

**STATE OF MONTANA
CONRAD STATE-30 J-1 VISA WAIVER
PROGRAM GUIDELINES**



**Dept. of Public Health and Human Services
Primary Care Office
P.O. Box 202951
Helena, MT 59620-2951**

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STATE OF MONTANA
CONRAD STATE-30 J-1 VISA WAIVER PROGRAM GUIDELINES

ITEM	TABLE OF CONTENTS	PAGE
I.	BACKGROUND	3
II.	PURPOSE	3
III.	POLICY	3
IV.	ELIGIBILITY AND QUALIFICATIONS FOR EMPLOYERS	4
V.	ELIGIBILITY AND QUALIFICATIONS FOR J-1 PHYSICIANS	4
VI.	APPLICATION PROCESS FOR NEW J-1 VISA WAIVERS	4
	A. Obtaining a J-1 Visa Waiver Case Number	5
	B. Identifying Practice Sites Eligible to Employ J-1 Physicians	5
	C. Seeking Employment at Eligible Practice Sites	5
	D. Obtaining an Employment Contract	6
	E. Submitting an Application to MTDPHHS	6
	i. Requirements for the Employer	6
	ii. Requirements for the J-1 Physician	7
	F. Montana DPHHS Procedural Guidelines	8
	F. Montana DPHHS Application Evaluation Standards	8
VII.	MONTANA DPHHS SEMIANNUAL REPORTING REQUIREMENTS	9
VIII.	GLOSSARY OF TERMS AND SOME WEBSITES	10
IX.	ATTACHMENTS 1-6	12
	1. Medical Practice Site and Program Description	12
	2. Medical Practice Site Development Information	13
	3. J-1 Physician Assurances	14
	4. Verification of Employment	15
	5. Suggested Retention Plan	17
	6. Application Format Checklist	18

<p>Technical questions or other assistance needs may be addressed to: Jim Nybo, 406-444-3574, jnybo@mt.gov; or John Schroeck, 406-444-3934, jschroeck@mt.gov Primary Care Office, Montana DPHHS, P.O. Box 202951, Helena, MT 59620-2951</p>

STATE OF MONTANA
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I. BACKGROUND

Federal law requires that International Medical Graduates (IMGs), who are not United States (U.S.) citizens but are accepted to pursue graduate medical education or residency training in the U.S., must obtain a J-1 exchange visitor visa. The J-1 visa allows the IMGs to remain in the U.S. until they complete their studies. Upon completion of their studies, the IMGs on J-1 visas (the “J-1 Physicians”) must return to their home country for at least two years before they can return to the U.S.

Under certain circumstances, a J-1 Physician may request the U.S. Bureau of Citizenship and Immigration Services (formerly the Immigration and Naturalization Service (INS)) to waive the “two-year home country physical presence requirement.” The waiver may be requested under any one of the following four circumstances.

1. Extreme hardship to his/her spouse or children who are citizens or permanent residents of the U.S.
2. Persecution if forced to return to his/her home country.
3. A U.S. government agency makes a request for the waiver on the basis that the J-1 Physician's work is in the national and/or public interest.
4. A state department of health makes a request for the waiver on the condition that the physician agrees to practice in an area having a shortage of health care professionals. This provision allows state departments of health to sponsor up to thirty J-1 Physicians per federal fiscal year (October 1 - September 30) under the Conrad State-30 Program.

II. PURPOSE

Improving access to health care in medically underserved areas is an important goal of the Montana Department of Public Health and Human Services (MONTANA DPHHS). The purpose of Montana’s J-1 Visa Waiver Program is to improve access by sponsoring J-1 Physicians who agree to serve in medically underserved areas of the State for the waiver of the “two-year home country physical presence requirement” (the “J-1 visa waiver”). The State’s participation in the Conrad State-30 program enables MONTANA DPHHS to act on behalf of the State and request waivers for eligible J-1 Physicians. MONTANA DPHHS may act as an interested state agency to request up to thirty J-1 visa waivers per year.

