

**STATE OF KANSAS**  
**CONRAD STATE 30 J-1 VISA WAIVER PROGRAM**  
**FEDERAL YEAR 2012**  
**(OCTOBER 1, 2011 – SEPTEMBER 30, 2012)**



**SAM BROWNBACK, GOVERNOR**

**ROBERT MOSER, SECRETARY**

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**  
**BUREAU OF COMMUNITY HEALTH SYSTEMS**

**OCTOBER 2011**

# CONRAD STATE-30 J-1 WAIVER PROGRAM OF KANSAS

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## STATE OF KANSAS CONRAD STATE-30 J-1 WAIVER PROGRAM OVERVIEW

The State of Kansas is committed to assisting communities recruit physicians into areas that lack adequate access to primary health care. In Kansas, the Kansas Department of Health and Environment Division of Health (KDHE), Bureau of Community Health Systems (BCHS) is the designated state health agency recommending waivers through the J-1 Visa Waiver Program (also referred to as the Conrad State 30 Program). KDHE, through the Primary Care Office will support applications for up to 30 waivers per Federal Fiscal Year (October 1 through September 30) on behalf of physicians holding J-1 visas. Kansas does not have a deadline for submitting applications.

KDHE will support and facilitate the placement of primary care physicians and specialists. The program focuses on primary care and priority will be given to primary care physicians who are board certified in one of the following specialties: **Family Practice, General Internal Medicine, General Pediatrics, Obstetrics/ Gynecology, Emergency Medicine and Psychiatry.**

Non-primary care specialists may also apply. Evidence of unmet need for non-primary care specialties must be demonstrated by the applicant. This may include past utilization data, population-to-physician ratios, waiting times, travel distance, referral difficulties for safety net providers, medical school faculty vacancy, public health officer vacancy, or other measures of underservice. The letter of need must be written on the employer's letterhead stationery, which includes the address, phone number, fax number, and email address for contact person, if available.

Exchange visitors who are subject to, but do not wish to comply with the two-year home country residence requirement may apply for a waiver of that requirement under any of the four grounds set forth in the Immigration and Nationality Act, Section 212(e):

- Exceptional hardship to a United States citizen (or legal permanent resident) spouse or child of an exchange visitor;
- Persecution if forced to return to home country;
- A statement supporting a waiver from an interested U.S. government agency; or
- A statement supporting a waiver from a state department of public health or its equivalent. (Only foreign medical doctors who received their J-1 status to pursue graduate medical education or training may apply for a waiver under this basis.)

Pursuant to the requirements of Public Law 103-416, enacted October 25, 1994, to be eligible for the waiver, the foreign medical graduate must:

- Have an offer of full-time employment at a health facility in a designated health professional shortage area;
- Begin employment at such facility within 90 days of receiving the waiver; and
- Contract to work a total of 40 hours per week for not less than three years.

Eligible practice locations include those located in a designated HPSA, or MUA that has been designated or updated within the past 4 years. Evidence should include the street address, zip code, telephone and fax numbers for the practice site.

Facilities with an automatic HPSA (Rural Health Clinics (RHC) or Federally Qualified Health Centers (FQHC) are also eligible. Kansas does not require a minimum Health Professional Shortage Area (HPSA) score or a specific facility type.

All facilities must sign an agreement to accept all patients regardless of ability to pay.

Federal law allows up to ten physicians in each state to work in regions not specifically designated as underserved by the Department of Health and Human Services. Kansas will use this flexibility to recommend waivers in areas of the state where there are no shortage designations if the need for services can be demonstrated and if patients from designated shortage areas will be served. Evidence of unmet need must be demonstrated by the applicant.

## KANSAS J-1 VISA WAIVER APPLICATION INSTRUCTIONS

The State of Kansas must be notified that an application will be submitted by completing and returning the Notice of Intent to Apply for J-1 Visa Waiver form located on the KDHE website at:

<http://www.kdheks.gov/olrh/download/J-1NoticeOfIntentToApply.pdf>

For the Kansas Department of Health and Environment, Bureau of Community Health Systems, to process a waiver request, two packets of information must be submitted:

- All information including letters of recommendation must be submitted AT THE SAME TIME.
- After assembly, prepare ONE COMPLETE COPY to submit along WITH THE ORIGINAL, lawyer must submit an original and one hard copy application.
- Letters of need, contracts and forms must contain original signatures and every page of the application must contain the Department of State case number.
  
- **Please Note:**  
It is the health facility's responsibility to submit the Kansas Physician/Employer Reporting Form to the Kansas Department of Health & Environment (KDHE) Primary Care Office within the physicians first thirty (30) days of practice and yearly thereafter. DO NOT SUBMIT this form with the waiver application. The form is located on the KDHE website at:  
<http://www.kdheks.gov/olrh/j-1forms.html>

### APPLICATION STANDARDIZATION FOR THE US DEPARTMENT OF STATE

- Limit use of staples, binders, tabs
- Avoid two-sided documents and use only 8 1/2" x 11" paper
- Record the Case Number assigned by the Department of State on every sheet submitted
- Documents should be placed in the order detailed on the next page, separated by a colored divider page appropriately labeled with the name of the document behind it

## APPLICATION PROCESS AND PROCEDURES

In addition to compliance with requirements stated in the application materials,

- Application must be made by the legal entity making the contract offer to the physician seeking a J-1 visa waiver, including facilities, institutions, rural health clinics, community health centers, primary care clinics, medical centers, hospitals or private practices located in Kansas. Applications will only be accepted when there is a confirmed physician contract pending. Applications submitted to the Kansas Department of Health and Environment by an attorney will facilitate processing.
- Any employer wishing to hire a physician to serve in a federally designated underserved shortage area, Medically Underserved Areas (MUA) or Medically Underserved Populations (MUP), or Health Professional Shortage Areas (HPSA), must show that the practice has an open door policy with patients and posts a sliding fee discount schedule and income eligibility information in its waiting room (see Appendix: Income and Discount Eligibility Guidelines, page 22).
- The employer must show evidence of open recruitment and that hiring a J-1 physician is a last resort. In the event that a physician not encumbered by the J-1 home residence requirement applies for and is qualified for the job advertised, he or she must be offered the position. Satisfactory recruitment efforts may be by any of the following:
  - § One example of advertisements. **Please do not** send copies of every advertisement or recruitment effort - - just a sample.
  - § List of interviewed candidates and reason not selected, *if appropriate*.
- § The waiver request must contain letters of community support from any three (3) of the following: community leaders (mayor, commissioners, other elected officials, chamber of commerce, etc.), local physicians, safety-net clinics, hospital administrator(s), or local public health department.
- § Primary care requests shall be given priority consideration with up to 50% of waiver requests available to non-primary care specialties from October 1 through December 31
- § Kansas will use its authority to recommend up to ten (10) waivers each year for physicians to practice in areas that do not have the required federal shortage area designations
- § Distribution of unused primary care requests will be available on the following schedule:

Specialty	October 1	January 1	March 1	July 1
Primary Care Specialties	15 available	reserve up to 6 if available	reserve up to 4 if available	hold up to 2 if contracts are pending
Other specialties	15 available	potential release	potential release	potential release

- § Evaluation of unmet need for health care services within the service area or for unmet need in an identified underserved population may be accomplished using measures from the following list of options.
  - § Number of practicing primary care physicians or specialists, include visiting specialists, if applicable.
  - § For specialists, agreement of local and referring primary care practitioners that the specialty is needed and support for the current waiver application.
  - § Utilization data, e.g. number of procedures most commonly performed by specialty being recruited.
  - § Population to physician ratios, or other measures of underservice for the area with evidence to support a rational service area.
  - § Medicaid data if necessary to monitor access concerns.
  - § Waiting times for referrals from safety net providers.
  - § Past compliance with the program guidelines will be considered.
  - § For medical school teaching positions, evidence of need shall consist of a letter from the Dean of the University of Kansas School of Medicine certifying that an essential faculty vacancy exists.
  - § For public health officer positions, evidence of need shall consist of a letter from the Director of Health in the Kansas Department of Health and Environment certifying that an essential public health officer vacancy exists.
- Waiver requests should be submitted not more than nine months before the J-1 physician's current educational program is scheduled for completion. The review cycle begins October 1 with complete applications numbered sequentially beginning with one each year. After thirty (30) applications are received, KDHE will determine on a case-by-case basis those applications appropriate for assignment for priority processing in the next year.

## **Requirements:**

- All J-1 Visa Waiver applicants must apply for a case number from the U.S. Department of State. This federal regulation requires completing the online Data Sheet through the U.S. Department of State. [http://travel.state.gov/visa/temp/info/info\\_1296.html](http://travel.state.gov/visa/temp/info/info_1296.html)
- The J-1 physician must have or be eligible for a medical license from the Kansas Board of Healing Arts. <http://www.ksbha.org/>
- The J-1 physician is responsible for negotiating a contract to provide full-time care, 40 hours per week, at least 4 days per week, in the appropriate specialty for a minimum of 3 years.
- By federal regulation, the J-1 physician must commence practice within 90 days of receiving a waiver. The U.S. Department of State and the U.S. Citizenship and Immigration Services will be notified if a J-1 physician is found not to have reported or not to be practicing medicine at least 40 hours per week in the location for which the recommendation was made.
- KDHE must be notified when the J-1 physician does not report for duty. The employer and/or J-1 physician must notify KDHE of any breach or termination of contract. Transfers must be cleared with KDHE before the transfer occurs to confirm that the new area is also underserved.

