



HUMAN RESOURCES

International Services and International Tax

CONRAD STATE 30 WAIVER PACKET

For Foreign Physician Subject to the Two Year Home Residency Requirement (INA §212(e) Only)
(Revised: 08/2011)

THIS PACKET CONTAINS THE FOLLOWING FORMS:

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If the Department prefers VISIT to complete the formal support letter, please simply provide us with information on each area shown in RED on the sample letter and we will be happy to do so. If the J-1 Physician would like VISIT to assist in the filing of the DS-3035, please contact us to schedule an appointment for completion of that form. Thank you for your cooperation in ensuring that the filing process goes smoothly, by completing the forms in full and providing all documents requested.

The entire Conrad 30 packet, when completed and signed by the Dean’s Office, must be forwarded to VISIT. If you have any questions about the Forms or the Checklists, please contact us at visit@vanderbilt.edu.

INTERESTED GOVERNMENTAL AGENCY (IGA) WAIVER FEES

SERVICE	USCIS FILING FEE(S)	VISIT PROCESSING FEE	TOTAL FEE(S)
Conrad State 30; Health & Human Services (HHS) or Other Interested government Agency Waiver Filing*	\$0.00	\$5000.00	\$5000.00

***Note:** These fees DO NOT include the fee for the H-1B visa filing. The H-1B visa filing is done using the H-1B Packet, after the waiver has been approved. A separate H-1B Packet will have to be completed and the fees related to that process paid through a separate #1180.

INTRODUCTION & CHECKLISTS

PLEASE – NO STAPLES, WE HAVE TO REMOVE THEM AND IT ONLY SLOWS US DOWN!

All foreign physicians who enter the USA to pursue a medical residency or fellowship in J-1 visa status are subject to a two-year foreign residence requirement. This requirement mandates that the physician to return to his/her country of last residence for a period of two years before being able to seek employment in the USA in H-1B status or obtain US permanent residence. A few methods exist that allow the J-1 physician to have the two year requirement waived. One method, being used by Vanderbilt University is the Conrad State 30 Waiver (also known as the Conrad 30 waiver).

The Conrad State 30 Waiver process requires us to first request that the Tennessee Dept. of Health, Office of Health Access (OHA) sponsor the J-1 physician for a waiver of the two year foreign residence requirement. In order to obtain the Conrad State 30 Waiver, the J-1 physician must agree to employment with VUMC for at least 3 years.

The OHA will review the application received and, if in support of the application, will request that the Department of State recommend the J-1 physician for the waiver. Once the Dept. of State provides a letter of waiver recommendation, Vanderbilt will apply for H-1B status on behalf of the J-1 physician.

The information above is a brief summary of the Conrad State 30 program. If additional information is desired, please contact the Office of International Services at x3-7467.

CHECKLIST

1. DEPARTMENT CHECKLIST:

- Department Letter requesting Conrad State 30 Waiver and with the following:
 - A summary of the situation, including rural character, geographic description of the area and critical unmet need. Original department letter – on letterhead -- addressed to OHA. Please see sample letter for direction.
 - Description of the medical facility's program and schedule of the J-1 physician
 - A description of the plan for introduction of the J-1 physician into the community
 - Effect on area if Conrad 30 waiver is denied
- Signed/Fully executed copy of VUMC Employment contract WITH Conrad State 30 language; contract must be for a period of at least three (3) years.
- Three (3) letters of support from the county health department, local hospital(s) and community leaders/county council supporting the placement of the J-1 physician into the community
- List of health care resources in the community: primary care clinics, hospitals and the number of primary care physicians by specialty

- Evidence of all recruitment efforts in the past 6 months (advertisements, CV received, interviews held, results of interviews)
- VUMC & J-1 Physician Attestation regarding reading of J-1 Waiver Program - Policies & Procedures (signed by Dept. Chair & J-1 Physician and NOTARIZED).

2. **PHYSICIAN CHECKLIST:**

- Curriculum Vitae
- Copy of Dept of State Waiver Review Application (DS 3035) and Case Number. Application can be completed online at <https://j1visawaiverrecommendation.state.gov/>. If you wish VISIT assistance with this filing, please contact us to schedule an appointment.
- All IAP-66 and DS-2019 forms issued
- USMLE Scores – Steps 1, 2 and 3
- ECFMG Certificate
- Medical Degree
- Current Tennessee Medical License
- VUMC & J-1 Physician Attestation regarding reading of J-1 Waiver Program - Policies & Procedures (signed by Dept. Chair & J-1 Physician and NOTARIZED)
- Board Certification/Board Eligibility (BC/BE) documentation
- Passport data page
- Non-immigrant visa
- Current I-94 (front and back)
- All I-797 approval notices
- Signed TN Office of Health Access Attestation (Regarding Contractual Obligations to Home Country) as provided on page 16. Note that your home government or embassy is not required to provide the Dept. of State Waiver Review Division with a 'No Objection' Statement. For Conrad State 30 filings, the Dept. of State will issue a Waiver Recommendation Letter without a 'no objection' letter from your home government. The TN Office of Health Access does require you to attest that you are not contractually obligated to return and understand the conditions of the Conrad 30 Waiver program.

VUMC DEPARTMENT LETTER FOR CONRAD STATE 30 WAIVER

(PLACE ON LETTERHEAD AND REMOVE ABOVE TITLE)

Date

Ann Cranford, Director
TN Dept. of Health, Office of Health Access
425 5th Avenue, North
4th Floor, Cordell Hull Bldg
Nashville, TN 37243-5210

RE: Conrad 30 J-1 Waiver Request
Vanderbilt University Medical Center / [PHYSICIAN NAME]

Dear Ms. Cranford:

Vanderbilt University respectfully requests that a Conrad 30 Waiver slot be allocated for the employment of [PHYSICIAN NAME] as a [CLINICAL JOB TITLE] in the Department of [DEPT. NAME] at the Vanderbilt University Medical Center, Nashville, TN.

Vanderbilt Medical Center (VMC) is a comprehensive healthcare facility dedicated to patient care, research, and biomedical education. Its reputation for excellence in each of these areas has made Vanderbilt a major patient referral center for the Mid-South. Each year, people throughout Tennessee and the Southeast choose Vanderbilt for their health care needs, not only because of its excellence in medical science, but also because the faculty and staff are dedicated to treating patients with dignity and compassion. Vanderbilt's mission is to advance health and wellness through preeminent programs in patient care, education, and research.

VUMC boasts an integrated network of medical facilities that provide exceptional healthcare to patients located throughout the State of Tennessee, including Vanderbilt University Hospital (VUH), Monroe Carell Jr. Children's Hospital, Ingram Cancer Center, Psychiatric Hospital at Vanderbilt, Vanderbilt Stallworth Rehabilitation Hospital, Nashville Veterans Administration Medical Center, and the Vanderbilt Clinic.

VUMC is the State's leading provider of medical services to TennCare, Medicare and uninsured patients. We maintain a sliding fee scale in order to better meet the needs of our low income and indigent patients and provide care to all patients regardless of ability to pay. Each year VUMC provides millions of dollars of uncompensated care to the uninsured. The figure for 2010 was approximately \$216 million and, if state-mandated discounts are included, the figure leaps to about \$316 million.

The Department of [DEPT. NAME] and its clinics operating as part of its residency training program are the primary source of medical care to under-insured and underserved populations for Middle Tennessee and areas of Kentucky. In addition to the clinics at the VUMC, clinics are operated in [state additional areas of clinic sites, if applicable]. The resulting abundance of patient volume provides excellent opportunities for medical training and health care delivery to Tennesseans. In effect, VUMC's commitment to and interest in managed care has ensured continued high quality medical care accessibility to a large pool of citizens of this State.

[ADDITIONAL DISCUSSION ABOUT WORK OF THE DEPARTMENT, CLINICAL ACTIVITIES, CLINICS, OUTREACH ACTIVITIES, ETC. IF DESIRED]

Description of Unmet Need

According to the United States Department of Health and Human Services, Health Resources & Services Administration (HRSA), the significant majority of counties within Middle Tennessee are classified as Medically Underserved Areas (MUA), Medically Underserved Populations (MUP) or Health Professions Shortage Areas (HPSAs. As indicated on the attached chart, more than 50% of VUMC's patients reside in these counties designated MUA, MUP or HPSA.

Many patients that are referred to VUMC come from rural areas that lack specialty [STATE AREA OF J-1 PHYSICIAN SPECIALTY] physicians. As a teaching hospital and the leading provider of medical services to lower income and indigent persons, VUMC strives to recruit and retain stellar physicians who are specialized in [STATE AREA OF J-1 PHYSICIAN SPECIALTY] services.