III. POLICY

Given the need for improving access to primary health care, preference for J-1 visa waivers is given to physicians trained in the specialties of Family Practice, Internal Medicine, Pediatrics, and Obstetrics/Gynecology. Non-primary care physicians, such as Psychiatrists, who fill a documented community health care need may also, with appropriate documentation, be considered for J-1 visa waivers. There is likewise a preference given to J-1 Physicians being recruited for placement in Health Professional Shortage Areas (HPSAs) over Medically Underserved Areas (MUAs) or Medically Underserved Populations (MUPs). The J-1 Physicians who wish to receive waivers must meet both the federal eligibility criteria and MONTANA DPHHS qualifications for J-1 visa waivers. Prioritizing applications for waiver recommendations is at the discretion of MONTANA DPHHS.

IV. ELIGIBILITY AND QUALIFICATIONS FOR EMPLOYERS

Employers of J-1 Physicians must meet the following requirements:

1. The practice site must be physically located in an area with a current federal designation as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP) for primary care. Other federally approved designations include a Mental Health Professional Shortage Area (MHPSA) for mental health care, a federally designated HPSA for a specific facility designation (e.g. state hospital or correctional institution), or instances where the employing facility is a Federally Qualified Health Center (FQHC) such as a community health center. Also eligible are special population HPSA's for low income, Medicaid, or Native American populations.
2. The practice site must have attempted unsuccessfully to recruit a U.S. citizen or a permanent resident physician for a period of at least six months.
3. An employer or owner of the practice site who has previously defaulted on a J-1 visa waiver contract, or who is in default of the National Health Service Corps or any state scholarship or loan repayment program is not eligible to request a waiver.
4. The J-1 Physician may not submit an application as an employer on his/her own behalf.
5. Compensation offered to the J-1 Physician must be at least equal to the local prevailing wage for the position or the employer's actual wage for similarly employed U.S. workers, whichever is higher. (Prevailing wage information is available by contacting Mr. Bob Schleicher at the Montana Department of Labor and Industry, at 406-444-2992 (voice) or 406-444-2638 (fax)).

V. ELIGIBILITY AND QUALIFICATIONS FOR J-1 PHYSICIANS

To meet the eligibility and qualifications for visa waivers, J-1 Physicians must:

1. Have completed at least a 3-year residency in a primary care specialty (Internal Medicine, Family Practice, Pediatrics, OB/Gyn) or General Psychiatry in order to get preference for waiver.
2. Agree to begin practice within 90 days of receiving the J-1 Visa Waiver from the U.S. Department of State and the Bureau of Citizenship and Immigration Services (BCIS) in the Department of Homeland Security (formerly the Immigration and Naturalization Service).
3. Agree to practice for a period of not less than three years in a federally designated shortage area (HPSA, MUA/P, or MHPSA).
4. Have an Educational Commission for Foreign Medical Graduates (ECFMG) certificate.
5. Have passed all three steps of the United States Medical Licensing Examination (USMLE) or equivalent.
6. Have a Montana license to practice medicine or have applied for one.

VI. APPLICATION PROCESS FOR NEW J-1 VISA WAIVERS

The Montana portion of the J-1 visa waiver application process consists of five steps:

- A. Obtaining a J-1 visa waiver case number from the U.S. Department of State;
- B. Identifying practice sites in Montana eligible to employ J-1 Physicians;

- C. Seeking employment at an eligible practice site;
- D. Securing an employment contract (contingent on securing the J-1 visa waiver); and
- E. Submitting an application to MONTANA DPHHS.
- F. When Montana DPHHS recommends approval of a J-1 visa waiver, it will forward the full application package to the U.S. Department of State, which will review the application and recommend approval or denial to the Bureau of Citizenship and Immigration Services (BCIS) in the Department of Homeland Security. (Montana DPHHS has no influence over the time that the State Department and BCIS may require to process an application. Anecdotally, the Montana Primary Care office staff has heard from an active J-1 recruiting firm that the total time for these two federal agencies to make a decision has been running from 6 weeks to two months.)