## **Limitations:**

Requests will be limited to two per employer or affiliated practice at the beginning of the annual cycle. After January 1, additional requests will be considered on a case by case basis.

A former J-1 physician currently fulfilling his/her required 3-year obligation may not serve as the employer of a new waiver candidate.

## **Physician Recruitment:**

KDHE policy is that a waiver recommendation by the state public health agency is a measure of last resort. As such, the medical facility must prove that other avenues, regionally and nationally, to secure a physician not bound by the 2-year home residence requirement have been undertaken over a period of at least the six months prior to preparing/signing a contract.

Recruitment efforts must include regional and national print advertising stating the position available and the practice site location. One acceptable regional recruitment effort is to list the position with the Kansas Recruitment Center operated by the University of Kansas Medical School. Job listing forms are available from the Rural Health Education and Services of the University of Kansas School of Medicine and are accessible at <http://ruralhealth.kumc.edu> or by calling 1-888-503-4221. Listings are posted and maintained on the National Rural Recruitment and Retention Network (3R Net) website, <http://www.3rnet.org/opportunities/>, a web-based practice opportunity listing for physicians

## **Contracts:**

The contract must include all of the following information:

- a) guaranteed 3-year base salary
- b) benefits
- c) health insurance
- d) field of practice, practice site name and complete street address
- e) 40 hour work week for at least 4 days per week, not including travel and on-call time
- e) leave (annual, sick, continuing medical education, holidays)
- f) commencement date begins within 90 days of receipt of J-1 visa waiver
- g) statement that all amendments shall adhere to State and Federal J-1 visa waiver requirements
- h) contract must be dated and signed by both parties

For the statutorily-required 3 years, there can be no changes to the contract that would result in the J-1 physician leaving the agreed-upon facility or ceasing to serve the patients he/she has agreed to serve in the manner agreed upon. It is recommended that each party have its own legal representation in preparation of the contract.

Other contract terms and conditions:

- § Physician may be terminated only with cause and cannot be terminated by mutual agreement until the statutorily-required 3 years have expired.
- § Contract must contain a sentence stating what field of medicine the J-1 physician will practice a minimum of 40 hours per week and the practice site address. Include a statement that on-call and travel times are not included in the minimum hours.
- § A non-compete clause or any provision that purports to limit the J-1 physician=s ability to remain in the area upon completion of the contract term is prohibited.
- § Contracts may not include any clauses that would require the J-1 physician to pay a sum to the employer for experience gained on the job or for the J-1 physician remaining in the area after the contract has ended.

## **Reporting Requirements:**

The physician and the Chief Executive Officer of the employing entity must provide annual reports to the KDHE Waiver Review Program (Appendix [Kansas Physician/Employer Reporting Form](#) Page 19). The first report must be submitted within 30 days after employment begins, and every 12 months thereafter, until the 3 year commitment is complete. Further, in agreements to serve in population-designated HPSAs, documentation must be submitted demonstrating that the relevant underserved population was indeed served. What constitutes adequate proof will vary depending upon the circumstances but should include a report of Medicare, Medicaid/HealthWave and self-pay revenue, and number of patients served by pay category, if available. When submitting the final report, the physician must indicate whether he/she intends to remain in the shortage area to practice. If a report is not submitted, penalties for default will be implemented.

Although not required for submission, KDHE may request to see copies of the following:

- § position recruitment ads with visible publication date(s)
- § advertising bills and payment receipts
- § contracts with recruitment firm(s)
- § all other physician CVs submitted in response to recruitment efforts

- § if an American citizen or permanent resident physician applied for the position, a detailed justification of why they were not hired
- § current Federal, state, or other published, recognized-source prevailing wage document
- § evidence that the J-1 physician selected for the position has visited the practice site (travel and hotel receipts, etc.)
- § list of primary care physicians, including J-1 and H-1b, National Health Service Corp and State Loan Repayment physicians, currently practicing in the HPSA

### **Ongoing Site Evaluation:**

KDHE will monitor provider practice and patient access and follow up on any complaints that the practice refuses care to patients. KDHE may use Medicaid claims data and waiting times for referrals from safety net providers if necessary to monitor access concerns. Past compliance with the program guidelines will affect an employer=s future eligibility.

### **Penalties for Default:**

Physicians - A letter to U.S Citizenship and Immigration Services with a recommendation for deportation.

A letter of notification will be sent to the Kansas Board of Healing Arts.

Employers - Restricted from submitting J-1 Visa Waiver applications for a period of two years.

These requirements are subject to revision without prior written notice.

## APPLICATION DOCUMENT ORDER WITH DETAILS

- 1) **Cover Letter from Employer** requesting the waiver from the US Department of State  
A letter addressed to the State Primary Care Office designee from the head of the entity/facility with which the physician will be employed requesting that KDHE act in its capacity as a state health agency and recommend a waiver for the J-1 physician. Discuss how it is in the "Public Interest" that the physician remains in the U.S.  
The letter must contain the following:
  - Physician's Full Name
  - Physician's Date of Birth
  - Physician's Country of Origin or last residence
  - Physician's Medical Specialty
  - Practice name and street location city and zip code
  - Description of sponsoring employer facility or clinical site and the service area
  - A statement that the practice is located in a designated HPSA or MUA area and provides medical care to both Medicaid and Medicare eligible patients, and indigent uninsured patients
  - Description of the physician's proposed responsibilities
  - For non-primary care specialties, detailed description of unmet need
  - A statement describing the plans for retaining the physician during and beyond the 3-year obligation
- 2) **Data Sheet DS-3035** - online DS-3035 application can be found at [http://www.travel.state.gov/visa/temp/info/info\\_1296.html](http://www.travel.state.gov/visa/temp/info/info_1296.html)
- 3) **Employment Contract Requirements** - dated and signed
  - a) Both the physician and the head of the health care facility/employer must sign **and date** the contract.
  - b) Contract must state the physician will practice full-time (40 hours/week) providing patient care only.
  - c) Contract must state a minimum three-year employment term.
  - d) A statement that employment will begin within 90 days of receiving such waiver.
  - e) Non-compete clauses are prohibited.
- 4) **Physician Exchange Visitor Attestation Form** - declaring that no other entities are seeking a waiver of the two-year home residence requirement in their behalf.
- 5) **IAP-66/DS-2019 Forms** - must be submitted in chronological order with the "Beginning a new program" first.
- 6) **Employer Attestation Form** - declaring practice location is underserved.

- 7) **Personal Statement from physician** regarding his/her reasons for not wishing to fulfill the two-year home country residence requirement to which the alien IMG agreed at the time of acceptance of exchange visitor status.
- 8) **A Current Curriculum Vitae**
- 9) **Explanation For Out of Status** - if alien IMG spent any period of time in some other visa status, out of status, or outside of the US
- 10) **Form G-28 or letterhead from law office** - if attorney represents applicant
- 11) **I-94 Entry and Departure Cards** - photo copies, front and back
- 12) **A “No Objection” Statement** (when applicable) - from the visitor’s government *if* foreign government funding is involved

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**Appendix:** Documents required by the Kansas Conrad/State 30 program should be included here.

- 13) Notarized [KDHE Attestation form](#).
- 14) Copy of the physician’s Kansas medical license, or application, and demonstration that all medical licensure requirements are met for the State of Kansas
- 15) Qualifications (diplomas, licenses)
- 16) Recruitment efforts: Recruitment activity documentation that shows efforts were made to recruit an American physician for the position. Documentation should include copies of advertisements, agreements with placement service, etc. The U.S. Department of State requires this information and if it is not available, submit a strongly-worded, detailed statement describing recruitment efforts.
- 17) Letters of community support (3)
- 18) Letters of recommendation from those who know the J-1 physician's qualifications (3)

For the Kansas Department of Health and Environment Bureau of Community Health Systems to process your waiver request, two packets of information (one original and one copy) must be compiled and submitted to:

Barbara Huske, Workforce Coordinator  
State Primary Care Office  
KDHE Bureau of Community Health Systems  
1000 SW Jackson, Suite 340  
Topeka, KS 66612-1365

## OVERVIEW OF STATE DEPARTMENT PROCEDURES



The Waiver Review Division of the Office of Legislation, Regulation and Advisory Assistance in the Visa Office of the Bureau of Consular Affairs (formerly the USIA Waiver Review Branch of the Office of the General Counsel) reviews applications and makes recommendations to the U.S. Citizenship and Immigration Services concerning Section 212(e) waivers.

### PROCEDURES FOR WAIVER APPLICATIONS

U.S. Department of State, Bureau of Consular Affairs, Visa Services, Waiver Review Division

[http://travel.state.gov/visa/temp/info/info\\_1296.html](http://travel.state.gov/visa/temp/info/info_1296.html)

Apply on-line:

<https://j1visawaiverrecommendation.state.gov/>

**Current Fee information** (US\$ 215.00): [http://travel.state.gov/visa/temp/info/info\\_1291.html](http://travel.state.gov/visa/temp/info/info_1291.html)

If you have questions regarding waiver review procedures, please refer to one of the following sources of information:

Visa Services: [http://travel.state.gov/visa/visa\\_1750.html](http://travel.state.gov/visa/visa_1750.html)

USCIS <http://uscis.gov/graphics/howdoi/exchvisit.htm>

You may check status of your waiver application online using your case number at:

<http://169.253.2.79/>

Links confirmed October 1, 2011

When the Waiver Review Division receives ALL required documentation, your case will be adjudicated. At the conclusion of the review process, the Waiver Review Division will forward its recommendation directly to the U.S. Citizenship and Immigration Service (USCIS) and you will receive a copy of that recommendation at the address listed on your data sheet. If your application is denied, you will be notified directly.

## J-1 VISA WAIVER TRANSFERS

Once a Kansas J-1 Visa Waiver application is approved for a specific location, the J-1 physician cannot be placed at another location without approval. Movement of a J-1 physician to a location that has not been approved by KDHE will result in the physician being out of compliance with the program and may be reported to USCIS.

*\*\* Provide the U.S. Department of State J-1 visa waiver case number on all correspondence*

KDHE must be notified, in writing, of the J-1 physician's intent to transfer to another location along with the following information:

- Reasons for the transfer
- The proposed new employer, practice site name, address, telephone number
- Proposed date of transfer

The original employer must:

- Provide a letter releasing the J-1 physician from the employment contract
- Provide an explanation for termination

The new employer must:

- Provide a letter of intent to employ the J-1 physician for the remainder of the obligation period
- Agree to the terms that the J-1 physician will provide health services 40 hours per week
- Provide a copy of the employment contract
- Provide a copy of the sliding fee scale

Within 30 days of the transfer, the physician and the new employer must submit the J-1 Visa Waiver Transfer Notification Form to:

Barbara Huske, Workforce Coordinator  
State Primary Care Office  
KDHE Bureau of Community Health Systems  
1000 SW Jackson, Suite 340  
Topeka, KS 66612-1365

## NATIONAL INTEREST WAIVER LETTER OF SUPPORT

The Kansas Department of Health and Environment will provide a letter of support for J-1 physicians in good standing. Each National Interest Waiver request will be considered on an individual basis. To obtain a letter of support, the following items must be submitted:

1. National Interest Waiver Request Form and all required documentation
2. Copy of current employment contract
3. The physician must submit a statement that includes:
  - Full name
  - Date of Birth
  - Kansas Medical License Number
  - Employment Site
  - Description of services to be provided in the HPSA/MUA
  - Description of how approval of the waiver is in the national interest
4. The sponsoring employer must submit a letter that includes:
  - Full name of physician
  - Facility name and address
  - Verification that the physician is in good standing
  - Description of services physician will provide
  - Documentation of need for the physician's services
  - Affirmation that physician will practice full-time (40 hours per week) in a HPSA/MUA
  - Describe the effects of denial of the National Interest Waiver to the facility and to the HPSA/MUA.
5. Submit the required information to:

Barbara Huske, Workforce Coordinator  
State Primary Care Office  
KDHE Bureau of Community Health Systems  
1000 SW Jackson, Suite 340  
Topeka, KS 66612-1365  
Phone: (785) 296-2742  
Email: [bhuske@kdheks.gov](mailto:bhuske@kdheks.gov)

Please inform our office upon approval of the National Interest Waiver. Thank You.

# Appendix



Print Form

Submit By Email

Kansas Department of Health and Environment
J-1 Visa Waiver Program

Notice of Intent to Apply for J-1 Visa Waiver

Last Name: [ ] First Name: [ ] Middle Name: [ ]

Female [ ] Male [ ]

Date of Birth: [ ] Dept of State Case # [ ]

Place of Birth: [ ] SS#: [ ]

Nation of most recent Legal Residence: [ ]

Residency specialization: [ ]

Employer: [ ]

CEO: [ ] Phone: [ ]

Contact Person: [ ] Phone: [ ]

Address: [ ]

Street Address of practice site: [ ]

City: [ ] County: [ ]

Practice Specialty: [ ] HPSA #: [ ]

MUA or MUP# (if applicable): [ ]

Lawyer Name: [ ]

Other Contact staff: [ ]

Law Firm name: [ ]

Law Firm Street Address: [ ]

City, State Zip code: [ ]

