



J-1 Visa Waiver Program Addendum: Specialty Waiver

Applicants submitting an application for a specialist physician must demonstrate a need for that physician specialty. Please refer to WAC 246-562-085 for additional information. From October 1 through March 31 of the federal fiscal year the Department of Health (department) will grant no more than 10 waiver sponsorships for specialist physicians. Any waiver sponsorships that remain unfilled on April 1 of each federal fiscal year will be available to both primary care and specialist physicians.

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

J-1 physician information

Name:	Specialty:
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1. Please attach a letter from the applicant supporting the need for the specialty waiver.

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;
- Demonstrates the need for the non-primary care specialty by using data to show how the physician specialty is needed to:
 - Address a major health problem in the practice location service area;
 - Address a population to provider ratio imbalance, or
 - Meet government requirements such as trauma designation regulations;
- Describes how this specialty will link to primary care services in the area;
- Describes how the demand for the specialty has been handled in the past; and
- Describes the practice location's connection to the area's healthcare system including:
 - On-call sharing; and
 - How patients from community health centers, migrant health centers and other publicly funded providers in the area will be able to access the physician's services

2. Within 30 days of the physician's employment start date, does the applicant agree to notify the department and the publicly funded providers in the applicant's Health Professional Shortage Area (HPSA) of the physician's employment along with the information required below?

Yes No

Documentation required: The applicant must send a written notice to the publicly funded providers in the applicant's HPSA with a single copy going to the department. These notices must include:

- Physician's name
- Employment start date and practice locations
- Services to be provided
- Identification of accepted referral patients, including Medicaid clients and Medicare clients
- Availability of a sliding fee scale for low income patients without insurance

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.