



# The Commonwealth of Massachusetts

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## **MASSACHUSETTS CONRAD 30/J-1 VISA WAIVER PROGRAM POLICY** **Federal Fiscal year (October 1-September 30)**

The Massachusetts Department of Public Health (DPH), through the Conrad30/J-1 Visa Waiver Program, is committed to supporting employment requests for J-1 visa physicians in sites that have a history of serving the Commonwealth's medically underserved populations.

This guide explains the criteria for the Massachusetts Conrad 30/J-1 Visa Waiver Program and how to apply. Please email your program specific questions to: [dph-healthcareworkforce-pco@mass.gov](mailto:dph-healthcareworkforce-pco@mass.gov).

### **Table of Contents:**

#### **1. Program Overview**

- A. Eligibility Criteria
- B. Multiple Applications from a Single Agency
- C. Flex 10 Slot Requirements
- D. Specialty Physician Applicant Requirements
- E. Teaching and Research
- F. Transfer Requests

#### **2. Three-Step Conrad 30/J-1 Visa Waiver Application Process**

- Step 1: Apply for Case File Number.
- Step 2: Submit the required documents to the Massachusetts Health Care Workforce Center via REDCap online application (see page 7).
- Step 3: Application packet and support letter is sent to the U.S. Department of State.

#### **3. Appendix A: Instructions for Determining Practice Site Federal Designation Status**

#### **4. Other Relevant Information**

#### **5. Appendix B: Conrad 30/J1 Application Sheet**

#### **6. Appendix C: Physician/Employer Status Affidavit**

#### **7. Appendix D: Checklist of Application Materials Required for Massachusetts Review**

#### **8. Appendix E: Conrad 30/J1 Visa Monitoring Form: Physician, Employer, Practice Site**

#### **9. Appendix F: Conrad 30/J 1 Visa Waiver Program Site Payer Mix Information**

## 1. Program Overview

The Massachusetts Conrad 30/J-1 Visa Waiver Program is implemented in accordance with the authority of Section 214(l) of the Immigration Nationality Act. This law permits DPH to assist health care facilities located in federally designated medically underserved areas and that treat patients who reside in federally designated medically underserved areas, with physician recruitment by supporting J-1 visa waiver requests. The Health Care Workforce Center administers the program for DPH. Federal law authorizes DPH to support no more than thirty (30) J-1 visa waiver requests per federal fiscal year (October 1 - September 30). The Health Care Workforce Center will begin accepting applications in October of each year. **From October 1 – January 15 of the following year, applications for both primary care and specialist positions will be accepted. Applications must be submitted no later than January 15.** We anticipate reviews will be conducted in February and notifications sent by the end of March.

If Massachusetts does not fill all 30 slots according to priority criteria in the February review, the program may open for additional applications and a second round of reviews. Should the program have an additional review session, those eligible applicants that were not supported in the January review will have the option of having their applications reviewed again.

The Massachusetts Conrad 30/J-1 Visa Program prioritizes primary medical care, psychiatry care, and services provided in designated federal Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/P), with some limited exceptions. Applicant agencies or employers must accept public insurance and offer discounts to low-income and uninsured patients on a sliding-fee scale that at a minimum follows the federal poverty level guidelines (see <http://aspe.hhs.gov/poverty/>).

The decision to support a waiver request is at the discretion of DPH. Supported requests will be forwarded to the U.S. Department of State (DOS) Bureau of Consular Affairs, which reviews and recommends the J-1 visa waiver applications to the U.S. Citizenship and Immigration Services, who ultimately makes the final determination. Copies of the support letter from DPH will be e-mailed to the physician, employer, and legal representative as appropriate. After receiving U.S. DOS approval, the physician must seek an H-1B visa before beginning employment. DPH plays no role in this subsequent step.

Note: The Health Care Workforce Center **does not** help with placing physicians in suitable employment.

### A. Eligibility Criteria

DPH considers requests for support of J-1 visa waivers that meet the following conditions:

#### Employing Agency

- The application must be submitted by the employing health care facility or agency not individual providers. The employing agency must submit a letter requesting that DPH act as an interested government agency.
- The employing health care facility or agency must accept public insurance and offer discounts to low-income and uninsured patients on a sliding-fee scale that at a minimum follows the federal poverty level guidelines (see <http://aspe.hhs.gov/poverty/>).
- The following applicant agencies receive priority as placement sites for Conrad 30/J1 Visa waivers:
  - Community Health Centers
  - Hospitals with high federally qualifying disproportionate share percentages
  - Critical access hospitals and other small rural hospitals
  - Community based behavioral health care organizations or,
  - Agency has a high percentage of other government and free care payers or demonstrates other measures of high utilization by underserved populations sites.
  - Health care provider *sites* located in HPSAs or with MUA/P designations with a significant percentage of public payers such as MassHealth (Medicaid), Medicare and sliding fee or other charity care.
- The facility or agency must have a history of recruitment difficulty over a lengthy period of time, an unusual circumstance or special need for the candidate or position the J-1 physician will be filling. Recruitment effort of less than six months is generally not considered a lengthy period of recruitment for this program.

- DPH will prioritize one physician applicant per agency. For agencies that wish to submit more than one application, please refer to the Multiple Applications from a Single Agency section below.

#### Physician

- Prior to employment, the physician must meet all medical licensure requirements for the Commonwealth of Massachusetts.
- The physician must agree to practice medicine full-time in the designated health care facility for a minimum of three (3) years and begin employment within ninety (90) days of receipt of the waiver.
- Physicians whose full-time practice sites are located in a federal Health Professional Shortage Area (HPSA), or Medically Underserved Area/Population (MUA/P) are preferred. Instructions for determining whether a site is qualified are included as Appendix A of this document. For exceptions, please refer to the Flex 10 Requirements section below.
- Physicians who provide primary care services are preferred. Primary care is interpreted to include allopathic and osteopathic physicians who are trained in, and will practice, internal medicine, pediatrics, family practice, obstetrics-gynecology, geriatrics, and psychiatry. For exceptions, please refer to the Specialty Physician Applicant Requirements section below.
- Physicians who can speak a language other than English while providing patient care are also given a preference in scoring, so long as the application documents that the language is spoken by a significant proportion of the underserved population in the proposed practice community.

**If an agency/physician does not meet the eligibility criteria, the application will not be eligible and will not be supported by DPH.**

#### **B. Multiple Applications from a Single Agency**

DPH will prioritize one physician applicant per agency, per Conrad 30/J-1 Visa Waiver Program year. However, agencies may submit up to three (3) physician applications per agency or employer per visa waiver year. The above eligibility criteria will be in effect for each applicant physician, with the addition of the following requirements:

- Agencies or facilities submitting more than one application must coordinate all applications through one identified facility contact that is known to the DPH as such.
- Agencies or facilities submitting more than one application must clearly prioritize (rank order) all applications submitted.
- Among applicants from the same agency, DPH will prioritize applicants that have practice sites in different counties or large geographic regions.

Agencies submitting more than three applications per visa waiver year will have applications in excess of three returned to them unscored. The lowest priority applicants, as determined by the agency (or, if not prioritized by the agency, as determined by DPH) will be returned.

#### **C. Flex 10 Slot Requirements**

The Conrad 30/J-1 Visa Program legislation authorizes up to ten (10) Flex slots to place physicians in practice sites not located in a federal shortage area if documentation is provided to demonstrate that the facility serves patients who reside in one or more federally designated shortage area or meet other unusually high-need criteria determined by DPH, identified below. While the Massachusetts Conrad 30/J-1 Visa Program prioritizes certain safety net facility types, there are instances of high need in other areas, so Flex applications are considered on a case-by-case basis. The applicant facility or agency should request the Flex slot in their request letter to DPH.

In order to be considered for a Flex slot, applicants must meet one of the following criteria:

- Document that greater than 30% of the patients served by the site reside in a HPSA or MUA/MUP.
  - The applicant facility must provide a patient of origin study that includes patient ZIP code data for a full year. The data must be presented in a table that indicates the number and % of the site's patients that reside in each relevant nearby HPSA/MUA/MUP. If the physician will be practicing at more than one site, documentation greater than 30% of patients served must be provided for each practice site.

- The practice site is in one of the non-rural high-needs communities identified in the Health Care Workforce Center's Statewide Community Health Needs Assessment. These communities are Brockton, Chicopee, Fall River, Holyoke, Lawrence, Lynn, New Bedford, Southbridge, Springfield, and Webster.
- The practice site is located in a rural community that meets the Massachusetts State Office of Rural Health definition of rural. Please see <https://www.mass.gov/service-details/state-office-of-rural-health-rural-definition> for a definition and listing of rural communities in Massachusetts.
- The physician will practice in a public sector, non-federal facility providing health care such as a public sector hospital or state correctional facility.
- There is an unusually high need for that provider that is more than what is typical in our state for that provider type, or similar areas of the state, due to an unusual circumstance, unusual barrier, or very special or unique vulnerable underserved population.
  - Specific descriptive information and supporting documentation must be provided for this criterion.

#### **D. Specialty Physician Applicant Requirements**

DPH will, at its discretion, support requests for placement of physicians who are currently enrolled in or have completed a subspecialty or non-primary care fellowship. Applications to support a specialty physician must provide detailed descriptive information and actual data that demonstrates the need for the physician and specifically identifies how the specialty physician will address the needs of the community and reduce wait times for that specialty.

#### **E. Teaching and Research**

DPH does not support waivers for physicians who are exclusively doing research, teaching, or performing other non-patient care activities. The goal of the Massachusetts Conrad 30/J-1 Visa Waiver Program is to increase direct-to-patient primary care services and some direct-to-patient care specialty services. Researchers and educators whose primary activity is not direct-to-patient care do not meet the Massachusetts Conrad 30/J-1 Visa Waiver Program definitions of providing direct patient care services.

#### **F. Transfer Requests**

In certain extenuating circumstances it may be necessary or appropriate for a change in work site or employer to be initiated during the three-year contract period. DPH requires that all transfer requests be submitted in writing to the Health Care Workforce Center prior to any such change, in order to ensure continued support for the move or change of worksite. In particular, the physician must continue to provide care to an underserved population in a federally designated underserved area, or if approved, Flex site. Failure to notify the Health Care Workforce Center and seek continued support from DPH in advance may result in DPH not supporting future J-1 visa waiver applications from that employer.

The next section outlines the three-step process of the Conrad 30/J-1 Visa Waiver application in Massachusetts, including details for applying.

## **2.Three-Step Conrad 30/J-1 Visa Waiver Application Process**

### **Step 1: Apply for a Case File Number.**

Prior to application for a J-1 visa waiver, the U.S. Department of State (DOS) requires that the physician/applicant complete an online data sheet DS-3035 application. Instructions on how to complete the online DS-3035 application are at: <https://j1visawaiverrecommendation.state.gov/>.

Completing the application online will reserve a case file number for your application and generate a bar coded data sheet which is required in order to process your J-1Visa Waiver recommendation application. This case file number must appear on every page of the application packet submitted to DPH.

DPH will only review completed applications that have an established case file number.

### **Step 2: Submit the required documents to the Massachusetts Health Care Workforce Center.**

The following documents must be uploaded as part of the online application. Please note page limits. A checklist of the necessary documents can be found on Appendix D (see page 11). Please note: **The case file number must appear on the bottom of every page of the application packet.**

- **APPLICATION SHEET**

Complete Appendix B on online REDCap application (page 9 for information to include). The online program will not allow Incomplete applications to be submitted. Please ensure all fields are filled out.

