Rules of
Department of Health
Division 10—Office of the Director
Chapter 4—Coordinated Health Care Services

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Title 19—DEPARTMENT OF HEALTH
Division 10—Office of the Director
Chapter 4—Coordinated Health Care Services

19 CSR 10-4.010 Primary Care Resource Initiative for Missouri (PRIMO) Program

PURPOSE: This rule establishes the requirements for developing and implementing a system of coordinated health care services available and accessible to all Missourians. This system is referred to as the Primary Care Resource Initiative for Missouri program.

(1) The following definitions shall be used in the interpretation and enforcement of this rule:
(A) Approved family practice residency program means a graduate medical education program designed to train family or general practice physicians and approved by the Accreditation Council for Graduate Medical Education for allopathic residencies or by the American Osteopathic Association for osteopathic residencies;
(B) Approved primary care residency program means a graduate medical education program designed to train family practice, general practice, general pediatric or general internal medicine physicians and approved by the Accreditation Council for Graduate Medical Education for allopathic residencies or by the American Osteopathic Association for osteopathic residencies;
(C) Area of defined need means a geographic area or population designated by the Missouri Department of Health as experiencing a shortage of accessible primary and preventive health care providers;
(D) Department means the Missouri Department of Health;
(E) Director means the director of the Missouri Department of Health;
(F) Educational loans means the financial assistance provided by the department for health professional education; or commercial loans made by schools, banks, credit unions, savings and loan associations, insurance companies and other financial institutions for health professional education; or loans made by federal, state, county or city agencies authorized by law to make loans for health professional education;
(G) Eligible resident physician means a physician training in an approved primary care residency program;
(H) Eligible student means a Missouri resident accepted and enrolled in a participating institution in a formal course of instruction leading to a doctor of medicine or a doctor of osteopathic medicine degree or a bachelor of science or a master of science degree in nursing, or a bachelor of science degree in a field leading to acceptance into a school of medicine or osteopathic medicine;
(I) Participating institution means an institution in this state which grants the degree of doctor of medicine, doctor of osteopathic medicine, bachelor of science degree in nursing, master of science degree in nursing, or a bachelor of science degree in a field leading to acceptance into a school of medicine or osteopathic medicine. A participating institution also includes an institution in this state which offers a graduate medical education program designed to train primary care physicians and approved by the Accreditation Council for Graduate Medical Education for allopathic residencies or by the American Osteopathic Association for osteopathic residencies;
(J) Primary health care provider means a generalist physician or a professional specializing in primary and preventive health care in the discipline of nursing, public health or health education;
(K) Qualified employment means employment on a full-time basis in this state providing primary health care services in a public or nonprofit agency, institution or organization located in an area of defined need;
(L) Resident means an individual who has lived in this state for any purpose other than attending an educational institution located within this state for one (1) or more years just before submitting an application for financial assistance from the department;
(M) Rural area means a town or community within this state which is not an urbanized area. An urbanized area is defined as a central city(ies) and its contiguous closely settled territory with a combined population of at least fifty thousand (50,000); and
(N) Stipend means financial assistance provided to an eligible resident physician in return for future service in an area of defined need.

(2) The department—in cooperation with appropriate public and nonprofit agencies, institutions and organizations—shall develop and implement a statewide, integrated primary and preventive health care delivery system including education and recruitment and retention of health care professionals, extending from high school student identification and support systems to placement of professionals in areas of defined need.
(A) The department shall contract with appropriate public and nonprofit agencies, institutions and organizations to develop and implement a statewide recruitment, education and support system for high school students to enter into primary and preventive health care professional education.
1. The department shall assure appropriate and academically sound precollegiate academic preparation.
2. The system shall provide experiential, hands-on learning opportunities.
3. The system shall emphasize recruitment of minority students and students from areas of defined need or rural areas.
(B) The department shall provide financial assistance to undergraduate students in a course of study leading to a bachelor of science degree in nursing or in a field leading to acceptance into a school of medicine or a school of osteopathic medicine. Based on documented needs assessments utilizing a scientifically strong methodology, all other health professionals will be considered for funding pending resource availability.
1. Eligible students may apply for financial assistance from the Primary Care Resource Initiative for Missouri (PRIMO) program, upon acceptance for admission into a participating institution.
2. Selected full-time students shall receive five thousand dollars ($5,000) per academic year in forgivable loans, not to exceed four (4) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.
3. Selected part-time students shall receive three thousand dollars ($3,000) per academic year in forgivable loans, not to exceed six (6) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.
4. Interest at the rate of nine and one-half percent (9 1/2%) per year from the date of check issuance shall be charged on all PRIMO loans.
5. The department may grant a deferral of repayment of principal and interest when deferral is in the best interests of the state and the PRIMO program.
6. Interest accrued during a deferral period by a PRIMO scholar shall be forgiven on the same basis as the original principal and interest.
7. Forgiveness of interest and principal for financial assistance recipients engaged in qualified employment shall occur at the rate of twenty percent (20%) per calendar year of the total financial assistance provided through the PRIMO program. If a recipient receives forgiveness for less than five (5) years, forgiveness shall occur on a year-for-year basis.

