

Conrad 30

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

	Checklist Items	✓
Section 1	G-28 Notice of Entry of Appearance as Attorney/Representative	
Section 2	Letter of Need (Limited to 3 pages only)	
	<ul style="list-style-type: none"> ○ Opening Statement <ul style="list-style-type: none"> ○ Request that the DOH act as an interested State Health Agency and recommend to USDOS a waiver of the two-year foreign residency requirements. ○ Identify the Waiver being requested (Conrad 30, FLEX etc.) ○ Physician Name ○ Discipline of Physician 	
	<ul style="list-style-type: none"> ○ Sponsor Info <ul style="list-style-type: none"> ○ Name, Address ○ Type of Organization ○ Profit Status ○ Affiliation with practice 	
	<ul style="list-style-type: none"> ○ Practice Site Info <ul style="list-style-type: none"> ○ Practice Name ○ Site Description ○ Address ○ County ○ Designation Name & Number 	
	<ul style="list-style-type: none"> ○ Service Area Info (DO NOT INCLUDE WEBSITE INFORMATION) <ul style="list-style-type: none"> ○ Average Income ○ Poverty Status ○ Age Makeup of Residents ○ Unemployment levels ○ Education 	
	<ul style="list-style-type: none"> ○ Position Info <ul style="list-style-type: none"> ○ Staffing levels (of position requesting) ○ Vacancy levels (of position requesting) ○ Qualification of Physician ○ Responsibilities of Position ○ <u>Statement</u> to agree to provide health services to all individuals without discrimination. ○ <u>Statement</u> that the Practice accepts Medicare, Medicaid and Uninsured / underinsured patient's 	
	<ul style="list-style-type: none"> ○ Recruitment & Retention <ul style="list-style-type: none"> ○ Facility must show unsuccessful attempts to locate qualified US physicians in the same salary range, during the last six months immediately preceding the request for the waiver. 	

	Specialist Request Only	(Must Provide the Following)	
	<ul style="list-style-type: none"> ○ <u>A statement</u> from the sponsor outlining the reason for the specialty ○ Impact of service not being available ○ Closest location of next available specialty 		
FLEX	Flex Waivers Only	(One Flex Waiver per EIN number)	
	<ul style="list-style-type: none"> ○ Submit a copy of the facilities official Employee Identification Number (EIN) ○ Submit a notarized affidavit supporting documentation that at least 30% of the patient encounters for a period of one year reside in a primary care HPSA/MUA/MUP 		
Section 3	Practice Site Application	(Attachment)	
	<ul style="list-style-type: none"> ○ Submit the site’s financial policy and sliding fee scale with current federal poverty guidelines ○ HRSA Data Warehouse Information for Designations Sheet HRSA - Find Shortage Areas by Address / HPSA - Find HPSA Find <p>NOTE: 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>NOTE: Psychiatrists are required to be in a mental health HPSA and /or a MUA/P.</p>		
Section 4	Agreement of Participate in the Waiver Program	(Notarized)	(Attachment)
	<ul style="list-style-type: none"> ○ PA – Sign and have notarized the PA agreement of participate in the Waiver Program 		
Section 5	IMG Information		
	<ul style="list-style-type: none"> ○ Physicians current Curriculum Vitae (CV) current home address, telephone number and <u>non-work</u> email mail address ○ PA Medical License or If submitting Official Notice from the PA Board of Medicine verification letter prior to licensing, no outstanding items will be allowed and must be completed prior to recommendation 		
Section 6	DS-3035		
	<ul style="list-style-type: none"> ○ DS-3035 Waiver Review Division Barcode Page ○ Third Party Barcode Page ○ DS-3035 Supplementary Applicant Information Page 1 & 2 ○ DS-3035 J-1 Recommendation Application Page 1 & 2 ○ DS-3035 Statement of Reason ○ If the IMG has received funding from his home country, attach a letter from the home country stating that they have no objection to the waiver request. 		
Section 7	DS-2019		
	<ul style="list-style-type: none"> ○ DS-2019 (All forms covering time up to and including current period) ○ I-94 Card 		

Section 8	Employment Contract (Please provide a one page addendum to all contracts removing any content that is not allowed)	
	<ul style="list-style-type: none"> ○ Physician name and discipline of the provided (Ped, IM, Card etc.) ○ Each practice site(s) name, physical address, county, and HRSA /MUA/P designation with number ○ Statement that physician will begin employment within ninety (90) days from the date USCIS grants the J-1 waiver ○ 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. Hospitals may work 160 hours per month. ○ Term of contract may be no less than 3 years ○ 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. ○ Physician based salary and a statement that at no time will the salary fall below prevailing wage during the 3-year contract period 	
	<p><u>Contract May not contain</u></p> <ul style="list-style-type: none"> ○ Specific start and end dates, as this is not known ○ Compete Clauses ○ Termination without cause ○ Termination for mutual agreement ○ Non-solicitation clause will be reviewed on a case by case. 	
Section 9	Foreign Labor Certification Data Center Online Wage Library FLCDataCenter.com	

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 1031, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120-0701
 Email Address: waiverprograms@pa.gov