[DISCUSS THE UNMET NEED SPECIFIC TO THE DEPARTMENT OR DIVISION. EXTENT OF PATIENTS WITH PROBLEMS THE DEPARTMENT/DIVISION ADDRESSES, MOST COMMON MEDICAL PROBLEMS IN THE AREAS SERVED]

Recruitment Efforts

[DISCUSS DEPARTMENT'S RECRUITMENT EFFORTS: 1.WHEN RECRUITMENT BEGAN; WHERE ADVERTISEMENTS WERE PLACED; WHAT RESPONSES WERE RECEIVED; WHETHER PEOPLE WERE INTERVIEWED; WHETHER PEOPLE WITHDREW APPLICATIONS OR TURNED DOWN JOB OFFERS, ETC]

The Beneficiary

[Dr _____] is an extraordinarily well-trained [STATE SPECIALTY]. [DISCUSS TRAINING, RESEARCH, CLINICAL EXPERTISE OF FOREIGN PHYSICIAN]

Terms of Employment

We intend to employ Dr.[_____] on a full time basis for a period of three years beginning [THREE YEAR PERIOD OF EMPLOYMENT]. He will be compensated at a salary of \$[SALARY] per year (see attached offer letter and contract). He will work between 40-60 hours per week over 5 days. [DISCUSS J-1 PHYSICIAN WORK SCHEDULE. PLEASE ALTER DIVISION OF TIME AS NECESSARY REMEMBERING THAT THE WAIVER IS FOR POSITIONS REQUIRING A LARGE AMOUNT OF CLINICAL RELATED DUTIES].

Dr. [_____] will practice inpatient and outpatient [AREA OF CLINICAL CARE] at the [NAME OF VUMC CLINIC] with the Department of [DEPT. NAME] located at [ADDRESS OF CLINIC, including city and zip code].

Effect on Area if Conrad 30 Waiver Denied

If you have any further questions, please do not hesitate to contact Dahlia French, Esq., Director, Office of International Services, Vanderbilt University, at (615) 322-3656.

Respectfully,

[NAME OF CHAIR]
Professor and Chair
Department of [DEPT NAME]

CONRAD STATE 30 LANGUAGE RECOMMENDED FOR INCLUSION IN EMPLOYMENT CONTRACT

CONRAD 30 WAIVER CLAUSE: The Physician is aware that Vanderbilt University Medical Center is fully assisting with a request for a Conrad State 30 Waiver for a waiver of the 2-year foreign residence requirement of her J-1 visa. Pursuant to this, and in accordance with the Immigration & Nationality Act, Section(s) 214(I)(1)(A), (B), (C) the Physician states the following:

- a. That a Conrad State 30 Waiver has been filed, or will be timely filed, on the Physician's behalf, by Vanderbilt University;
- b. That the Physician has no contractual obligation to return to a home country. However if such contractual obligation is found to exist, the Physician will request and obtain a 'no objection' letter from the Physician's home government wherein it will be stated that the home country has no objection to the Conrad State 30 Waiver. The Physician will ensure that the home government directly furnish the Department of State with the 'no objection' letter, as necessary;
- c. That Tennessee Department of Health, Office of Health Access is an interested State agency requesting a waiver under the Conrad State 30 Waiver program in order to allow the Physician to serve as a [Clinical Job Title] with Vanderbilt University Medical;
- d. That this Standard Employment Contract demonstrates a bona fide offer of full-time employment has been extended to the Physician by a health facility;
- e. That the Physician agrees to begin employment with Vanderbilt University Medical Center no later than 90 days of receiving the J-1 waiver (i.e. USCIS approval notice) and agrees to continue to work for a total of not less than three (3) years absent extenuating circumstances, as outlined by Section 214(I)(1)(C)(ii).
- f. That the Physician will work for a minimum of forty (40) clinical hours per week for the three year period of employment.
- g. That the Physician has read and understands the TN Dept. of Health, Policies & Procedures – State Conrad J-1 Visa Waiver Program and has signed and notarized the attestation form indicating such.
- h. That the Physician will ensure timely completion of the TN Dept. of Health, Health Access-Monitoring & Evaluation form within 30 days after employment begins and every six (6) months thereafter until the three-year commitment is completed.