MATT BLUNT (1/29/01)
Secretary of State
8. Forgiveness and cash repayment periods shall begin the first day of the calendar year following the completion of training.

9. Cash repayment periods shall not exceed forty-eight (48) months following the first day of the calendar year following the completion of training.

10. Recipients found to be in default of their contracts shall be allowed a repayment period of up to forty-eight (48) months. The repayment period shall begin the date the recipient is out of compliance.

11. Preference for financial assistance shall be given to—
   A. Students previously participating in the PRIMO program;
   B. Minority students and students from areas of defined need or rural areas;
   C. Students with an interest in providing primary health care services in areas of defined need; and
   D. Students participating in preadmission programs of a medical/osteopathic school or advanced practice nursing.

(C) The department shall provide financial assistance to students in a graduate course of study leading to a master of science degree in primary care nursing or a doctor of medicine or doctor of osteopathic medicine degree. Based on documented needs assessments utilizing a scientifically strong methodology, all other health professionals will be considered for funding pending resource availability.

1. Eligible students may apply for financial assistance from the PRIMO program upon acceptance for admission into a participating institution.

2. Selected full-time graduate nursing students shall receive five thousand dollars ($5,000) per academic year in forgivable loans, not to exceed four (4) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

3. Selected part-time graduate nursing students shall receive three thousand dollars ($3,000) per academic year in forgivable loans, not to exceed four (4) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

4. Selected graduate nursing students engaged in a clinical experience with a preceptor shall receive an additional five thousand dollars ($5,000) in return for an obligation to provide primary health care services in an area of defined need.

5. Selected medical and osteopathic students shall receive up to twenty thousand dollars ($20,000) per academic year in forgivable loans, not to exceed four (4) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

6. Loans to a medical or osteopathic student shall not exceed the cost of tuition at the participating institution.

7. Interest at the rate of nine and one-half percent (9 1/2%) per year from the date of check issuance shall be charged on all PRIMO loans.

8. The department may grant a deferral of repayment of principal and interest when the deferral is in the best interests of the state and the PRIMO program.

9. Interest accrued during a deferral period by a PRIMO scholar shall be forgiven on the same basis as the original principal and interest.

10. Forgiveness of interest and principal for financial assistance recipients engaged in qualified employment shall occur at the rate of twenty percent (20%) per calendar year of the total financial assistance provided through the PRIMO program. If a recipient receives forgiveness on a year-for-year basis, forgiveness shall occur on a year-for-year basis.

11. Forgiveness and cash repayment periods shall begin the first day of the calendar year following completion of training.

12. Cash repayment periods shall not exceed forty-eight (48) months beginning the first day of the calendar year following completion of training.

13. Recipients found to be in default of their contracts shall be allowed a repayment period of up to forty-eight (48) months. The repayment period shall begin the date the recipient is out of compliance.

14. Preference for financial assistance shall be given to—
   A. Resident physicians previously participating in the PRIMO program;
   B. Resident physicians from areas of defined need, rural areas and minority resident physicians; and
   C. Resident physicians with an interest in providing primary health care services in areas of defined need.

(E) The department shall provide support to approved family practice residency programs to facilitate training of primary health care providers in rural areas and areas of defined need.

1. Funding to approved family practice residency programs shall be allocated on the basis of a point system with greatest funding going to those with the highest number of points—
   A. One (1) point for each annual full-time equivalent resident physician training in or providing services in an area of defined need;
B. Five (5) points for each recent graduate of the approved family practice residency program practicing in a rural area; and

C. Ten (10) points for each recent graduate of the approved family practice residency program practicing in an area of defined need.

2. Approved family practice residency programs shall provide information annually to the PRIMO program to facilitate determination of funding levels.

3. Approved family practice residency programs shall provide to the department an annual detailed record of the expenditure of PRIMO funds.

(F) The department shall provide support to participating institutions to facilitate training of primary health care advanced practice nurses in rural areas and areas of defined need.

1. Funding to participating institutions shall be allocated on the basis of a point system with greatest funding going to those with the highest number of points—
   A. One (1) point for each annual full-time equivalent nursing student training in an area of defined need;
   B. Five (5) points for each primary care advanced practice nurse from a recent graduating class practicing in a rural area; and
   C. Ten (10) points for each primary care advanced practice nurse from a recent graduating class practicing in an area of defined need.

