

Appendix E: Flex Waiver

Idaho Conrad J-1 Visa Waiver Program

Qualifying Idaho healthcare facilities not located in a federally designated shortage area (e.g., health professional shortage area (HPSA), medically underserved area/population (MUA/MUP)) may submit a J-1 Visa Flex Waiver application for a primary care or specialist physician beginning April 1st. Flex Waiver applications will be limited to 10, and will only become available if slots are not utilized during the first six months of the federal fiscal year. No more than 5 of the 10 Flex slots can go to specialist physicians. Please refer to Title 39, Chapter 61 of Idaho Statute or ruralhealth.dhw.idaho.gov for additional information.

Applicants seeking a Flex Waiver must a) demonstrate the need for the primary care or specialist physician being sought (applicants seeking a specialist physician must also submit *Appendix D: Specialist Physician Waiver*) and b) demonstrate the proposed practice location serves patients who reside in federally designated shortage areas.

J-1 physician information	
Name:	If non-primary care physician, physician specialty:

Proposed Practice Location	
Site Name:	Address:

During the 12 months preceding this application, did the proposed practice location serve residents who resided in a federally designated shortage areas (e.g., HPSA, MUA/MUP)?

Yes No

____ % of patients who reside in federally designated shortage areas served by the proposed practice location in the 12 months preceding this application

HPSA Documentation Required:

Please provide identification numbers for the HPSA or MUA/MUP where patients served by the proposed practice location resided in the 12 months preceding this application. Designations change periodically. Current information can be found online for [HPSAs](#) and [MUA/MUPs](#). Identification numbers are assigned by the U.S. Department of Health and Human Services. Attach an additional sheet if needed.

HPSA Name	HPSA ID#

Please include a letter from the qualifying Idaho healthcare facility supporting the need for a primary care or specialty physician at the proposed practice location not located in a federally designated shortage area (e.g., HPSA, MUA/MUP), immediately after a signed copy of this Appendix, in the order specified by the *Idaho Conrad J-1 Visa Waiver Application Checklist*.

The letter must:

- Be on the applicant's letterhead and signed by the president/CEO of the qualifying Idaho healthcare facility;
- Identify the J-1 petitioning physician by name;
- Define the proposed practice location's service area and describe the extent the facility provides services to residents of federally designated shortage areas;

- Describe the methodology used to determine the percentage of patients the practice location served, during the 12 months preceding the application, who reside in federally designated shortage areas; and
- Demonstrate a need, supported by data, for the primary care or specialist physician being sought (applicants seeking a specialist physician must submit a completed *Appendix D: Specialist Waiver* to meet this requirement).

I hereby acknowledge that all information and statements contained herein are true and do not misrepresent fact. I further acknowledge that I have not evaded or suppressed any information contained in this application or in any of the supporting materials.

President/CEO

Signature

Date

If you have questions about this Appendix, please contact the Bureau of Rural Health and Primary Care by phone at 208-334-0669 or by email ruralhealth@dhw.idaho.gov.



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH