

**ARC**

**Application Instructions and Checklist**

**Application submitted for review must include the following information and format, Failure to comply, will result in the application being returned.**

**PLEASE DO NOT SUBMIT ANY ADDITIONAL PAPERWORK**

	<b>Checklist Items</b>	✓
<b>Section 1</b>	<b>G-28 Notice of Entry of Appearance as Attorney/Representative</b>	
<b>Section 2</b>	<b>Letter of Need (Must be on facilities letterhead) (Limited to 3 pages only)</b>	
	<ul style="list-style-type: none"> <li>○ <b>Opening Statement</b> <ul style="list-style-type: none"> <li>○ Letter must be address to</li> <li>○ The Honorable Tim Thomas, Federal Co-Chair Appalachian Regional Commission 1666 Connecticut Avenue, N.W., Suite 700 Washington, D.C. 20009-1068</li> <li>○ Request that the ARC act as an interested State Health Agency an recommend to USDOS a waiver of the two-year foreign residency requirements.</li> <li>○ Physician Name</li> <li>○ Discipline of Physician</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>○ <b>Sponsor Info</b> <ul style="list-style-type: none"> <li>○ Name, Address</li> <li>○ Type of Organization</li> <li>○ Profit Status</li> <li>○ Affiliation with practice</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>○ <b>Practice Site Info</b> <ul style="list-style-type: none"> <li>○ Practice Name</li> <li>○ Site Description</li> <li>○ Address</li> <li>○ County &amp; census tract number</li> <li>○ Designation Name &amp; Number</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>○ <b>Service Area Info ( DO NOT INCLUDE WEBSITE INFORMATION)</b> <ul style="list-style-type: none"> <li>○ Average Income</li> <li>○ Poverty Status</li> <li>○ Age Makeup of Residents</li> <li>○ Unemployment levels</li> <li>○ Education</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>○ <b>Position Info</b> <ul style="list-style-type: none"> <li>○ Staffing levels (of position requesting)</li> <li>○ Vacancy levels (of position requesting)</li> <li>○ Qualification of Physician</li> <li>○ Responsibilities of Position</li> <li>○ <u>Statement</u> to <b>agree to provide health services to all individuals without discrimination.</b></li> <li>○ <u>Statement</u> that the Practice accepts Medicare, Medicaid and Uninsured / underinsured patient's</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ <b>Recruitment &amp; Retention</b> - Facility must show unsuccessfully attempted to locate qualified US physicians in the same salary range, during the last six months immediately preceding the request for the waiver, <b>this must include:</b> advertisements in newspapers, medical journals of national and statewide circulation, and notification to medical schools in the state of the open position. <b>(Supporting Documents are required)</b></li> </ul>	
	<ul style="list-style-type: none"> <li>○ <b>Must include a statement as follows:</b> "I hereby certify that I have read and fully understand and will comply with the ARC Federal Co-Chairman's J-1 Visa Waiver Policy, and that all the information contained in this letter is true to the best of my knowledge and belief"</li> </ul>	
<b>Specialty Medicine (Must Provide the Following)</b>		
	<ul style="list-style-type: none"> <li>○ <b>A statement</b> from the sponsor outlining the reasons a physician with this particular specialty is needed in this area to include, but not limited to: information concerning the impact of this service not being adequately available to the area, the closest location where the specialty is available and evidence that the specialty would be viable in the service area.</li> <li>○ <b>A description</b> of the service area demographics and any other supporting information the Federal Co-Chair may require in determining the exceptional need for the specialty.</li> <li>○ <b>Support letters</b> and additional evidence from representatives of primary care centers and primary care physicians not affiliated with the sponsor in the area speaking to the need for this specialty. <b>(This includes in-patient only positions as well)</b></li> </ul>	
<b>Special population (Sponsors record over the previous three years)</b>		
	<ul style="list-style-type: none"> <li>○ The percentage of patients served by the practice who are providing health services at a reduced, or no charge because of an inability to pay for services is equal to or greater than the percentage of the patients unable to pay for services in the State in which the practice is located; and</li> <li>○ The percentage of patients under Medicare for whom assignment is accepted is not less than 80 percent of the percentage of patients under Medicare in the State in which the practice is located; and</li> <li>○ The percentage of patients under Medicaid for whom assignment is accepted is not less than the percentage of patients under Medicaid in the State in which the practice is located</li> <li>○ <b>Demonstrations of this sort will not be required for</b> Community Health Centers and other Federally Qualified Health Centers, that are otherwise required to serve the target population. However, a copy of the notice granting this designation is required.</li> </ul>	