2. Participating institutions shall provide information annually to the PRIMO program to facilitate determination of funding levels.

3. Participating institutions shall provide to the department an annual detailed record of the expenditure of PRIMO funds.

(G) The department shall develop a program to facilitate the development of community-based, comprehensive primary health care delivery systems throughout the state.

1. The department shall publish a request annually for proposals from communities seeking support for the development of community-based, comprehensive primary health care delivery systems.

2. Proposals shall be processed and scored by a review committee appointed by the director.

3. Funding levels shall be determined by the extent to which the proposals address the program requirements and the funding available for the program.

4. Project periods shall be for three (3) years with continued funding contingent upon—
   A. Availability of state funds;
   B. Participant’s documented accomplishments and adherence to project activities; and
   C. Annual detailed record to the department of the expenditure of PRIMO funds.

(3) PRIMO program participants shall file with the department the following completed forms:

(A) All applicants for financial assistance shall file form MO 580-1968 (10-94);

(B) Applicants approved for financial assistance shall file the contract form MO 580-1966 (10-94); and

(C) Participating institutions shall complete form MO 580-1969 (10-94) or form MO 580-1970 (9-94) to provide program information for future funding of approved family practice residency or primary care advanced practice nursing programs, respectively.

MISSOURI DEPARTMENT OF HEALTH
PRIMARY CARE RESOURCE
INITIATIVE FOR MISSOURI (PRIMO)
P.O. BOX 570 JEFFERSON CITY, MO 65102
APPLICATION FOR PRIMO PROGRAM

ALL INFORMATION IS CONFIDENTIAL AND FOR PROGRAMMATIC PURPOSES ONLY
MUST BE TYPED OR PRINTED

PROGRAM TYPE
INDICATE THE PROGRAM YOU ARE ENROLLED IN OR HAVE BEEN ACCEPTED TO

- UNDERGRADUATE
- NURSING (BSN)
- PRE-MED
- GRADUATE NURSING
- MEDICAL/OSTEOPATHIC

APPLICANT INFORMATION
(LAST, FIRST, MIDDLE INITIAL)  DATE OF BIRTH  SOCIAL SECURITY NUMBER

STREET  STATE  ZIP CODE  TELEPHONE

CITY

ARE YOU A UNITED STATES CITIZEN?  YES  NO

ARE YOU A MISSOURI RESIDENT?  YES  NO

ARE YOU A PREVIOUS RECIPIENT OF ASSISTANCE FROM THE PRIMO OR OTHER DEPARTMENT OF HEALTH LOAN PROGRAM?  YES  NO

ADDITIONAL INFORMATION FOR TRACKING AND REPORTING

ETHNIC ORIGIN

- WHITE
- AFRICAN-AMERICAN
- ASIAN-PACIFIC ISLANDER
- AMERICAN INDIAN
- OTHER

HISPANIC ORIGIN

- YES
- NO

MARITAL STATUS

- SINGLE
- MARRIED
- DIVORCED
- WIDOWED
- SEPARATED

PARENT/GUARDIAN INFORMATION

NAME(S)  ADDRESS

CITY, STATE, ZIP CODE  TELEPHONE

EDUCATION INFORMATION

HIGH SCHOOL ATTENDED  ADDRESS

CITY

STATE  ZIP CODE  GRADUATION DATE

COLLEGE ATTENDED  ADDRESS

CITY

STATE  ZIP CODE  DEGREE EarnED  GRADUATION DATE

LAST SCHOOL ATTENDED  ADDRESS

CITY

STATE  ZIP CODE  DEGREE EarnED  GRADUATION DATE

NAME OF CURRENT EDUCATIONAL INSTITUTION

ADDRESS

CITY

STATE  ZIP CODE  START DATE  GRADUATION DATE

CONTINUED ON BACK

MO 580-1968 (10-94)
# APPLICATION FOR PRIMO PROGRAM

**EMPLOYMENT INFORMATION**

- **Are you currently employed?**
  - [ ] Yes
  - [ ] No

- **Length of employment/Start date**

- **Do you have a contract with this employer?**
  - [ ] Yes
  - [ ] No

- **If yes, provide name and address of employer**

- **Do you plan to remain with this employer?**
  - [ ] Yes
  - [ ] No

**PRACTICE PLANS**

- **Indicate future education/practice plans (e.g., specialty, place, type of practice, facility, arrangements with community, etc.). Use additional sheets if necessary.**

