



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

Specialty Dire Need Criteria Form

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

Note: Approval for the specialty slot will not be considered until the Louisiana Conrad 30/J-1 Visa Waiver Program support request application packet and dire need justification is received.

Name and Address of Practice Site:	Name and Address of Employer (if different):
Practice Site Contact Name, Title, Email, Phone:	Employer Contact Name, Title, Email, Phone:

1. Why does the facility/community need the specialist?
2. How does this specialty link to primary care?
3. How has the demand for the specialty been handled in the past?
4. How has the situation changed?
5. Where are patients currently referred?
6. How many patients are affected and what is the estimated financial impact this physician will have on the community?
7. Can these figures support the salaries and administration of a new specialist office?
8. Where will the specialist practice and how will the specialist practice?
9. What is the specialist anticipated Medicaid patient population?
10. What is the specialist anticipated Medicare patient population?
11. Will the specialist accept Medicaid and Medicare referrals?
12. What is the specialist anticipated un-/underinsured indigent patient population?
13. What hospital will the specialist utilize?
14. Is the hospital located in the same HPSA as the practice?



15. If no, is the hospital located in a HPSA?
16. If the hospital is not located in a HPSA, why is the specialist utilizing the hospital?
17. Is this the closest hospital available to the patients?
18. What will be the call coverage schedule and with whom?

Provide a letter of support from an existing providers of the same specialty as the one being applied for in the community where the specialist will be practicing. Letters from providers that will be referring patients may also be submitted.

Letters should include the number of patients currently being referred, the distance to the current referral location, the barriers to specialist at other locations, and how the specialist will enhance primary care for the referring physician. **NO FORM LETTERS WILL BE ACCEPTED.**

The Bureau's participation in and guidelines for the Louisiana Conrad 30 Program are completely discretionary and voluntary and may be modified or terminated at any time. The submission of a completed waiver request application packet to the Bureau does not ensure an automatic letter of support for a J-1 Visa Waiver. In all instances, the Bureau reserves the right to provide or deny support for any request.