A. Obtaining a J-1 Visa Waiver Case Number

The first step in the application process involves the J-1 Physician obtaining a J-1 visa waiver case number from the U.S. Department of State. This step must be completed before submission of the application to MONTANA DPHHS. MONTANA DPHHS will not process any application without a J-1 visa waiver case number. To obtain the information needed to apply for the case number, the J-1 Physician can use the web site, <http://travel.state.gov> (click on J-1 visa waivers) or request the application packet by writing to:

U.S. Department of State
Waiver Review Division
P.O. Box 952137
St. Louis, MO 63195-2137

To obtain a J-1 visa waiver case number, the J-1 Physician should send a completed Waiver Review Application Data Sheet to the Waiver Review Division of the U.S. Department of State with the required fee and two self-addressed stamped legal-size envelopes (see instructions posted on the above web site).

Once the Waiver Review Division of the U.S. Department of State has received the Application Data Sheet, it will send the J-1 Physician a J-1 visa waiver case number and instructions on how to proceed with the application. The instructions will include a list of documents that must be submitted to complete the waiver review application. After the case number is received, it must be affixed to all documents included in waiver-related correspondence with the Waiver Review Division and MONTANA DPHHS. If the case number is not affixed to all documents, the documents will be returned to the applicant.

B. Identifying Practice Sites Eligible to Employ J-1 Physicians

The practice site for applicants with primary care specialties must be physically located in a currently designated (within the past three years) federal Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), Medically Underserved Population (MUP) or the other designations listed above under "IV. Eligibility and Qualifications for Employers.". The practice site for general psychiatry must be physically located in a current federal Mental Health Professional Shortage Area (MHPSA). A list of all currently designated Primary Health Care and Mental Health HPSAs and Medically Underserved Areas/Populations (MUA/Ps) can be found at the National Center for Health Workforce Analysis (NCHWA), Shortage Designation Branch website at <http://www.bphc.hrsa.gov/dsd/>. The designation must be current on the date

the U.S. Department of State reviews the application and on the date the BCIS approves the J-1 visa waiver. Therefore, any application that is being submitted to MONTANA DPHHS at the end of the three-year HPSA designation cycle may be summarily denied if the renewal is not obtained.

C. Seeking Employment at Eligible Practice Sites

The J-1 Physician is responsible for finding potential practice sites that would be willing to employ him/her. Because all eligible practice sites must demonstrate that they have attempted unsuccessfully to recruit a U.S. citizen or a permanent resident physician for a period of at least six months, the J-1 Physician may locate potential employers through the employer's earlier recruitment efforts. J-1 Physician applicants who have completed a family practice residency program within Montana should contact their residency program coordinator for placement assistance. The Montana Primary Care Office and the Montana Area Health Education Center (AHEC) utilize the National Rural Recruitment and Retention Network (www.3rnet.org). We encourage physicians seeking employment and facilities seeking physicians both to register there. The 3Rnet website can be very helpful for a physician and an employer to find each other.

During the recruitment phase, the J-1 Physician and the potential employer should become familiar with the obligations and responsibilities outlined in the Montana State-30 J-1 Visa Waiver Program Guidelines. This will facilitate completing the remaining steps. Another word to the wise is for the physician and employer to each be very confident that their working relationship will be successful, since this contract is not easily broken. The Montana DPHHS does not provide "marriage counseling" services when a conflict arises between a physician and a facility administrator.