- **EMPLOYING FACILITY OR AGENCY REQUEST LETTER**

The facility or agency must provide a request letter from the chief administrator that includes the following:

- a) A request that the Massachusetts DPH acts as an interested government agency and supports a waiver for the J-1 physician, to the U.S. DOS. It should indicate that the place of employment where the physician will provide services is located in a currently designated Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/MUP) and identify the shortage designation area by number and type OR indicate that the application is for one of the Flex 10 slots. If this application is for a Flex 10 slot, the application must document how the applicant meets one of the criteria outlined in the Flex 10 section above. Instructions for determining whether a site is in a qualified area are included in Appendix A.
- b) A description of how the physician's services are required and in the public interest.
  - Describe the facility's mission, services, and target population.
  - Describe the current medical or mental health care needs of the underserved populations in your area.
  - Describe how the J-1 physician's qualifications and proposed responsibilities will improve access to medical or mental health care services in your area for the underserved population.
- c) If the applicant physician speaks a language other than English, document the proportion of the community that speaks that language and why it is important to have patient care provided in this language in this community.
- d) If the applicant physician will not be providing primary care (defined as internal medicine, pediatrics, family practice, obstetrics-gynecology, geriatrics, and psychiatry), include a separate statement in support of a specialty physician applicant that includes:
  - Specific information on how the population served will benefit by placing that physician at the employer's selected practice site such as: culturally competent care, reduced significant travel or wait times for patients, address impending physician retirements, etc.
  - Data documenting the shortage of physicians in this specialty/fellowship in the particular community and statewide.
  - Average waiting time for a non-emergency patient visit for that specialty in that area.
  - The percentage of MassHealth (Medicaid) and other publicly insured, Medicare, and uninsured patients expected to be seen by the specialty physician.
- e) The employment responsibilities of the J-1 physician.
- f) Statement that the facility or agency is unequivocally offering the physician full-time employment for at least three (3) years (see also #5 Signed Employment Contract).
- g) Statement that the facility or agency participates in MassHealth and complies with the regulations governing MassHealth; accepts Medicare; and accepts patients participating in Commonwealth Care and Commonwealth Choice programs, provides care regardless of the patient's ability to pay a fee, and has a sliding-fee scale. The sliding-fee scale should be based on the patient's ability to pay a fee. Providers may establish any number of incremental percentages or discount pay class as they find appropriate and must at a minimum address those patients who are at or below 200% of the Federal Poverty Level. For more information on the current U.S Department of Health and Human Service Federal Poverty Level guidelines, go to: <https://aspe.hhs.gov/poverty-guidelines>. Include the sliding fee scale implementation plan, and public notice, as well as the agency's written commitment to the use of the sliding fee scale.
- h) Describe in detail the employer's longer range retention plan for trying to keep this physician with the employer beyond the three (3)-year obligation.
- i) Statement that the facility and/or agency will comply with the J-1 visa monitoring activities. See Appendix E for a copy of the monitoring form. These reports are due in January and July of each year. These reports are required for each J-1 physician practicing under a waiver to ensure the J-1 physician continues to practice in a medically underserved area in Massachusetts for three (3) years. The employer is responsible for completing the bi-annual monitoring form and sending it to the Health Care Workforce Center by the due date. Failure to comply with reporting requirements may result in DPH refusing to accept future J-1 visa waiver applications from that employer.

- j) Statement that the facility or agency will notify the Health Care Workforce Center in writing, at least two (2) weeks in advance if the J-1 physician will no longer be employed full time at the facility during the three (3) year period.
  - k) Dates and nature (physician specialty) of all previous use of J-1 visa waiver physicians and the placement site(s), in the previous three (3) Conrad 30/J-1 Visa Waiver Program years. Include retention information, such as if the physician completed the contractual obligation or not, if the physician resigned or remained in her/his position, or if the physician remained for longer than the minimum contracted agreement.
- **DATA SHEET DS-3035 AND CASE FILE NUMBER**  
Submit a legible photocopy of the completed U.S. DOS Waiver Review Application Data Sheet DS-3035 and case file number as received from the U.S. DOS.
  - **COPY OF FRONT AND BACK OF I-94 ENTRY AND DEPARTURE CARDS**
  - **US DEPARTMENT OF HOMELAND SECURITY FORM G-28, NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR ACCREDITED REPRESENTATIVE (when applicable)**
  - **SIGNED EMPLOYMENT CONTRACT**
    - a) Include a completed, dated, employment contract signed by the physician and the executive director/CEO of the health care agency stipulating the following:
      - Name and address of the health care site(s) and the geographic area(s) where the physician will practice.
      - Physician agrees to practice medicine for a minimum of 40 hours per week providing clinical care only, for a minimum of three (3) years at the practice site(s). Clinical care can include paperwork and phone calls related to patient care.
      - Physician agrees to begin employment within ninety (90) days of receiving a waiver and agrees to continue to work in accordance with federal and state visa waiver guidelines at the practice site(s).
      - Physician's annual salary, showing that the physician is receiving a competitive salary.