CONRAD 30 - WAIVER APPLICATION

SAMPLE SUPPORT LETTER #1: NON-VUMC SUPPORT LETTER

(**PLEASE SEND ORIGINAL LETTER BACK TO VANDERBILT DEPARTMENT. DO NOT MAIL DIRECTLY TO ANN CRANFORD.**)

[DATE]

Ann Cranford, Director
TN Dept. of Health, Office of Health Access
425 5th Avenue, North
4th Floor, Cordell Hull Bldg
Nashville, TN 37243-5210

RE: Conrad 30 J-1 Waiver Request
Vanderbilt University Medical Center/ [NAME OF J-1 PHYSICIAN]

Dear Ms. Cranford:

[OPENING PARAGRAPH SHOULD INTRODUCE THE WRITER] I am the Chair/Chief/Asst. Professor/Partner in [MEDICAL PRACTICE or GROUP]. I am board certified/board eligible in [AREA OF BC/BE]. I have practiced in [CITY, TN] for [NUMBER OF YEARS] years and have watched the medical community grow with the population in [COUNTIES WHERE PRACTICE IS LOCATED OR WHERE UNDERSERVED PATIENT POPULATIONS LIVE].

I understand Vanderbilt Medical Center is seeking a Conrad 30 J-1 Visa Waiver for Dr. [NAME OF J-1 PHYSICIAN] who is currently in the [NAME OF RESIDENCY/FELLOWSHIP PROGRAM] and who is interested in living and practicing in Middle Tennessee when residency/fellowship training is completed in June [YEAR OF COMPLETION].

I want to offer my support for this effort. I have met Dr. [NAME OF J-1 PHYSICIAN] and believe he will be an important addition to the medical community in [COUNTY OF INTENDED PRACTICE]. We need more board certified or board eligible [MEDICAL SPECIALTY] to practice in this/these counties, provide call coverage and do procedures at area medical centers. There is currently only [AMOUNT OF PHYSICIANS IN AREA WITH BC/BE IN THE SPECIALTY] board certified to do [MEDICAL SPECIALTY]. Additional physicians to be available for call, treat the growing number of patients, and utilize the medical center's resources for patient care.

It is very difficult to recruit appropriately trained [AREA OF MEDICAL SPECIALTY] to practice in a community hospital setting like [NAME OF UNDERSERVED COUNTY OR CITY]. We have tried ourselves and been unsuccessful. So we see the addition of Dr. [NAME OF J-1 PHYSICIAN] as filling a need for the community and doing so with a highly qualified individual.

Therefore, I recommend approval of the waiver so our patients who need cardiac interventions can receive them in the community.

Thank You,

NAME
TITLE

**CONRAD 30 - WAIVER APPLICATION
SAMPLE SUPPORT LETTER #2 - VUMC LETTER**

(**PLEASE SEND ORIGINAL LETTER BACK TO VANDERBILT DEPARTMENT. DO NOT MAIL DIRECTLY TO ANN CRANFORD.**)

[DATE]

Ann Cranford, Director
TN Dept. of Health, Office of Health Access
425 5th Avenue, North
4th Floor, Cordell Hull Bldg
Nashville, TN 37243-5210

RE: Conrad 30 J-1 Waiver Request
Vanderbilt University Medical Center/ [NAME OF J-1 PHYSICIAN]

Dear Ms. Cranford:

The Vanderbilt University Medical Center (VUMC) is committed to meeting the healthcare needs of patients through out Middle Tennessee through our mission of patient care, education and research. We have concluded that locating Vanderbilt physicians off the main campus and closer to where many Tennesseans live is a key part of meeting that commitment.

[NAME OF COUNTY OF EMPLOYMENT OR COUNTIES TO BE SERVED], despite its recent population growth still lacks the medical capacity to provide certain medical specialties and capabilities that its population needs. VUMC and other Nashville Hospitals see patients that must travel into the complexity of their Nashville campuses to receive services that arguably could be provided in [COUNTY OF EMPLOYMET OR COUNTY TO BE SERVED]. [PROVIDE INFORMATION ABOUT THE UNMET NEED IN THE COUNTY (IES) TO BE SERVED. For example: *Rutherford County has approximately 230,000 residents and another 100,000 are in adjacent counties of Cannon, Bedford and Warren who frequently seek healthcare in Murfreesboro or Nashville. Our plan is to address some of the unmet need, in Murfreesboro.]*

One such area is [AREA OF MEDICAL SPECIALTY]. Finding physicians who are board eligible or board certified is a challenge for communities like [[NAME OF COUNTY OF EMPLOYMENT OR COUNTIES TO BE SERVED]. VUMC has tried to recruit such practicing physicians for Murfreesboro and has been unsuccessful. However we have a very good physician, [NAME OF J-1 PHYSICIAN] MD, in our Fellowship program; Dr. [NAME OF J-1 PHYSICIAN] will finish his residency/fellowship training in June [YEAR OF COMPLETION] and is enthusiastic about practicing in Middle Tennessee. We see this as a good opportunity to benefit patients in Middle Tennessee, help VUMC meet its commitment to quality health care in the community and retain a highly qualified physician in Tennessee.

So I respectfully request approval of Vanderbilt University's J-1 Waiver request on behalf of Dr. [NAME OF J-1 PHYSICIAN].

Sincerely,

NAME
TITLE

**CONRAD 30 - WAIVER APPLICATION
SAMPLE SUPPORT LETTER
VUMC SUPPORT LETTER #3**

(**PLEASE SEND ORIGINAL LETTER BACK TO VANDERBILT DEPARTMENT. DO NOT MAIL DIRECTLY TO ANN
CRANFORD.**)

[DATE]

Ann Cranford, Director
TN Dept. of Health, Office of Health Access
425 5th Avenue, North
4th Floor, Cordell Hull Bldg
Nashville, TN 37243-5210

RE: Conrad 30 J-1 Waiver Request
Vanderbilt University Medical Center/ [NAME OF J-1 PHYSICIAN]

Dear Ms. Cranford:

I want to provide my support for the Conrad 30 J-1 Visa Waiver for [NAME OF J-1 PHYSICIAN] who is currently in the Residency Fellowship Program in [AREA OF MEDICAL SPECIALTY] at [NAME OF HOSPITAL/INSTITUTION].

[PARAGRAPH SHOULD INTRODUCE THE WRITER, INFO ABOUT MEDICAL PRACTICE/DEPARTMENT, AND WRITER'S RESPONSIBILITIES]. Our department is committed to ensuring high quality medical services are available in counties surrounding Davidson County, thus improving the access and convenience for residents. Many of the surrounding counties represent populations underserved by both primary and specialty medical services. Through our medical network, residents can obtain services locally when appropriate and integrated with the more sophisticated services only available at larger medical centers when necessary. Our electronic medical records system makes this almost seamless which benefits the patient and healthcare providers.

Our institution also is committed to offering coordinated medical services in [NAME PRIMARY COUNTIES WHERE PATIENTS RESIDE, FOCUSING ON UNDERSERVED COUNTIES & POPULATIONS] counties. Central to this plan is the placement of physician specialists in these areas who are appropriately trained in [AREA OF MEDICAL SPECIALTY] so that the procedures can be performed at hospitals and medical centers closer to patients' homes. We have been unsuccessful in recruiting such a physician who is already in practice. Not only are they in high demand, their strong tendency is to practice at large medical centers. Communities like [NAME UNDERSERVED COMMUNITIES TO BE SERVED] are very hard sells.

Fortunately, we have in [NAME OF J-1 PHYSICIAN] a highly trained and skilled physician specialist who is willing to live and practice in these communities.

The Conrad 30 J-1 Waiver Program offers a way to meet the healthcare needs of many residents in southern Middle Tennessee and do so with a highly trained physician. I am offering my strong support for the requested waiver. I have little doubt that [NAME OF J-1 PHYSICIAN] will make a significant contribution to the medical communities in these underserved areas.

Sincerely,

NAME
TITLE

**POLICIES AND PROCEDURES
TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF HEALTH ACCESS
STATE CONRAD J-1 VISA WAIVER PROGRAM**

Statement of Purpose

The Tennessee Department of Health is committed to assuring that all Tennesseans have access to quality, affordable health care. The Department will support and facilitate the placement of primary care physicians in a health care practice site located in a rural Health Resource Shortage Area (HRSA) located within a federally designated Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) and physician specialists in a hospital as designated by the Department of Health, located in a HPSA or in a MUA. Health care practitioners who are placed must agree to provide medical care to underserved Tennesseans. The Department of Health is positioned to cooperate with and assist any federal agency in its sponsoring and review of requests to waive the foreign residency requirement on behalf of primary care physicians and physician specialists holding J-1 visas who will practice in an acceptable location. The Office of Health Access, acting upon behalf of the Commissioner, is the designated state contact for this program. The telephone number for the Office of Health Access is (615) 741-0417.

Policies

1. The State Conrad J1 visa waiver program in Tennessee is limited to those primary care physicians who have completed a residency in one of the following medical specialties: Family Practice, General Pediatrics, General Internal Medicine, or a physician specialist who has a subspecialty training in Family Practice Adolescent Medicine or Geriatric Medicine; or Internal Medicine Adolescent Medicine, Cardiovascular Disease, Critical Care Medicine, Endocrinology, Diabetes, & Metabolism, Emergency Medicine, Gastroenterology, Geriatric Medicine, Hematology, Hospitalists, Infectious Disease, Interventional Cardiology, Oncology, Nephrology, Neurology, Pulmonary Disease, Rheumatology; or Obstetrics & Gynecology Critical Care Medicine or Gynecologic Oncology; or Pediatric Adolescent Medicine, Developmental-Behavioral Pediatrics, Pediatric Cardiology, Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Hematology-Oncology, Pediatric Infectious Disease, Pediatric Nephrology, Pediatric Pulmonology, or Pediatric Critical Care Medicine; or Addiction Psychiatry, Child & Adolescent Psychiatry, or Geriatric Psychiatry; or physicians who have completed a residency in General Orthopedic Surgery or General Surgery (subject to the restrictions noted herein). Each applicant must be supported by a sponsoring employer.
2. At the discretion of the Department, the Department will support and facilitate the placement of primary care physicians in at least seventy percent (70%) of the slots that the federal law permits per federal fiscal year in health care practice sites which is located in a HPSA or a MUA either of which must also be located within the top thirty (30) state designated HRSA. Each primary care physician must agree to practice primary health care at that site for a minimum of forty (40) hours per week and for a minimum of three years.

At the discretion of the Department, the Department will also support and facilitate the placement of one physician specialist per hospital in up to thirty percent (30%) of the slots that the federal law permits between October 1 and June 30 of each federal fiscal year in affiliation with hospitals, as designated by the Department, that are one of the top twenty non-psychiatric hospitals with the highest percentage of total adjusted patient days for TennCare patients, or a Rural Referral Center hospital or a Sole Community hospital either of which must be located in a HPSA or MUA. Each physician specialist must agree to practice their speciality in affiliation with that hospital for a minimum of forty (40) hours per week and for a minimum of three years.

3. A sponsoring employer will be considered for a J-1 visa waiver placement if its primary purpose is the provision of health care services to those who live in underserved communities.
4. The Department will facilitate the placement of J-1 primary care physicians only in rural areas of the state. The Department will facilitate the placement of physician specialist in affiliation with hospitals, as designated by the Department.

5. Physicians granted a waiver under the state program must agree to enroll with a sufficient number of managed care organizations which serve at least 51 percent (51%) of the TennCare enrolled population in the provider's primary county of practice. In the event that one or more MCO's have closed enrollment to new providers which would not allow the recipient to meet this criteria, the provider must demonstrate to the Department that a good faith effort was made and that the provider has enrolled in all the other MCO's accepting new providers. In addition, without exception, the physician must agree to provide services to indigent patients as long as the provider's total number of indigent patient visits does not exceed 15 percent (15%) of the total practice visits.
6. The primary care physician and physician specialists granted a J-1 visa waiver must accept assignment under Section 1842(b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under part B of Title XVIII of such Act (Medicare). Primary care physicians and physician specialists must also accept TennCare as payment in full for TennCare patients.
7. The Department will review each waiver application to ensure that the proposed placement will not affect or compromise delivery of health care in the HPSA/HRSA service area. The Tennessee Department of Health is wholly responsible for the interpretation of this policy.
8. The Department is not responsible for exceptions to or interpretations of these policies which have occurred without the written approval of the Immigration and Naturalization Service or its designee.
9. The Department of Health is not responsible for any practice arrangements or contractual obligations entered into by the primary care physician or physician specialists prior to approval of a J-1 visa waiver request. However, all such arrangements and all related contracts must be provided to the Department to ensure compliance with the requirements of these rules.
10. The Department assumes no responsibility for future actions taken by the Immigration and Naturalization Service or any potential investigation that may be conducted by the Office of Inspector General. It is the responsibility of the physician and employer to meet any reporting requirements of the Immigration and Naturalization Service or the Department.
11. The physician must be board eligible or board certified in the primary care specialty in which the practitioner proposes to practice in the state and operate the practice consistent with established standards recognized or adopted by the appropriate specialty.
12. The physician must, at all times operate the practice consistent with established standards recognized or adopted by the appropriate primary care specialty.
13. No transfer of a physician who has been granted a Conrad waiver from one site to another site will be permitted without prior written approval by the Department. An unapproved transfer may result in cancellation of the waiver.
14. All primary care physicians and physician specialists who have been granted a J-1 visa waiver must complete an exit interview within ninety (90) days of the completion of his/her three-year obligation, or at such point that the employment contract is terminated by the sponsoring site, the physician, or the Department. The Department will conduct the exit interview, which will concentrate on the physician's experiences in Tennessee and his/her future plans for practicing at the current location or another location.