D. Obtaining an Employment Contract

The fourth step in the application process involves obtaining an employment contract. It is the responsibility of the J-1 Physician to obtain an employment contract with an approved practice site. MONTANA DPHHS assumes no responsibility for negotiations or content of employment contracts or for termination of the contracts. The contract must:

1. Be for a period of three years or longer.
2. Include the full street addresses and telephone numbers of all the sites where the J-1 Physician will practice.
3. Contain a statement by the J-1 Physician agreeing to meet the requirements set forth in Section 214(k)(1) and (a) of the Immigration and Nationality Act.
4. Indicate the schedule and the number of hours per week that the J-1 Physician will practice (must be at least 40 hours per week for at least 4 days not including travel and/or on-call time).
5. Include the fixed salary.
6. Not include a non-compete clause or restrictive covenant preventing or discouraging the J-1 Physician from continuing to practice in any federally designated shortage area after the period of obligation has expired.
7. Include language that sets forth that the employment contract can be terminated only for just and proper cause, not simply for the mutual convenience of the parties, and that if the physician terminates the contract for any reason other than just and proper cause, then he/she shall compensate the employer for the employer's losses and inconveniences in the amount of \$100,000 in liquidated damages.

E. Submitting an Application to the Montana Department of Public Health and Human Services

The fifth step in the application process involves submitting an application to MONTANA DPHHS that meets all the requirements for a J-1 visa waiver. The applicant or the applicant's lawyer must submit an original and three hard-copy applications. MONTANA DPHHS will not review faxed or electronically delivered applications.

Note: If an attorney assists with the application process, it is recommended that the J-1 Physician does not use the employer's attorney in order to avoid possible conflicts of interest.

i. Requirements for the Employer

The employer must provide:

1. An original and a copy of the employment contract signed by both the employer and the J-1 Physician;
2. A letter requesting that MONTANA DPHHS act as an "interested government agency" and recommend a waiver on behalf of the J-1 Physician. The letter must also include:
 - the name and medical specialty of the J-1 Physician,
 - qualifications of the J-1 Physician,
 - a work schedule for the J-1 Physician and a statement that the J-1 Physician will practice primary (or psychiatric or other specialty) care at least 40 hours per week during normal office hours at least 4 days per week (on-call and travel times do not count toward the 40-hour minimum), and
 - a description of the effect on the community if the waiver is denied.
3. A completed "Medical Practice Site and Program Description" form (Attachment 1 for existing practice site and/or Attachment 2 for practice site under development);
4. Proof of prior 6-months' efforts to recruit a U.S. citizen or a permanent resident physician (including advertisements, postings on the National Rural Recruitment and Retention website (3R Net) at <http://www.3rnet.org>, agreements with placement services, letters to medical schools, copies of resumes received, list of applicants interviewed, and the reasons for rejection);
5. A copy of the employer's Medicaid and Medicare Provider Agreements;
6. A copy of the sliding fee scale, evidence of charitable care provided, or any other verifiable evidence acceptable to Montana DPHHS; and
7. A copy of the employer's retention plan, intended to meet the physician's professional and lifestyle needs while practicing in this placement.
8. Letters of support from community leaders and the local medical community.

In addition, the employer must not charge patients more than the usual and customary rate prevailing in the federally designated shortage area in which services are provided.

If the practice site is located in a low-income special population HPSA, the employer must also provide the following information on the patients served by the practice, unless the practice is a Federally Qualified Community Health Center or other FQHC:

- the percentage of patients who are provided health services at a reduced rate,

- the percentage of Medicare patients, and
- the percentage of Medicaid patients.

ii. Requirements for the J-1 Physician

The J-1 Physician must provide:

1. A completed J-1 Physician Assurances form (Attachment 3);
2. A current Curriculum Vitae;
3. Three letters of recommendation in support of the waiver applicant's professional abilities and qualifications;
4. A copy of his/her current Montana license to practice medicine or proof of application to obtain one;
5. Documentation of Board Certification or a letter from the director of the J-1 Physician's residency program attesting to Board eligibility;
6. A copy of the U.S. Department of State letter assigning the case number;
7. A copy of the completed Waiver Review Application Data Sheet, including the case number issued by the U.S. Department of State;
8. Copies of all the Certificates of Eligibility for Exchange Visitor (J-1) Status;
9. Copies of all the IAP-66 sheets issued by the U.S. Information Agency for each year the J-1 Physician maintained the J-1 visa status with no time gaps;
10. A copy of his/her passport including all visa entries;
11. Copies of any I-94 Entry and Departure Cards; and
12. An explanation of any period spent in some other visa status, out of status, or outside of the U.S.