Phone: [ ] Fax: [ ]

Email: [ ]

Date 2011-10-19 11:04:58

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
STATE 30 J-1 VISA WAIVER PROGRAM AFFIDAVITS AND AGREEMENT**

I, (please print) \_\_\_\_\_, being duly sworn, hereby request that the Kansas Department of Health and Environment review my application for the purpose of recommending waiver of the foreign residence requirement set forth in my J-1 visa, pursuant to the terms and conditions as follows:

1. I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the State of Kansas, the Kansas Department of Health and Environment, the Bureau of Community Health Systems and any and all State of Kansas employees, agents, and assignees, from any action or lack of action made in connection with this request.
2. I further understand and acknowledge that the entire basis for consideration of my request is the Kansas Department of Health and Environment's voluntary policy and desire to improve the availability of health care in medically underserved areas and to populations with unmet needs..
3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render medical care services to patients, including the medically indigent, for a minimum of forty (40) hours per week within a U.S. Public Health Service designated primary care (or mental health) Health Professional Shortage Area (HPSA), a facility with an automatic HPSA designation or a Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designated within the past four years.
4. Such service shall commence no later than 90 days after I receive notification of approval by both the U.S. Citizenship and Immigration Services (USCIS) and the U.S. Department of Labor and shall continue for a period of at least three (3) years.
5. I agree to incorporate all the terms of this "J-1 Visa Waiver Affidavit and Agreement" into any and all employment agreements I enter pursuant to paragraph 3 (above).
6. I further agree that any employment agreement I enter pursuant to paragraph 3 (above) not contain any provision which modifies or amends any of these terms of this "J-1 Visa Waiver Affidavit and Agreement."
7. I understand and agree that my medical care services rendered pursuant to paragraph 3 (above) shall be in a Medicare and Medicaid certified site that has an open, non-discriminatory admissions policy. If my practice site is located in a federally designated low-income HPSA, that practice site will use a sliding fee scale for low-income, medically indigent patients.
8. I understand that this waiver must ultimately be approved by the USCIS, and I agree to provide written notification of the specific location and nature of my practice to the Kansas Department of Health and Environment at the time that I commence rendering services and will notify the Kansas Department of Health and Environment of any change in the location and nature of my practice within three working days of the change or prior to the change.
9. I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Waiver Affidavits and Agreement@ the Kansas Department of Health and Environment may notify the U.S. Department of State and U.S. Citizenship and Immigration Services. Additionally, any and all other measures available to the Kansas Department of Health and Environment may be taken in the event of non-compliance.

I declare under the penalties of perjury that the information provided to the Kansas Department of Health and Environment for purposes of determining whether it will act in its capacity as state department of health is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public



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## U. S. DEPARTMENT OF STATE

### EXCHANGE VISITOR ATTESTATION

I, (*please print*) \_\_\_\_\_ hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not have pending, nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any other State Department of Public Health, or equivalent, other than the ***Kansas Department of Health and Environment***, to act on my behalf in any matter relating to a waiver of my two-year home-country physical-presence requirement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public



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## U.S. DEPARTMENT OF STATE

### EMPLOYER ATTESTATION

I, *(please print)* \_\_\_\_\_ hereby declare, under penalty of the provisions of 18 U.S.C. 1001, that \_\_\_\_\_  
*(medical facility/employer)*

is located in a primary care or mental health care Health Professional Shortage Area, \*\*

ID# \_\_\_\_\_, Zip Code \_\_\_\_\_ and provides medical care to

Medicare, Medicaid, and HealthWave patients and offers discounted fees to medically indigent, uninsured patients.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

\*\* Current HPSA informay may be found at: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>  
If the application is for an MUA or MUP it must have a designation date within the past 4 years



KANSAS PHYSICIAN/EMPLOYER REPORTING FORM

Please submit within the first thirty days of commencement of practice and yearly thereafter.

Physician:

Name: (please print)

Medical Practice Address:

County Phone #

I hereby declare and certify that I, the undersigned, have practiced medicine at the above-stated address a minimum of 40 hours per week since

Physician Signature Date

Answer this question only at the end of the third year of the 3-year contract: I Will I Will Not (check one) remain in this location to practice medicine.

Employer:

I hereby declare and certify that Dr. is employed by at the above-stated address and provides at least 40 hours of medicine per week.

Signature Date

Subscribed and sworn to before me this day of, 20. Notary Public



TRANSFER NOTIFICATION

Physician Name:
Home Address:
Date of Birth:
Social Security #:
Phone:
Origin of Birth:
Case #:
Email Address:
Specialty:

Former Employer:
Complete Address:
Phone:
Date of Transfer:
County:
HPSA ID:

New Employer:
Complete Address:
Phone:
HPSA ID:
County:

I certify that I, the undersigned, do provide primary health care services at the new location a minimum of 40 hours per week.