The employment contract shall not include a non-competition clause or any other provision that limits the J-1 visa physician's ability to remain in the area upon completion of the three (3) year contract.
    - b) The employing agency and the practice site(s), if different from the employer, must submit a written statement that they will make every reasonable effort to enable the J-1 visa physician to practice in accordance with these policies.
  - **SIGNED STATEMENT OF AGREEMENT**  
The physician must submit a signed and dated letter stating that the physician:
    - a) Agrees to "meet the requirements set forth in section 214(l) of the Immigration and Nationality Act."
    - b) Will begin employment at the facility within 90 days of receiving the waiver.
    - c) Will work at the facility for at least three (3) years.
  - **PHYSICIAN ATTESTATION**  
The physician must submit an attestation using the sample language below:
 

I, \_\_\_\_\_, hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that: (1) I have sought or obtained the cooperation of the Massachusetts Department of Public Health which is submitting an IGA request on behalf of me under the Conrad 30/J-1 Visa Program to obtain a waiver of the two (2)-year home residency requirement; and (2) I do not now have pending, nor will I submit during the pendency of this request, another request to any U.S. government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.
  - **COPIES OF ALL IAP-66 /DS-2019 FORMS**
  - **CURRENT COPY OF THE PHYSICIAN'S CURRICULUM VITAE AND MASSACHUSETTS MEDICAL LICENSE**  
Include a current copy of the physician's curriculum vitae and Massachusetts medical license, or the first page of the medical license application.
  - **PHYSICIAN PERSONAL STATEMENT**

Signed and dated personal statement from physician regarding his/her reasons for not wishing to fulfill the two-year home country residency requirement.

- **LETTER OF "NO OBJECTION" FROM HOME GOVERNMENT (when applicable)**

The J-1 visa physician should obtain a letter of "no objection" from his/her home country ONLY IF the J-1 physician had medical education or post-graduate training in the United States FUNDED BY the government of the graduate's home country. If a J-1 physician applicant requires a letter of "no objection," the U.S. Department of State requests the letter clearly state that it is pursuant to Public Law 103-416.

- **EXPLANATION OF OUT-OF-STATUS (when applicable)**

- **SIGNED AFFIDAVIT**

Appendix C: signed and witnessed affidavit stating the J-1 physician and the agency/facility accept public payers, offer a sliding-fee scale, and are not being investigated for fraud or under any professional sanctions.

- **RECRUITMENT EFFORTS**

The facility or agency must have a history of significant recruitment difficulty or an unusual circumstance or specific special need for the candidate or position that the J-1 physician will be filling. Recruitment effort of less than six months is generally not considered a lengthy period of physician recruitment for this program. Provide a short summary of the recruitment difficulty, steps taken to recruit, and how long the position has been vacant (number of months or years, or from a certain date). This summary should include when recruitment activities began for the position, recruitment history and timeline, a list of placement agencies or other recruitment resources engaged to recruit for the position (e.g., list of where position postings have been made), how many inquiries or applications have been submitted, salary offered, and whether the position has been offered to any U.S. physicians. Do not include copies of advertisements in your application packet to the Health Care Workforce Center.

- **LETTERS OF COMMUNITY SUPPORT**

To provide some evidence that the J-1 physician will have support and acceptance in the community, all applications must include at least two (2) support letters from non-applicant community-based local agencies or a referring provider from the community served. These letters must state that the J-1 placement is critical and will help alleviate health care access problems for the underserved population of the community.

- **PHYSICIAN'S JOB DESCRIPTION**

Provide a copy of the J-1 physician's detailed job description.

- **DOCUMENTATION OF NONPROFIT OR PUBLIC AGENCY STATUS**

A certificate verifying non-profit status.

