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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 physicians with a J-1 visa working at sites with 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-to-the-alth-careworkforce-pco@mass.gov.

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1. Program Overview

The Massachusetts Conrad 30/J-1 Visa Waiver Program is implemented in accordance with the authority of Section 214(I) 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 in REDCap 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, the program may re-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 first review will have the opportunity to have their applications reviewed again.

The Massachusetts Conrad 30/J-1 Visa Program prioritizes primary medical care and psychiatry care 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 (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 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 for J-1 visa waivers that meet the following conditions:

Employing Agency

- 1. The application must be submitted by the employing health care facility or agency, not the individual provider. The employing agency must submit a letter requesting DPH to act as the interested government agency.
- 2. 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 (http://aspe.hhs.gov/poverty/).
- 3. The following agencies receive priority as placement sites for Conrad 30/J1 Visa waivers:
 - a) Community Health Centers
 - b) Hospitals with high federally qualifying disproportionate share percentages
 - c) Critical access hospitals and other small rural hospitals
 - d) Community based behavioral health care organizations
 - e) Agencies with a high percentage of government and free care payers or other demonstrated measures of high utilization by underserved populations sites.
 - f) Health care employer 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.
- 4. The facility or agency is required to demonstrate a prolonged history of recruitment challenges, an exceptional situation, or a specific need for the candidate or position that the J-1 physician will occupy. Recruitment efforts lasting less than six months is not regarded as a lengthy recruitment period for this program.
- 5. DPH will prioritize one physician applicant per agency. For agencies that wish to submit up to three applications, please refer to Item B.- <u>Multiple Applications from a Single Agency section below</u>.

Physician

- 1. Prior to employment, the physician must meet all medical licensure requirements for the Commonwealth of Massachusetts.
- 2. 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.
- 3. 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.
- 4. Physicians who provide primary care services are preferred. Primary care is interpreted as including 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.
- 5. 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 be deemed ineligible and will not be supported by DPH.

B. Multiple Applications from a Single Agency

- 1. Agencies may submit up to three (3) physician applications per agency or employer per visa waiver year. DPH will prioritize one physician applicant per agency. This eligibility criteria will be in effect for each applicant with the addition of the following requirements:
- 2 Agencies or facilities submitting more than one application must coordinate all applications through one identified facility contact person.
- 3. Agencies or facilities submitting more than one application must clearly prioritize (rank order) all applications submitted.
- 4 Among applicants from the same agency, DPH will prioritize applicants that have practice sites in different counties or large geographic regions.
- 5. Agencies submitting more than three applications per visa waiver year will have the top three ranked applications reviewed. All other applications will be returned unscored.

C. Flex 10 Slot Requirements

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 meets other unusually high-need criteria determined by DPH, as 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.

To be considered for a Flex slot, applicants must meet <u>one</u> of the following criteria:

- 1. Document that greater than 30% of patients served by the site reside in a HPSA or MUA/MUP.
- 2. The employing facility must provide **a 'patient origin study'** that includes patient ZIP code data for a full year.

- 3. The information should be displayed in a table that shows both the number and percentage of the site's patients living in each pertinent nearby HPSA/MUA/MUP.
- 4. In cases where the physician practices at multiple locations, it is required to provide data for each practice site indicating that more than 30% of the patients served live in a HPSA or MUA/MUP.
- 5. 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.
- 6. 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.
- 7. The physician will work in the public sector or in a non-federal establishment that offers health care services, such as a public hospital or a state correctional institution.
- 8. There is an unusually high demand for that physician surpassing typical levels observed in our state for that specific type of provider, an unusual circumstance, unusual barrier, or a unique vulnerable underserved population.

D. Specialty Physician Applicant Requirements

DPH will, at its discretion, assist with requests for the placement of physicians who are either currently enrolled in or have completed a sub-specialty or non-primary care fellowship. Applications seeking support for a specialty physician must include comprehensive descriptive information and concrete data that illustrates the necessity for the physician, as well as explicitly detailing how the specialty physician will meet the community's needs and decrease the waiting 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-clinical or 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 to change a work site or employer during the three-year contract period. DPH requires all transfer requests be submitted in writing to the Health Care Workforce Center **prior** to any such change. Physicians must continue to provide care at an underserved population in a federally designated underserved area, or if approved, Flex site. Failure to notify

the Health Care Workforce Center 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 applying for a J-1 visa waiver, the <u>U.S. Department of State</u> (DOS) requires the physician/applicant to complete an online data sheet DS-3035 application. Instructions for completing the online DS-3035 application can be found here: https://jlvisawaiverrecommendation.state.gov/.

Please note DPH will only review completed applications with an established case file number. The case file number must appear at the bottom of every page of the application packet.

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

Step 2: Submitting required documentation

The following documents must be uploaded as part of the online application. <u>Please</u> <u>note page limits</u>. A checklist of the necessary documents can be found on Appendix D (page 13).

Application sheet

Complete online REDCap application (page 9 lists the necessary information). The online system will not allow submission of incomplete applications. Please ensure all fields are filled out

Employing facility or agency request letter

The facility or agency must provide a request letter signed by the chief administrator. It should include the following information:

1. A written request from the Massachusetts DPH, serving as the interested government agency in support of the waiver for the J-1 visa physician to the U.S. DOS. The request should specify the employment location where the physician will provide services, confirming that it is situated in a currently designated Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/MUP), with the shortage designation area identified by number and type or indicate that the application is for one of the ten Flex Slots. In the event that this application is for a Flex 10 slot, it must provide documentation demonstrating how the applicant fulfills one of the criteria specified in the Flex 10 section above. Guidance for assessing whether a site qualifies as being in an eligible area is provided in Appendix A.