J-1 Physician's Signature Date

I do hereby certify that Dr. began practicing at on and provides primary health care services at the new HPSA location a minimum of 40 hours per week.

Facility Representative (Please Print) Title

Facility Representative's Signature Date

Subscribed and sworn to before me this day of, 20. Notary Public



NATIONAL INTEREST WAIVER REQUEST FORM

PHYSICIAN:

Full Name:
Home Address:
Date of Birth:
Social Security #:
Phone:
Start work date:
Origin of Birth:
Kansas Medical License #:
Email Address:
Practice Specialty

Please provide a written statement that:

- Describes the need for your services in the HPSA/MUA
• Describes how approval of the waiver is in the national interest

SPONSORING EMPLOYER:

Name of Employment Site:
Complete Address:
Phone:
HPSA ID:

The sponsoring employer must submit a letter that includes:

- Full name of physician
• Site name and address
• Verification that the physician is in good standing
• Description of services physician will provide
• Documentation of need for the physician's services
• Affirmation that the physician will practice full-time (40 hours per week) in a HPSA or MUA
• Description of the effects of denial of the National Interest Waiver to the facility and to the HPSA/MUA

Please submit a copy of the current employment contract along with the above information to:

Barbara Huske, Workforce Coordinator
State Primary Care Office
KDHE Bureau of Community Health Systems
1000 SW Jackson, Suite 340
Topeka, KS 66612-1365
Phone: (785) 296-2742
Email: bhuske@kdheks.gov

**2011 INCOME and DISCOUNT ELIGIBILITY TABLES (4 levels)**

* see source below				
ANNUAL INCOME				
Number in House-hold	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
1	< 10,890	10,890 to 16,334	16,335 to 21,779	> 21,780
2	< 14,710	14,710 to 22,064	22,065 to 29,419	> 29,420
3	< 18,530	18,530 to 27,794	27,795 to 37,059	> 37,060
4	< 22,350	22,350 to 33,524	33,525 to 44,699	> 44,700
5	< 26,170	26,170 to 39,254	39,255 to 52,339	> 52,340
6	< 29,990	29,990 to 44,984	44,985 to 59,979	> 59,980
7	< 33,810	33,810 to 50,714	50,715 to 67,619	> 67,620
8	< 37,630	37,630 to 56,444	56,445 to 75,259	> 75,260

For family units with more than 8 members, add \$3,820 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

MONTHLY INCOME				
Number in House-hold	<100% FPL: MONTHLY INCOME	100-149% FPL: MONTHLY INCOME	150-199% FPL: MONTHLY INCOME	>200% FPL MONTHLY INCOME
1	< 908	908 to 1,360	1,361 to 1,814	> 1,815
2	< 1,226	1,226 to 1,838	1,839 to 2,451	> 2,452
3	< 1,544	1,544 to 2,315	2,316 to 3,087	> 3,088
4	< 1,863	1,863 to 2,793	2,794 to 3,724	> 3,725
5	< 2,181	2,181 to 3,270	3,271 to 4,361	> 4,362
6	< 2,499	2,499 to 3,748	3,749 to 4,997	> 4,998
7	< 2,818	2,818 to 4,225	4,226 to 5,634	> 5,635
8	< 3,136	3,136 to 4,703	4,704 to 6,271	> 6,272

HOURLY INCOME				
Number in House-hold	<100% FPL: HOURLY INCOME	100-149% FPL: HOURLY INCOME	150-199% FPL: HOURLY INCOME	>200% FPL HOURLY INCOME
1	< 5.24	5.24 to 7.84	7.85 to 10.46	> 10.47
2	< 7.07	7.07 to 10.60	10.61 to 14.13	> 14.14
3	< 8.91	8.91 to 13.35	13.36 to 17.81	> 17.82
4	< 10.75	10.75 to 16.11	16.12 to 21.48	> 21.49
5	< 12.58	12.58 to 18.86	18.87 to 25.15	> 25.16
6	< 14.42	14.42 to 21.62	21.63 to 28.83	> 28.84
7	< 16.25	16.25 to 24.37	24.38 to 32.50	> 32.51
8	< 18.09	18.09 to 27.13	27.14 to 36.17	> 36.18

\* SOURCE: **Federal Register**: / Vol.76, No. 13 / Thursday, January 20, 2011/ Notices

Calculated monthly and hourly wages are for determining eligibility for programs or for fee reductions based on family income in the Charitable Health Provider and Farmworker Health Voucher Program