Procedures

1. The Department will only consider a complete application that has arrived by **certified mail** submitted by the sponsoring employer on behalf of the physician. Submittal by any other means, including hand delivered, or an incomplete application will be rejected and the application returned COD/certified to the sponsoring employer. The complete application must include all of the information listed in Attachment #1.
2. If an employer proposes to utilize the J-1 physician at more than one (1) site within a HRSA or a physician specialist in affiliation with more than one (1) hospital, within a HPSA or MUA, the name and location of the

facility, and a schedule of the days and hours that the physician will be available at each site, must be included in the application.

3. The potential employer and foreign physician must enclose as a part of the application this four page Policies and Procedures document. The last page must be signed and notarized to indicate that both the potential employer and employee have read, understand, and will comply with all the requirements of Tennessee's J-1 visa waiver program.
4. Once it is determined that the applicant meets all of the appropriate requirements and the application is complete, a number will be assigned to the application which indicates that the Department has accepted the application as one of its allowable twenty (30). A letter will be sent certified to the sponsoring employer notifying the sponsoring employer that the application has been forwarded to the federal agency for processing.
5. Should the applicant not meet all State requirements, the Department will notify the sponsoring employer by certified mail. The Department reserves the right to process an incomplete application if it is determined that any missing information can readily be obtained. Notification of a failure to meet federal requirements will be made by the federal agency directly to the Department which, in turn, will notify the sponsoring employer.
6. Completed applications will be considered in the order in which they were received. All completed applications beyond the State's maximum number of placements permitted by federal law per year will be held in a pending file to be reconsidered before any other applications at the beginning of the new federal fiscal year. In order to receive such reconsideration, however, an applicant must submit a request, in writing, setting forth his/her desire to be reconsidered and such request must be received by the Department prior to the commencement of the Department's reconsideration process. Upon the Department's receipt of a written request for reconsideration, each applicant will be contacted by the Department to confirm its receipt of the request and confirm the applicant's continued desire for reconsideration.
7. The sponsoring employer must make known to the HPSA/HRSA community that the J-1 physician will comply with the terms and conditions stated in this policy by posting a notice in a conspicuous place in the public waiting area of the facility.
8. The physician seeking a J-1 visa waiver and the Chief Executive Officer of the sponsoring employer must each submit semi-annual reports to the Department which assure that the sponsoring employer and the physician are complying with the rules and regulations of the program. The first reports must be submitted within 30 days after employment begins, and every six months thereafter, until the three-year commitment is complete. Reporting forms will be supplied to the physician and the sponsoring employer by the Department.
9. Failure on the part of the sponsoring employer or the physician to comply with the policy of the State waiver program will result in a report of noncompliance to the Immigration and Naturalization Service and may make the site ineligible for future placements for a period of time to be determined by the Department.
10. The physician is required to grant Department representatives, who shall maintain full confidentiality, reasonable access to all records maintained by the physician's practice which are pertinent to ascertaining compliance with these rules and regulations, including, but not limited to, patient files and payment records. From time to time, audits for compliance of these rules and regulations may be performed by staff of the Department.

