the work schedule for the physician? Include office hours, hospital privileges, call coverage, duties, patient load and an explanation of any special responsibilities for the position.	
How many clinical autopsies were performed at the practice site in the prior year?	How many forensic autopsies were performed at the practice site in the prior year?
How many hours providing court testimonials?	How many out-of-parish/state autopsies performed? Out-of-parish: Out-of-state:
Did this practice site outsource any autopsies in the prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes</u> , how many and state location:	
How does the site ensure that patients are aware of the availability of the sliding fee scale/indigent care policy? Please give details and provide photos of signage/notices in place at the site.	
Important Notes: Complete and include the Dire Need Criteria form with all information requested at the time of this J-1 Visa Waiver request application.	
Signature:	Date: