Kentucky Public Health
Prevent. Promote. Protect.

KENTUCKY STATE 30 J-1 VISA WAIVER PROGRAM SPONSOR INFORMATION SHEET

This information sheet must be signed and dated by the sponsor and returned with all requested documentation by October 31 to:

KENTUCKY DEPARTMENT FOR PUBLIC HEALTH
DIVISION OF PREVENTION AND QUALITY IMPROVEMENT
HEALTH CARE ACCESS BRANCH
ATTN: KY J-1 VISA WAIVER PROGRAM ADMINISTRATOR
275 EAST MAIN STREET, HS2W-B
FRANKFORT, KENTUCKY 40621

J-1 PHYSICIAN _____ DOS CASE NUMBER_____

Name of Sponsoring Organization:_____

Address _____

City _____ County _____ Zip Code_____

Phone Number _____ Fax Number _____

Owner/ CEO /Manager Name _____

Services Provided _____

Hours and Days of Operation _____ Call Schedule: Yes No

HPSA or MUA designation and number _____

Information regarding the Service Site (if different from the Sponsoring Organization)

Name _____

Street Address _____

City _____ Zip Code _____ Phone _____

Mailing Address _____

City _____ Zip Code _____ Fax Number _____

Type of Organization: Private, For Profit ____ Private, Non Profit ____ Public ____

Substantiation of services to the underserved population

	2014	2015	2016
Number of total patients visits			
% of individuals not charged			
% Medicaid visits			
% Medicare visits			
% Sliding Fee Scale visits			
% Private Pay			

Name of other J-1 Physicians at the practice site

_____

_____

Name of National Health Service Corps Physicians at practice site. _____

What is the location and average distance to the next nearest source of care comparable to the specialty of the J-1 Physician that is available to the clients of this practice site using available public transportation?

Proposed Schedule of J-1 Physician

WEEKDAY	WORK HOURS	LOCATION	TOTAL HOURS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

_____
Sponsor Representative Signature

_____
Title

_____
Date