



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 _____

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 from previous three years:

Year			
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. For location, list name of facility. If physician will be working in multiple counties, list name of county under location as well.

WEEKDAY	WORK TIME (Example: 7:30AM to 7:30PM)	LOCATION	TOTAL HOURS WORKED
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Sponsor Representative Signature

Title

Date