EMPLOYER & EMPLOYEE ATTESTATIONS RE: POLICIES & PROCEDURES

I have read, understand, and will comply with all the rules and regulations of the United States Citizenship & Immigration Service (USCIS) and additional policies and procedures of the Tennessee Department of Health as outlined in the Policies & Procedures, State Conrad 30 J-1 Visa Waiver Program:

Employer Attestation:

Sponsoring Employer Printed Name

Sponsoring Employer Signature

Title

Date: _____

Subscribed and sworn before me this ____ day of _____, 20____.

Notary Public

J-1 Employee Attestation:

J-1 Applicant Printed Name

J-1 Applicant Signature

Date: _____

Subscribed and sworn before me this ____ day of _____, 20____.

Notary Public

**J-1 PHYSICIAN ATTESTATION RE: "CONTRACTUAL OBLIGATIONS TO HOME GOV'T"
(TO BE COMPLETED BY J-1 PHYSICIAN ONLY)**

I _____

(Name)

hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1101, that I do not now have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any state department of public health, or equivalent, other than the Tennessee Department of Health, to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.

I further declare and certify that I have no contractual obligation to return to my home country and, understand that pursuant to the requirements of the J-1 Waiver Program (DS-3035 Application process) I am not required to request a "No Objection" letter from my home country or designated embassy in Washington, DC.

I agree to provide to the Tennessee Department of Health a completed semi-annual reports (Health Access Monitoring & Evaluation Form) within 30 days after my employment begins, and every six months thereafter, until my three-year commitment is completed. I understand that failure to submit this report accurately and completely will result in a report of non-compliance to the U.S. Citizenship & Immigration Services.

Signature (J-1 Physician)

Name (Print or Type)

Date

J-1 PHYSICIAN STATEMENT OF REASON(S) FOR DS-3035 'NO OBJECTION APPLICATION

The DS-3035 application will request a 'Statement of Reason(s). You may design your own or simply 'cut & paste' the statement below.

I AM SEEKING WAIVER OF THE TWO YEAR HOME RESIDENCY REQUIREMENT (21 2(e)) UNDER THE CONRAD 30 PROGRAM. THE TENNESSE OFFICE OF HEALTH ACCESS IS SERVING AS THE INTERESTED STATE HEALTH AGENCY AND WILL FORWARD THEIR CONRAD 30 APPLICATION PACKET TO THE DEPT. OF STATE. THROUGH MY EMPLOYMENT WITH VANDERBILT UNIVERSITY, I WILL BE PROVIDING URGENTLY NEEDED CLINICAL CARE IN A HEALTH PROFESSIONS SHORTAGE AREA (HPSA), A MEDICALLY UNDERSERVED AREA (MUA) OR SERVING MEDICALLY UNDERSERVED POPULATIONS (MUP) IN THE STATE OF TENNESSEE.

VISIT – FEE SHEET (CONRAD 30 WAIVER)

ONLY PUT ON THE FEES THAT WILL BE CHARGED TO THE COST CENTER #. DO NOT INCLUDE FEES PAID BY PERSONAL CHECK

Employee Name:	_____
VU Department:	_____
VU Dept. Contact Name & Phone	_____
VU Dept. P.O. Box:	_____
Immigration Service Requested:	Conrad 30 Waiver Application
VISIT Processing Fee:	\$5000.00
VISIT Expedited Service Fee*	\$
Academic Evaluation Fee**:	\$
TOTAL FEES DUE:	\$
Cost Center No. To Be Charged:	_____

By signing this form, I agree that I confirm that I have signature authorization for the cost center # listed above. I have offered the named employee the position of employment indicated above effective now or immediately upon employee's receipt of approval of the immigration status requested. I indicate that I support the sponsorship for the individual names above and that I agree to pay for any and all advertising costs indicated to be necessary by HR Recruitment and VISIT, consistent with Dept. of Labor regulations for permanent labor certification applications. I also authorize payment of the amount indicated above. Should employment be terminated or the job duties/title/salary change significantly, I will ensure that VISIT is notified. I also authorize VISIT to request checks on the cost center # listed below. Finally, should outside counsel be involved in this matter, authorization is given for the General Counsel or his/her designee, to approve check requests in payment for outside legal expenses to the cost center #.

Supervisor Name, Signature & Date: _____

Chair Name, Signature & Date: _____

*To be determined by VISIT staff.

**Academic evaluation requests will be sent to the Trustforte Corporation by VISIT. Fees differ depending on level of service:

3-5 Day Service (\$75.00) Next Day Service (\$125.00) Same Day Service (\$150.00)