F. MONTANA DPHHS Procedural Guidelines

1. For an application to be deemed complete, it must include all the required documents from the employer and the J-1 Physician and submitted with tabs in the order presented in Attachment 6. The J-1 Physician's case number obtained from the U.S. Department of State must be affixed to each document and on all correspondence submitted to MONTANA DPHHS. All documents must be on standard 8.5 by 11-inch white paper. Applications should be mailed to:

J-1 Coordinator, Primary Care Office
 Montana Dept. of Public Health & Human Services
 P.O. Box 202951
 Helena, MT 59620-2951

Within 15 working days after receipt, MONTANA DPHHS intends to notify the applicant or his/her legal counsel in writing regarding the application's completeness, or if it is incomplete, to provide a written list of deficiencies.

2. Within 5 working days following the determination that an application package is complete, MONTANA DPHHS intends to forward each complete application receiving its favorable recommendation to the U.S. Department of State for review. MONTANA DPHHS will notify the practice site and the physician in writing that the application has

been forwarded with a positive recommendation to the U.S. Department of State for subsequent submission to the BCIS for approval.

4. Once the U.S. Department of State recommends the application for approval, it will forward the application to the BCIS with a recommendation for approval. The BCIS will send notification directly to the J-1 Physician after it approves the application recommended by the U.S. Department of State.
5. In case of an unfavorable review, MONTANA DPHHS will return to the applicant all documents that were submitted with the J-1 visa waiver application.

G. MONTANA DPHHS Application Evaluation Standards

1. When reviewing each J-1 visa waiver application, MONTANA DPHHS intends that the proposed placement of the J-1 Physician will not adversely affect or compromise the delivery of health care in the medically underserved area.
2. When reviewing applications, MONTANA DPHHS will view negatively any past or current disciplinary actions or proceedings taken by the Montana Board of Medical Examiners (or comparable professional medical review boards in other states) against the employer in cases where the employer is a medical professional.
3. MONTANA DPHHS will view negatively the J-1 visa waiver applications from any employer whose principals such as owners, administrators, or medical directors are under investigation, indictment, or conviction for violations of federal, state, or local laws, regulations, or ordinances related to medical practice.
4. MONTANA DPHHS will have the discretion to limit the number of J-1 visa waivers granted to employers who submit multiple applications. The only exception will be applications from federally funded clinics or state agencies that provide healthcare to the indigent, uninsured or institutionalized populations.
5. When considering J-1 Physicians for employment, employers may choose to impose additional requirements than provided for in these guidelines to assure that the delivery of healthcare services is consistent with their practices' policies.
6. The Montana DPHHS will review each waiver application to determine how the placement will improve the accessibility of care in the underserved area and to ensure that the proposed placement will not adversely affect or compromise the delivery of health care in underserved areas in the state. The submission of a complete waiver package to the Montana DPHHS does not ensure that the DPHHS will recommend a waiver. In all instances, the DPHHS reserves the right to recommend or decline any waiver request.

VII. MONTANA DPHHS SEMIANNUAL REPORTING REQUIREMENTS

1. The J-1 Physician and the Chief Executive Officer or Administrator of the employing entity must provide MONTANA DPHHS a semiannual report which verifies the J-1 Physician's employment at the practice site (see Attachment 4). The first report must

- be submitted within 30 days of employment. Subsequent reports must be submitted every six months from the contract execution date with a final report due upon completion of the three-year commitment.
2. Failure on the part of the J-1 Physician to submit accurate and truthful semiannual reports will result in a report of non-compliance to the BCIS. Failure on the part of the Chief Executive Officer or Administrator of the employing entity to submit accurate and truthful semiannual reports will jeopardize future eligibility for J-1 visa waivers.

VIII. GLOSSARY OF TERMS (AND SOME WEBSITES)

- 3Rnet** The National Rural Recruitment and Retention Network. A not-for-profit organization assisting health professionals in locating practices throughout rural America. www.3rnet.org.
- BCIS** Bureau of Citizenship and Immigration Services of the Department of Homeland Security. Formerly the Immigration and Naturalization Service (INS). BCIS has the final say in the approval/disapproval of a J-1 Visa Waiver application. <http://www.immigration.gov/graphics/howdoi/exchvisit.htm>
- DOS** U.S. Department of State, Bureau of Consular Affairs, Waiver Review Division -- the federal agency that reviews the recommendations submitted by Montana DPHHS and submits its own recommendation to the BCIS for final determination <http://travel.state.gov/jvw.html>
- Employer** The clinic, hospital, or other health care organization that employs a physician working under a J-1 visa waiver. Often synonymous with “facility.”
- Facility** A health care facility employing a physician working under a J-1 visa waiver.
- FQHC** A Federally Qualified Health Center, a term with special meaning under federal law. FQHC’s include federally funded community health centers and migrant health centers.
- J-1 Physician** An international medical graduate physician completing graduate medical education in the U.S. under a J-1 Visa. These physicians are required to return to their country of nationality for at least two years before reentering the US unless a J-1 Visa waiver is granted.
- MHPSA** Mental Health Professional Shortage Area. A federally designated HPSA having a shortage of general psychiatrists to serve the area’s mental health care needs.
- HPSA** Health Professional Shortage Area. An area defined by the U.S. Department of Health and Human Services as having a shortage of health care providers.
- Medically Indigent** A health care patient who is too poor to pay for his/her health care.
- Montana AHEC / ORH** The Montana Area Health Education Center and the Montana Office of Rural Health are partners with the Montana PCO in supporting the recruitment of medical providers to serve rural and underserved communities. <http://healthinfo.montana.edu>
- MT DPHHS** The Montana Department of Public Health and Human Services, Montana’s public health and human services agency.
- Montana PCO** Montana’s Primary Care Office, located within Montana DPHHS. The PCO administers Montana’s J-1 Visa Waiver Program, the National Health Service Corps program in Montana, and coordinates various primary care activities.
- MUA** Medically underserved area. Similar to a Health Professional Shortage Area, this federal designation is for an urban or rural area that does not have enough health care resources to meet the needs of its population.
- MUP** Medically underserved population. Similar to a HPSA or an MUA, this federal designation is for a specific identified population that lacks an adequate supply of health care providers.

NCHWA Located in the U.S. Department of Health and Human Services, the National Center for Health Workforce Analysis reviews and processes requests for designation of HPSAs and MUA/Ps. <http://bhpr.hrsa.gov/healthworkforce/>

NHSC The National Health Service Corps A federal program that helps medically underserved communities recruit and retain primary care clinicians to serve in their community. <http://nhsc.bhpr.hrsa.gov/>

Primary Care Fields Montana's J-1 Visa Waiver Program Guidelines include the following five areas of practice within the domain of primary care: family practice, internal medicine, pediatrics, obstetrics/gynecology, and general psychiatry, each practiced within a designated underserved area (HPSA, MHPSA, MUA, MUP).

Practice Site The actual physical location at which the J-1 physician will provide medical services.

**MONTANA STATE-30 J-1 VISA WAIVER PROGRAM
MEDICAL PRACTICE SITE AND PROGRAM DESCRIPTION**

(Please complete one form for each existing practice site.)