<http://aspe.hhs.gov/POVERTY/11poverty.shtml>

*The following table provides an example of a sliding-fee schedule*

**EXAMPLE**

Sample DISCOUNT - SLIDING-FEE SCHEDULE (4 levels)				
	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
Discount	100%	75%	50%	0%
Sliding- Fee	Nominal Fee/Free care	Pay 25% of Charges	Pay 50% of Charges	Pay Full Charges
Accounting Code	P <sub>0</sub>	P <sub>1</sub>	P <sub>2</sub>	P <sub>3</sub>

1/20/2011

**2011 INCOME and DISCOUNT ELIGIBILITY TABLES (5 levels)**

* see source below					
ANNUAL INCOME					
Number in House-hold	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-174% FPL: ANNUAL INCOME	175-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
1	< 10,890	10,890 to 16,334	16,335 to 19,057	19,058 to 21,779	> 21,780
2	< 14,710	14,710 to 22,064	22,065 to 25,742	25,743 to 29,419	> 29,420
3	< 18,530	18,530 to 27,794	27,795 to 32,427	32,428 to 37,059	> 37,060
4	< 22,350	22,350 to 33,524	33,525 to 39,112	39,113 to 44,699	> 44,700
5	< 26,170	26,170 to 39,254	39,255 to 45,797	45,798 to 52,339	> 52,340
6	< 29,990	29,990 to 44,984	44,985 to 52,482	52,483 to 59,979	> 59,980
7	< 33,810	33,810 to 50,714	50,715 to 59,167	59,168 to 67,619	> 67,620
8	< 37,630	37,630 to 56,444	56,445 to 65,852	65,853 to 75,259	> 75,260

For family units with more than 8 members, add \$3,820 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

MONTHLY INCOME					
Number in House-hold	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-174% FPL: ANNUAL INCOME	175-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
1	< 908	908 to 1,360	1,361 to 1,587	1,588 to 1,814	> 1,815
2	< 1,226	1,226 to 1,838	1,839 to 2,144	2,145 to 2,451	> 2,452
3	< 1,544	1,544 to 2,315	2,316 to 2,701	2,702 to 3,087	> 3,088
4	< 1,863	1,863 to 2,793	2,794 to 3,258	3,259 to 3,724	> 3,725
5	< 2,181	2,181 to 3,270	3,271 to 3,815	3,816 to 4,361	> 4,362
6	< 2,499	2,499 to 3,748	3,749 to 4,373	4,374 to 4,997	> 4,998
7	< 2,818	2,591 to 4,225	4,226 to 4,930	4,931 to 5,634	> 5,635
8	< 3,136	3,136 to 4,703	4,704 to 5,487	5,488 to 6,271	> 6,272

HOURLY INCOME					
Number in House-hold	<100% FPL: HOURLY INCOME	100-149% FPL: HOURLY INCOME	150-174% FPL: HOURLY INCOME	175-199% FPL: HOURLY INCOME	>200% FPL HOURLY INCOME
1	< 5.24	5.24 to 7.84	7.85 to 9.15	9.16 to 10.46	> 10.47
2	< 7.07	7.07 to 10.60	10.61 to 12.37	12.38 to 14.13	> 14.14
3	< 8.91	8.91 to 13.35	13.36 to 15.58	15.59 to 17.81	> 17.82
4	< 10.75	10.75 to 16.11	16.12 to 18.79	18.80 to 21.48	> 21.49
5	< 12.58	12.58 to 18.86	18.87 to 22.01	22.02 to 25.15	> 25.16
6	< 14.42	14.42 to 21.62	21.63 to 25.22	25.23 to 28.83	> 28.84
7	< 16.25	16.25 to 24.37	24.38 to 28.44	28.45 to 32.50	> 32.51
8	< 18.09	18.09 to 27.13	27.14 to 31.65	31.66 to 36.17	> 36.18

\* SOURCE: Federal Register: / Vol.76, No. 13 / Thursday, January 20, 2011 / Notices

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<http://aspe.hhs.gov/POVERTY/11poverty.shtml>

The following table provides an example of a sliding-fee schedule  
**EXAMPLE**

Sample DISCOUNT - SLIDING-FEE SCHEDULE (5 levels)					
	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-174% FPL: ANNUAL INCOME	175-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
Discount	100%	75%	50%	25%	0%
Sliding-Fee	Nominal Fee/ Free care	Pay 25% of Charges	Pay 50% of Charges	Pay 75% of Charges	Pay Full Charges
Accounting Code	P0	P1	P2	P3	P4

KDHE BLRH prepared January 20, 2011