- 2. A description of how the physician's services are required and is in the public's interest.
- 3. Describe the facility's mission, services, and target population.
- 4. Describe the current medical or mental health care needs of the underserved populations in the service area.
- 5. Describe how the J-1 physician's qualifications and proposed responsibilities will improve access to medical or mental health care services in the service area of the underserved population.
- 6. 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.
- 7. 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:
 - a) 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, addressing impending physician retirements..
 - b) Data documenting the shortage of physicians in this specialty/fellowship in the particular community and statewide.
 - c) Average wait times for a non-emergency patient visit for that specialty in that area.
 - d) The percentage of MassHealth (Medicaid) and other publicly insured, Medicare, and uninsured patients expected to be seen by the specialty physician.
- 8. The employment responsibilities of the J-1 physician.
- 9. Statement that the facility or agency is unequivocally offering the physician full-time employment for at least three (3) years.
- 10. 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 <u>sliding-fee scale</u>. 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 payment types as they find appropriate and 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.
- 11. Describe in detail the employer's long range retention plan for to keep this physician with the employer beyond the three (3) year obligation.
- 12 . Statement that the facility and/or agency will comply with the bi-annual J-1 visa monitoring activities. See Appendix E for a copy of the monitoring report 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 report form and sending it to the Health Care Workforce Center through the RedCap system by the due date. Failure to comply with this reporting requirement may result in DPH refusing to accept future J-1 visa waiver applications from the employer.

- 13. The facility or agency must provide written notification to the Health Care Workforce Center at east two (2) weeks prior if the J-1 physician is to be no longer employed full time at the facility during the three (3) year commitment period.
- 14. The dates and specialties of physicians who previously utilized the J-1 visa waiver, along with the placement site(s), during the last three (3) years of the Conrad 30/J-1 Visa Waiver Program. Additionally, provide retention details, including whether the physician fulfilled their contractual obligations, if they resigned or continued in their role, or if they stayed beyond the minimum duration of the contract.

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 the DOS case file number.

- 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

- Include a completed, dated, employment contract signed by the physician and the executive director/CEO of the employing health care agency stipulating the following:
 - a) Name and address of the health care site(s) and the geographic area(s) where the physician will practice.
 - b) 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.
 - c) 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).
 - d) Physician's annual salary, showing that the physician is receiving a competitive salary.
 - e) The employment contract shall not include a non-competition clause or any other provision that limits the physician's ability to remain in the area upon completion of the three (3) year contract.
 - f.) 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:

- 1. Agrees to "meet the requirements set forth in section 214(I) of the Immigration and Nationality Act."
- 2. Will begin employment at the facility within 90 days of receiving the waiver.
- 3. 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 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.

<u>REDCap application:</u> 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.

DPH will review and score all complete and eligible applications and select the supported physicians for J-1 via waivers. For those applicants who are supported by DPH, the 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 to share with the employer and the J1 Visa physician.

Once the application is sent to the DOS, DPH will only be involved in responding to U.S. DOS questions regarding items in the application packet. Application generally require 6-8 weeks to be processed by DOS. DPH will have no additional information regarding the status of a candidate unless a specific issue or question arises from the

DOS. Candidates can check their status at the U.S. DOS through the following website: https://j1visawaiverrecommendation.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. DPH is not involved 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 you can:

- 1. Use **HPSA Find** to search for HPSAs by State or County.
- 2. Use the button labeled Shortage Areas by Address to search by address.
- 3. 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) 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

- 1. For current information and updates pertaining to the Massachusetts Visa Waiver Program, please refer to: http://www.mass.gov/dph/hcworkforcecenter.
- 2. For information about Massachusetts community health centers (CHCs) and job postings at the CHCs refer to: www.massleague.org
- 3. For information about Massachusetts hospitals refer to: www.mhalink.org
- 4. For additional information or if you have questions please contact the DPH Health Care Workforce Center at: DPH-HealthCareWorkForce-PCO@mass.go

5. APPENDIX B. Conrad 30/J1 Application Sheet

DPH no longer accepts paper applications. Please be prepared to enter your information in the REDCap online application form at: https://redcap.ehs.mass.gov/redcap/surveys/?s=YPTLMNP37KXYR3R9

6. APPENDIX C: Physician/Employer Status Affidavit

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 Rep	resentative Name	_	
	Signature of Applicant Agency Representative		
	Printed J-1 Phy	vsician Name	
	Signature of J-1	Physician	
Subscribed and Sworn befo	re me on this	Day	Year
	Notary Public	c	

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. <u>Do not include documents not required by DPH.</u>

- 1. Request letter from employer
- 2. HPSA/MUA/MUP evidence documents
- 3. Zip Code Data (Patient Origin Study- FLEX application)
- 4. Sliding fee scale
- 5. Employer recruitment efforts
- 6. Documentation of nonprofit or public agency status
- 7. Physician/employer/attorney affidavit (Appendix C)
- 8. Signed employment contract
- 9. Signed statement of agreement
- 10. Exchange visitor attestation/foreign medical graduate statement
- Signed statement of reason
- 12. Curriculum Vitae
- 13. Massachusetts medical license or the first page of the medical license application
- 14. Three letters of community support
- 15. Job Description
- 16. Letter of No Objection
- 17. Explanation of Out-of-Status (when applicable)
- 18. DS-2019 Forms (formally known as IAP-66)
- 19. I-94 Entry and Departure Cards
- 20. US Department of Homeland Security FORM G-28
- 21. DS-3035 and Supplementary Applicant Information Pages
- 22. Waiver Division Barcode Page
- 23. Third Party Barcode Page.

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

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

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

Health Plan Coverage or Payment Type	% of Patient Population	
MassHealth (include dual eligibility)		
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 period it represents:	data was derived from and the	time
ocilou it represents.		
Signature of Authorized Representative	:	
Full Name:	Title:	