Practice Site Name: _____

Street Address (Do Not Use Post Office Box Numbers):

City: _____ State: _____ Zip: _____

Telephone Number(s): _____ Email Address: _____

Type and location of Shortage Area (HPSA, MUA/P): _____

Contact Person: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____ Email Address: _____

Employer/Sponsor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____ Email Address: _____

Type of Organization (check all applicable types):

_____ Private Not-for-Profit _____ Federally Qualified Health Center

_____ Private For-Profit _____ Migrant/Community Health Center

_____ Public Not-for Profit _____ Rural Health Clinic

Medical Practice Site Accepts the Following (check all applicable categories):

_____ Accept Medicaid _____ Accept Medicare _____ Accept SCHIP

Medicaid Provider # _____ _____ Offer Sliding Fee Scale (attach copy)

_____ Accept Medically Indigent

**MONTANA STATE-30 J-1 VISA WAIVER PROGRAM
MEDICAL PRACTICE SITE DEVELOPMENT INFORMATION**

(Please complete one form for each site being developed)

Proposed Practice Site: _____

Street Address (Do Not Use Post Office Box Numbers):

City: _____ State: _____ Zip: _____

Telephone Number(s): _____ Email Address: _____

Type and location of Shortage Area (HPSA, MUA/P): _____

Has building or renovation started on the site? _____ Yes _____ No

When is the projected date of completion? _____

Include copies of building permits or business license confirming the acquisition of the Medical Practice Site.

State the location / address where the J-1 Physician will be practicing the required 40 hours of primary care in the HPSA during the development of the medical practice site.

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____ Email Address: _____

Location of Health Professional Shortage Area (HPSA): _____

Employer/Sponsor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____ Email Address: _____

Type of Organization (check all applicable types):

- _____ Private Not-for-Profit _____ Federally Qualified Health Center
- _____ Private For-Profit _____ Migrant/Community Health Center
- _____ Public Not-for Profit _____ Rural Health Clinic

Medical Practice Site Accepts the Following (check all applicable categories):

- _____ Accept Medicaid _____ Accept Medicare _____ Accept SCHIP

Medicaid Provider # _____ Offer Sliding Fee Scale (provide copy)

_____ Accept Medically Indigent

**MONTANA STATE-30 J-1 VISA WAIVER PROGRAM
J-1 PHYSICIAN ASSURANCES**

I _____
(Name)

hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1101, that I do not now have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any state department of public health, or equivalent, other than the Montana Department of Public Health and Human Services, to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.

I further declare and certify that I have no contractual obligation to return to my home country. (If such a contractual obligation exists, the J-1 Physician must obtain a letter of “no objection” from the home country or the embassy in Washington, D.C.)

I agree to accept assignment under Section 1842 (b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under Part B of Title XVII of such Act (Medicare).

I agree to obtain a medical provider number from the Montana Department of Public Health & Human Services and sign a contract to provide services to persons entitled to medical assistance under Title XIX of the Social Security Act (Medicaid).

I agree to provide to the Montana Department of Public Health and Human Services a completed Verification of Employment Form (attached) within 30 days after my employment begins, and every six months thereafter, until my three-year commitment is completed. I understand that failure to submit this report accurately and completely will result in a report of non-compliance to the U.S. Immigration and Naturalization Service.

Signature

Name (Print or Type)

Date

b. Number of visits from 5a who reside in a Health Professional Shortage Area (HPSA) _____

c. Number of hospital visits _____

d. Number of patient visits for whom a Medicare claim was submitted _____

e. Number of patient visits for whom a Medicaid claim was submitted _____

f. Number of patients wherein services were rendered at a rate less than usual customary fee _____

g. Number of patient visits for which no charge was made (based on inability to pay) _____

6. My Medicare Provider Number is:

7. My Medicaid Provider Number is:

CERTIFICATION

I CERTIFY THAT THE ABOVE REPORTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND ACCURATELY REFLECTS ACTIVITIES TO THE FULFILLMENT OF MY OBLIGATION TO THE MONTANA J-1 VISA WAIVER PROGRAM.

Physician's Name: (Print or Type)

Physician's Signature

Date

ENDORSEMENT

I HAVE REVIEWED THE ABOVE REPORT BEING SUBMITTED BY _____ WHO BEGAN HIS/HER PRACTICE WITH US ON _____ TO THE BEST OF MY KNOWLEDGE, THE INFORMATION IS ACCURATE AND CORRECT.

