



**Kentucky Public Health**  
Prevent. Promote. Protect.

## Kentucky J-1 Visa Waiver Program Six (6) Month Reporting Form

Each physician approved under the Kentucky Conrad 30 Visa Waiver Program or the Appalachian Regional Commission's (ARC) Visa Waiver Program must complete this report when the physician first starts work and each 6 months thereafter, until the physician completes their 3-year service obligation.

### SECTION 1: TO BE COMPLETED BY THE J-1 VISA WAIVER PHYSICIAN

Please print legibly or type all entries except signatures

Six (6) Months Work Period \_\_\_\_\_

Name of Physician: \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

Please mark one: Conrad 30 \_\_\_\_\_ or ARC \_\_\_\_\_

Original Date of Employment: \_\_\_\_\_

#### Primary Practice Site

Name of Site: \_\_\_\_\_

Location Address: \_\_\_\_\_

City/State/Zip/County: \_\_\_\_\_

How many hours a week is the physician engaged in patient care at this location? \_\_\_\_\_

What percent of your practice serves Medicaid patients? \_\_\_\_\_

What percent of your patients are billed on a sliding fee scale? \_\_\_\_\_

How much time were you absent from this position due to illness/vacation/etc.? \_\_\_\_\_

If assigned to additional practice sites, please attach the requested information for each site.

**SECTION 2: TO BE COMPLETED BY SPONSOR**

Name of Sponsor: \_\_\_\_\_

Sponsor Contact Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Sponsor's Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that if the physician in my employ on a J-1 Visa Waiver changes employment status or location, I will contact the Kentucky J-1 Visa Waiver Program at the Kentucky Department for Public Health at the address listed.**

**Signature of Sponsor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Physician on J-1 Visa Waiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to:** Kentucky Department for Public Health  
Attn: KY J-1 Visa Waiver Program Administrator  
275 East Main Street, HS2W-B  
Frankfort, Kentucky 40621