

IDAHO CONRAD J-1 VISA WAIVER PROGRAM

STATEMENT OF ATTESTATION, AGREEMENT AND COMPLIANCE OF APPLICANT EMPLOYER

APPENDIX C

The Idaho Conrad J-1 Visa Waiver Program is aligned with the Idaho Department of Health and Welfare's Commitment to improve the health status, strengthen individual, family and community resources, and to integrate health and human services for people of Idaho. Accordingly, IDHW is prepared to consider recommending a waiver of the foreign residence requirement on behalf of communities that struggle with access to primary care and recruitment challenges. Therefore, the following requirements are deemed necessary to support this program, and are authorized by Idaho Code; Title 39, Chapter 61.

Each of the items listed below must be initialed by the applicant employer with signatory authority, and also must sign the bottom of the page.

_____ The applicant is not a former recipient of a J-1 Visa Waiver who is currently fulfilling his or her three year obligation.

_____ The J-1 Visa Waiver petitioning physician named in this application is not a relative of the applicant or of any of the employees.

_____ The sponsoring site agrees to provide health services to individuals without discriminating against them because a) they are unable to pay for those services, or b) payment for those health services will be made with Medicaid or Medicare. The sponsoring site will charge persons receiving services at the usual and customary rate prevailing in the Health Professional Shortage Area or Medically Underserved Area identified by the application in which services are provided, except charges will be offered on a sliding scale for persons at or below 200 percent of federal poverty levels. The sponsoring site must post the sliding fee schedule in a conspicuous location, make it available in Spanish if appropriate, and make it available in hard copy to patients upon request.

_____ The health care facility, its principals, and the J-1 petitioning physician are not under investigation for, under probation for, or under restriction for Medicare or Medicaid fraud, or other violations of law or licensure restrictions.

_____ The applicant employer and its principals are free of default on any federal or state scholarship or loan repayment programs.

_____ The applicant employer and its principals agree to abide by all state and federal conditions and reporting requirements.

Applicant Signature

Printed Name

Title

Date