Organization: _____ Date: _____

Signature: _____ Title: _____

RETURN THIS FORM TO:

J-1 Coordinator - Primary Care Office
Montana Department of Public Health and Human Services
P.O. Box 202951
Helena, MT 59620-2951
Phone: (406) 444-3574 Fax: (406) 444-7465

SUGGESTED RETENTION PLAN

The following plan provides suggested guidelines regarding the development of a retention strategy for your facility.

Keep in mind that today's physician looks for quality. Consider two factors as you begin to develop your retention strategy – professional environment and lifestyle.

Professional Environment

- Availability of medical colleagues
- Staff and professional support
- Adequate call coverage
- Quality facilities, equipment, and personnel
- Access to referral physicians
- Access to continuing medical education

Lifestyle Issues

- Availability for spouse employment
- Recreational opportunities
- Quality school
- Cultural activities
- Adequate housing
- Adequate shopping facilities

Develop a recruitment/retention committee or assign this task to one individual.

Check periodically to see that the physician's on-call responsibilities are realistic.

Provide opportunity for continuing medical education.

Monitor the physician's patient load – is it overburdening?

Check to see that referral patterns are established and appropriate.

Relate to your physician on a personal level; is the physician happy and content? Set up monthly breakfast meetings to discuss a variety of issues.

Be aware of the physician and family's integration into the community – are they included in social events; do the physician and family have a sense of belonging?

Guard against concerns that may arise due to any unmet expectations.

Montana State-30 J-1 Visa Waiver Program Application Format Checklist

Attachment 6

- ◆ All J-1 visa waiver applications and copies are to be submitted with tabs in the order presented in the following table. APPLICATIONS SENT WITHOUT TABS OR OUT OF ORDER WILL BE RETURNED.
- ◆ The U.S Department of State assigned J-1 waiver case number must be affixed to each item in the application.
- ◆ If the application is not in the appropriate order or the U.S. Department of State assigned J-1 visa case number is not appropriately affixed, the application will be returned to the applicant.

TAB	ITEM	CHECK
A	Notice of Entry Appearance as Attorney or Representative [US Department of Justice, INS Form G-28 (09-26-00)Y].	
B	DOS Waiver Review Application Data Sheet.	
	DOS Waiver Review File Number Sheet.	
C	All copies of IAP-66 Sheets (with no breaks in the dates).	
D	Curriculum Vitae and diplomas/certificates of J-1 Physician.	
E	USMLE (3 steps).	
F	ECFMG Certificate.	
G	Montana State-30 J-1 Visa Waiver Program J-1 Physician Assurances (Attachment 3).	
H	Copy of Montana medical license or letter verifying application in process.	
I	Documentation of Board Certification or Board Eligibility.	
J	All passport documentation.	
K	Letter from the employer to MONTANA DPHHS.	
L	Contract between employer and J-1 Physician.	
	Three year or more contract.	
	Base salary and compensation.	
	The specific location of employment in a federally designated HPSA, including street address and telephone number.	
	Clause requiring the J-1 physician to work 40 hours per week in not less than a four-day period.	
	Statement of J-1 Physician agreeing to the contractual requirements set forth in Section 214(l) of the Immigration and Nationality Act.	
	\$100,000 liquidated damage policy.	
M	Location specific work schedule for J-1 Physician (must work 40 hours per week over not less than a four-day period).	
N	Medical site's Medicaid and Medicare provider number.	
	Written policy to accept all patients regardless of ability to pay.	
O	Statements from employer verifying that worksite(s) are in appropriate federally designated areas. The HPSA, MUA, MUP, or MHPSA federal ID must be included.	
P	Medical practice site and program description, Attachment 1, or if the medical site is in development, Attachment 2.	
Q	Supporting documentation to demonstrate that recruitment efforts for U.S. citizen or permanent resident physicians have occurred in past six months.	
R	Letters of recommendation for the J-1 Physician.	