Section 3	Practice Site Application	(Attachment)
	<ul style="list-style-type: none"> <li>○ Submit a signed practice site application. <b>(One per site)</b></li> <li>○ Submit the site’s financial policy and sliding fee scale with <a href="#">current federal poverty guidelines</a></li> <li>○ The sponsor may charge no more than the usual and customary rate prevailing in the HPSA in which services are provided</li> <li>○ Must post and comply with written notice of their policies. A copy and photo of the notice posting in the hospital/clinic notifying patients of the charges for services and discounted fees. (Please see ARC <a href="#">sample notice</a> for wording)</li> <li>○ HRSA Data Warehouse Information for Designations Sheet <a href="#">HRSA - Find Shortage Areas by Address</a> / HPSA - Find <b>HPSA Find</b></li> <li>○ The facility or practice sponsoring the physician must agree to provide health services to individuals without discriminating against them because               <ul style="list-style-type: none"> <li>(a) they are unable to pay for those services or</li> <li>(b) payment for those health services will be made under Medicare and Medicaid. The sponsor may charge no more than the usual and customary rate prevailing in the HPSA in which services are provided. In addition, charges must be discounted on a sliding fee scale for persons at or below 200 percent of poverty. Persons with third party insurance may be charged the full fee for service.</li> </ul> </li> </ul> <p><b>NOTE:</b> Discounted charges must be available to patients up to and including 200% of poverty level, for patient whose income and family size place them below poverty, a nominal fee is required. Those who document no ability to pay should be treated without charge.</p> <p><b>NOTE:</b> Psychiatrists are required to be in a mental health HPSA</p>	
Section 4	Agreement of Participate in the Waiver Program (Notarized)	(Attachment)
	<ul style="list-style-type: none"> <li>○ PA – Sign and have notarized the PA agreement of participate in the Waiver Program</li> <li>○ ARC – Sign and have notarized the ARC J-1 Affidavit and Agreement</li> </ul>	
Section 5	IMG Information	
	<ul style="list-style-type: none"> <li>○ Physicians current Curriculum Vitae (CV) current home address, telephone number and <u>non-work</u> email mail address</li> <li>○ PA Medical License <b>or</b> If submitting <a href="#">Official Notice from the PA Board of Medicine</a> verification letter prior to licensing, no outstanding items will be allowed and must be completed prior to recommendation</li> </ul>	
Section 6	DS-3035	
	<ul style="list-style-type: none"> <li>○ DS-3035 Waiver Review Division Barcode Page</li> <li>○ Third Party Barcode Page</li> <li>○ DS-3035 Supplementary Applicant Information Page 1 &amp; 2</li> <li>○ DS-3035 J-1 Recommendation Application Page 1 &amp; 2</li> <li>○ DS-3035 Statement of Reason</li> <li>○ <b>If the IMG has received funding from his home country</b>, attach a letter from the home country stating that they have no objection to the waiver request.</li> </ul>	
Section 7	DS-2019	
	<ul style="list-style-type: none"> <li>○ DS-2019 <b>(All forms covering time up to and including current period)</b></li> <li>○ I-94 Card</li> </ul>	

Section 8	Employment Contract <span style="float: right;">(Must be signed by both parties)</span>	
	<ul style="list-style-type: none"> <li>○ Physician name and discipline of the provided (Ped, IM, Card etc.)</li> <li>○ Each practice site(s) name, physical address, county, and HRSA /MUA/P designation with number</li> <li>○ Statement that physician will begin employment within ninety (90) days from the date USCIS grants the J-1 waiver</li> <li>○ Statement that the physician will work 40 hours per week direct patient care <u>excluding</u> rounds, travel and on call. Identify the hours the physician will work. <b>Hospitals</b> may work 160 hours per month.</li> <li>○ Term of contract may be no less than 3 years</li> <li>○ Include a statement that there are no non-compete clauses in any of the employer’s policies, handbooks, etc., that would prohibit the physician from working in any location upon the termination of the contract.</li> <li>○ Physician based salary and a statement that at no time will the salary fall below prevailing wage during the 3-year contract period</li> </ul>	
	<p><u>Contract May not contain</u></p> <ul style="list-style-type: none"> <li>○ Specific start and end dates, as this is not known</li> <li>○ Compete Clauses</li> <li>○ Termination without cause</li> <li>○ Termination for mutual agreement</li> <li>○ Non-solicitation clause will be reviewed on a case by case.</li> </ul>	
Section 9	Foreign Labor Certification Data Center Online Wage Library <a href="http://FLCDataCenter.com">FLCDataCenter.com</a>	

**Conrad 30 Waiver Program**

**Applications received that do not contain the above items will be considered incomplete and will not be reviewed.**

**All application shall be submitted to:**

Jacqueline Austin, Public Health Program Administrator  
 Pennsylvania Primary Care Office  
 Room 1033, Health and Welfare Building  
 625 Forster Street  
 Harrisburg, Pennsylvania 17120-0701  
 Email Address: [waiverprograms@pa.gov](mailto:waiverprograms@pa.gov)