



J-1 Visa Waiver Program Addendum: Non-Health Professional Shortage Area (HPSA) waiver

An applicant submitting an application for a physician practicing in an area without a Health Professional Shortage Area (HPSA) designation must demonstrate it serves patients who reside in designated HPSAs. Please refer to WAC 246-562-075 for additional information. The Department of Health (department) will begin accepting applications for physicians practicing in areas without HPSA designations on January 15 each year.

If you have questions concerning this addendum, please contact the department's [Office of Community Health Systems](#).

J-1 physician information	
Name:	Specialty:

1. During the 12 months preceding this application, did the proposed practice location serve the residents of designated HPSAs or patients referred from health care entities with facility HPSA designations?

Yes No

Documentation required: Please provide identifier numbers for the HPSAs where patients served by the practice location resided. Designations change periodically. Current information about HPSA designations can be [found online](#). HPSA designation identifier numbers are assigned by the U.S. Department of Health and Human Services.

Geographic HPSA ID#

Population HPSA (Please specify the population): ID#

Mental Health HPSA (For psychiatrists) ID#

If during the 12 months preceding the application the practice location accepted patient referrals from healthcare organizations with facility-specific HPSA designations, please provide the HPSA identifier. Organizations with these HPSA designations include: community health centers, migrant health centers, state and federal correctional facilities, Immigration and Customs Enforcement facilities, rural health clinics, Indian Health Service facilities, and tribal health clinics. Attach an additional sheet if needed.

Facility name	HPSA ID#

2. Please attach a letter from the applicant supporting that the patient panel at the proposed practice location will increase access to care for low-income clients, Medicaid clients and otherwise medically underserved individuals.

Documentation Required: Provide a letter printed on the applicant's letterhead and signed by the head of the employing organization that:

- Identifies the J-1 physician by name;
- Describes the practice location's service area and to what extent they provide service to residents of designated HPSAs;
- Identifies the percentage of the physician's panel reasonably expected to be Medicaid and Medicare patients given current use of the service and practice location by clients served through those programs;
- Describes how the applicant will ensure access to this physician for uninsured low-income patients;
- Describes any unique practice area or substantial referral network that will make the physician a statewide resource for certain medical conditions; and
- Identifies if the physician has language skills that will benefit patients at the practice location.

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.

Applicant
Signature

Date

Please include addendum with completed application for Washington State J-1 Physician Visa Waiver Program.