- **CONRAD 30/J 1 VISA WAIVER PROGRAM SITE PAYER MIX INFORMATION**

Complete Appendix F. The payer mix information should be from agency billing or financial system data, or for FQHCs from the annual UDS Report. There is no need to complete the form if the practice site is a correctional or detention facility.

**REDCap application:**

Click this link to begin the application process:  
<https://redcap.ehs.mass.gov/redcap/surveys/?s=YPTLMNP37KXYR3R9>

**Step 3: Application packet and support letter is sent to the U.S. Department of State.**

After a careful review and scoring of all application materials, DPH will select the supporting physicians for J-1 waivers. For those applicants who are supported by DPH, the entire application packet, including the support letter,



will be sent to the U.S. DOS by DPH. A copy of the support letter will also be sent to the attorney who submitted the application packet who will then share a copy with the employer and the J-1 physician.

Once the application is sent to U.S. DOS, DPH will only be involved in responding to U.S. DOS questions regarding items in the application packet. Application processing at U.S. DOS generally takes 6-8 weeks. DPH will have no additional information regarding the status of a candidate unless a specific issue or question arises from the U.S. DOS. Candidates can check their status at the U.S. DOS through the following website:

<https://j1visa waiver recommendation.state.gov/>

A support letter from DPH is an essential step in the process but does not ensure that a candidate will receive a waiver. The U.S. Citizenship and Immigration Services make the final determination about all J-1 visa waiver applications. Physicians must also obtain an H-1B visa in order to begin employment. The DPH plays no role in this part of the process.

### 3. Appendix A: Instructions for Determining Practice Site Federal Designation Status

Find Shortage Areas at <https://data.hrsa.gov/tools/shortage-area>.

On this page (<https://data.hrsa.gov/tools/shortage-area>) you can:

- Use **HPSA Find** button to search HPSAS by State or County.
- Use the button labeled **Shortage Areas by Address to search by address**.
- Use **MUA Find** button to search for MUAs and MUPs by State or County.

### 4. Other Relevant Information

#### HHS Exchange Visitor Program

The U.S. Department of Health and Human Services (HHS) recently expanded its site eligibility requirements for waiver sponsorship. HHS currently accepts applications for primary care physicians employed in Federally Qualified Health Centers (FQHCs). This program expansion now includes other site types, hospitals and private practices located in a HPSA with a score of 7 or higher. Primary care physicians applying for this program may now work in outpatient or inpatient settings, or a combination of both. For more information on this program please visit:

<https://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/exchange-visitor-program/index.html>

For current information and updates pertaining to the Massachusetts Visa Waiver Program, please refer to: <http://www.mass.gov/dph/hcworkforcecenter>.

For information about Massachusetts community health centers (CHCs) and job postings at the CHCs refer to: [www.massleague.org](http://www.massleague.org)

For information about Massachusetts hospitals refer to: [www.mhalink.org](http://www.mhalink.org)

For all other questions please contact Troy Cox at: [troy.d.cox@mass.gov](mailto:troy.d.cox@mass.gov).



## 5. APPENDIX B. Conrad 30/J1 Application Sheet

Please be prepared to enter this information to the REDCap online application form at:  
<https://redcap.ehs.mass.gov/redcap/surveys/?s=YPTLMNP37KXYR3R9>

