Appendix C: Statement of Attestation, Agreement and Compliance of Applicant Employer

Idaho Conrad J-1 Visa Waiver Program

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

The President/CEO of the qualifying Idaho healthcare facility must initial each item and sign below.

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

_____ The J-1 petitioning physician named in this application is not a relative of the signatory or of any of the proposed practice location employees.

_____ The proposed practice location 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 qualifying Idaho healthcare facility/applicant employer, 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 qualifying Idaho healthcare facility/applicant employer and its principals are free of default on any federal or state scholarship or loan repayment programs.

_____ The qualifying Idaho healthcare facility/applicant employer and its principals agree to abide by all state and federal conditions and reporting requirements.

_________________________  __________________________
President/CEO Signature           Printed Name

_________________________  __________________________
Title                                Date

Idaho Department of Health & Welfare
Division of Public Health