Conrad - 30/J1 Visa Waiver Application Sheet		Confidential Information
<b>Appendix B:</b>		
This form must be completed and filled electronically. Application must be mailed to:		
Health Care Workforce Center Massachusetts Department of Public Health dph-healthcareworkforce-pco@mass.gov		
Check one: Conrad-30/J1 Visa Waiver Program <input type="checkbox"/> National Interest Waiver <input type="checkbox"/> Health and Human Services <input type="checkbox"/>		
Physician First Name: _____ MI: _____ Male: _____ Female: _____		
Physician Last Name: _____ Language: _____		
Date of Birth: _____ Dept. of State Case (DOS) #: _____ MM_DD_YYYY		
Country of Birth: _____ Visa Waiver Expiration Date: _____		
Physician Preferred Phone #: _____ Physician E-mail address: _____		
Primary Care Practice Type Choose an item _____ Specialty Practice Type: _____ NPI number: _____		
Employer Name: _____		
Employer Address: _____ City: _____ State: _____ Zip: _____		
Employer Contact Name: _____ Phone: _____		
Email of Contact: _____		
Practice Site Type: Choose an item. _____ If other type, please specify/describe: _____		
Urban <input type="checkbox"/> Rural <input type="checkbox"/> Non-profit <input type="checkbox"/> For profit <input type="checkbox"/>		
Practice Site 1 Name: _____ Medicaid Billing Number: _____		
Practice Site 1 Address: _____ City: _____ State: _____ Zip: _____		
County: _____ Census Tract: _____ # of hours to be spent at this site: _____		
HPSA #: _____ MUA or MUP # (if applicable): _____ FLEX: _____		
Practice Site 2 Name: _____ Medicaid Billing Number: _____		
Practice Site 2 Address: _____ City: _____ State: _____ Zip: _____		
County: _____ Census Tract: _____ # of hours to be spent at this site: _____		
HPSA #: _____ MUA or MUP # (if applicable): _____ FLEX: _____		
Please complete another form for any additional sites.		
Attorney Name (write N/A if none): _____ Attorney Email: _____		
Law Firm Name: _____		
Law Firm Address: _____		
Phone: _____ Fax: _____		

## **6. APPENDIX C: Physician/Employer Status Affidavit**



### **The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health**

#### **MASSACHUSETTS Conrad 30/ J-1 VISA WAIVER PROGRAM**

The Massachusetts Health Care Workforce Center will only support any applicant or sponsor of an applicant for a J-1 Visa Waiver who accepts MassHealth, complies with the regulations governing MassHealth, accepts Medicare, accepts patients participating in Commonwealth Care programs, and provides care regardless of the patient's ability to pay a fee and has a sliding fee scale. Applicants and sponsors must also be free of any negative, legal and/or professional restrictions with medical licensing, DEA registration, fraud, or professional sanction including (see A-D, below): currently in the process of being challenged, relinquished, withdrawn, investigated, denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily or involuntarily relinquished:

- A) Medical License in any state
- B) DEA Registration injunction
- C) Medicaid, Medicare Fraud
- D) Any other type of professional sanction.

I hereby acknowledge that all information and statements contained herein are to the best of my knowledge true and that there are no sanctions or charges pending per the above paragraph. I hereby agree to abide by all program policies and rules as described herein including the health care service requirements and the site requirements. I agree to notify the Massachusetts Department of Public Health (DPH) of any changes in the proposed practice area or site identified in the application with the DPH. Deviation from this agreement may result in notification by the DPH to the U.S. DOS and other penalties as described in these materials.

\_\_\_\_\_  
Print Applicant Agency Representative Name

\_\_\_\_\_  
Signature of Applicant Agency Representative

\_\_\_\_\_  
Printed J-1 Physician Name

\_\_\_\_\_  
Signature of J-1 Physician

Subscribed and Sworn before me on this \_\_\_\_\_ Day \_\_\_\_\_ Year

\_\_\_\_\_  
Notary Public

## **7. APPENDIX D: Checklist of Application Materials Required for Massachusetts Review**

The following documents must be uploaded in the order noted below. The U.S. DOS case file number must appear on every page of the application. Do not include documents not required by DPH.

- \_\_\_\_\_ Applicant Information Sheet (Appendix B)
- \_\_\_\_\_ Agency Request Letter (see above for required contents)
- \_\_\_\_\_ Copy of Data Sheet (DS-3035)
- \_\_\_\_\_ Copy of I-94 Entry and Departure Cards
- \_\_\_\_\_ Form G-28 US DHS Notice of Entry of Appearance as Attorney or Accredited Representative (when applicable)
- \_\_\_\_\_ Copy of signed employment contract
- \_\_\_\_\_ Signed Statement of Agreement
- \_\_\_\_\_ J-1 Physician Attestation
- \_\_\_\_\_ Copies of all IAP-66/DS-2019 Forms
- \_\_\_\_\_ Curriculum Vitae of J-1 physician and a copy of the Massachusetts license to practice, or a copy of the first page of the Massachusetts license application.
- \_\_\_\_\_ Signed and dated Personal Statement from J-1 physician regarding his/her reasons for not wishing to fulfill the two-year home country residence requirement.
- \_\_\_\_\_ Letter of No Objection from Home Government (when applicable)
- \_\_\_\_\_ An Explanation for Out-of-Status (when applicable)
- \_\_\_\_\_ J-1 Physician/Employer Status Affidavit (Appendix C)
- \_\_\_\_\_ Recruitment Efforts
- \_\_\_\_\_ Two (2) community support letters
- \_\_\_\_\_ J-1 physician's job description
- \_\_\_\_\_ Documentation of non-profit or public agency status
- \_\_\_\_\_ Conrad-30/J 1 Visa Waiver Program Site Payer Mix Information (Appendix F)

## 8. APPENDIX E. Conrad 30/J1 Visa Waiver Monitoring Form

Please be prepared to enter this information to the REDCap online application form.

### Appendix E Conrad-30/J-1 Visa Waiver Monitoring Form: Physician, Employer, & Practice Site

The monitoring form is used to report on current employment, practice site and contact information about the J-1 visa waiver physician and is due bi-annually (January and July) for the prior 6-months. The completed form must be submitted until the physician's three (3) year commitment is complete. Failure to submit biannually will result in the physician and employer being in noncompliance with program policies.

Complete this form electronically, print and sign, and send as a pdf file to [troy.d.cox@mass.gov](mailto:troy.d.cox@mass.gov)

As a reminder, any changes in location, dates, or time spent in practice that impact the 3-year contracted commitment, must be reported immediately by the employer, to the Health Care Workforce Center.

Report date: MM \_\_\_\_ YYYY \_\_\_\_

#### PHYSICIAN

First Name: \_\_\_\_\_ M I \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Care Practice Type: \_\_\_\_\_ Specialty Practice Type \_\_\_\_\_  
(Do not include Hospitalist)

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician contact E-mail: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Practice Site 1 Name \_\_\_\_\_ # of hours/week \_\_\_\_\_

Practice Site 1 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Practice Site 2 Name \_\_\_\_\_ # of hours/week \_\_\_\_\_

Practice Site 2 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Visa Waiver Commitment Start Date: \_\_\_\_\_ Visa Waiver Commitment End Date \_\_\_\_\_  
(MM\_\_DD\_\_YYYY) (MM\_\_DD\_\_YYYY)

I, the above named physician, provide health care services at the above stated address(es) for a minimum of 40 hours/week in accordance with Federal and State Visa Waiver guidelines, and comply with all my contractual obligations.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM\_\_DD\_\_YYYY)

#### EMPLOYER

I hereby certify that Dr \_\_\_\_\_ is employed in accordance with our Visa  
(First & Last Name)  
Waiver requirements, providing at least 40 hours/week of health care services, at the above site(s).

Employer Agency Name \_\_\_\_\_

Representative First and Last Name: \_\_\_\_\_

Representative Title \_\_\_\_\_

Representative Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM\_\_DD\_\_YYYY)

#### Department / Health Care Workforce Center use only

Date Received at HCWC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Massachusetts Health Care Workforce Center, Department of Public Health

updated Sept 2023

## **9. APPENDIX F: CONRAD 30/J 1 Visa Waiver Program Site Payer Mix Information**

*Provide the following patient payer mix percentages for each payment type. This payer mix information should be from agency billing or financial system data, or for FQHCs from the annual UDS Report. There is no need to complete this form if the practice site is a correctional or detention facility.*

### **Payer Mix at Practice Site**

<b>Health Plan Coverage or Payment Type</b>	<b>% of Patient Population</b>
MassHealth (include dual eligible)	
Commonwealth Care	
Commonwealth Choice	
Health Safety Net	
Children's Medical Security Plan	
Medicare only	
Self-Pay	
Other/Private insurance	
Total Percentage	

**Please note where the above payer mix data was derived from and the time period it represents:**

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**Signature of Authorized Representative:**

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**Full Name:**

**Title:**

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