## ENROLLMENT AND TUITION

- **This section to be completed by a representative of the school.**

- **Name of institution**

- **Address of institution**

- **Telephone number of institution**

- **Name and title of contact person**

- **Academic year applied for**

- **Tuition for this program**

- **Student's current year in the program**

- **Program start date**

**I certify that the applicant is enrolled and in good standing or has been accepted for enrollment. Upon request, copies of the applicant's financial statement, applications for financial aid and any other information deemed necessary will be provided to the Missouri Department of Health.**

- **Signature of school representative**

- **Title**

- **Date**

**FOR THE APPLICANT**

- **I certify that the information contained in this application is true, complete and correct, to the best of my knowledge, and that all funds will be used for academic purposes in this academic year. I understand that I am making a commitment to provide, upon completion of my professional training, primary care services in an area of defined need in Missouri, if I am awarded and accept assistance from the primary care resource initiative for Missouri program. I hereby authorize the release of all financial aid information and any other information deemed necessary to the department of health, by past, current or future educational institutions.**

- **Signature of applicant**

- **Title**

- **Date**

- **Notary**

- **Title**

- **Date**

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MATT BLUNT (1/29/01)
Secretary of State

CODE OF STATE REGULATIONS

7
## PROGRAM INFORMATION

<table>
<thead>
<tr>
<th>PROGRAM AND INSTITUTION NAME</th>
<th>STREET ADDRESS</th>
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The information provided on this form will be used to determine the proportion of PRIMO program funds used to support the program listed above. Please complete the requested information based upon the preceding academic year unless otherwise indicated. If you have any questions regarding the program or process, please contact the PRIMO program at the address listed above, or call (314) 751-6219.

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>NUMBER OF APPROVED POSITIONS</th>
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<th>FIRST YEAR STUDENTS</th>
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<th>NUMBER OF CLINICAL TRAINING SITES LOCATED IN MEDICALLY UNDERSERVED AREAS.</th>
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<th>AVERAGE NUMBER OF HOURS PER WEEK STUDENTS PROVIDED SERVICES IN CLINICAL TRAINING SITES IN MEDICALLY UNDERSERVED AREAS.</th>
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## GRADUATE INFORMATION

Please answer the following questions concerning program graduates. For purposes of this program, graduates from the last three (3) program years will be considered recent graduates.

<table>
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<tr>
<th>NUMBER OF RECENT GRADUATES PRACTICING IN RURAL (NON-URBANIZED) AREAS IN MISSOURI.</th>
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<th>NUMBER OF RECENT GRADUATES PRACTICING IN HEALTH PROFESSIONAL SHORTAGE AREAS IN MISSOURI.</th>
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## INSTITUTION REPRESENTATIVE SIGNATURE

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MD 565-1970 (9-94)
MISSOURI DEPARTMENT OF HEALTH
PRIMARY CARE RESOURCE
INITIATIVE FOR MISSOURI (PRIMO)
P.O. BOX 570  JEFFERSON CITY, MO 65102

FAMILY PRACTICE RESIDENCY PROGRAM QUESTIONNAIRE

PROGRAM INFORMATION
PROGRAM AND INSTITUTION NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE

CONTACT NAME

TITLE

DATE

THE INFORMATION PROVIDED ON THIS FORM WILL BE USED TO DETERMINE THE PROPORTION OF PRIMO PROGRAM FUNDS USED TO SUPPORT THE PROGRAM LISTED ABOVE. PLEASE COMPLETE THE REQUESTED INFORMATION BASED UPON THE PRECEDING ACADEMIC YEAR UNLESS OTHERWISE INDICATED. IF YOU HAVE ANY QUESTIONS REGARDING THE PROGRAM OR PROCESS, PLEASE CONTACT THE PRIMO PROGRAM AT THE ADDRESS LISTED ABOVE, OR CALL (314) 751-6219.

RESIDENT INFORMATION

NUMBER OF APPROVED POSITIONS

NUMBER OF FILLED POSITIONS

FIRST YEAR RESIDENTS

SECOND YEAR RESIDENTS

THIRD YEAR RESIDENTS

NUMBER OF CLINICAL TRAINING SITES LOCATED IN AREAS OF DEFINED NEED.

NUMBER

AVERAGE NUMBER OF HOURS PER WEEK RESIDENT PHYSICIANS PROVIDED SERVICES IN CLINICAL TRAINING SITES IN AREAS OF DEFINED NEED.

NUMBER

PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING PROGRAM GRADUATES. FOR PURPOSES OF THIS PROGRAM, GRADUATES FROM THE LAST THREE (3) CALENDAR YEARS WILL BE CONSIDERED RECENT GRADUATES.

NUMBER OF RECENT GRADUATES PRACTICING IN RURAL (NON-URBANIZED) AREAS IN MISSOURI.

NUMBER

NUMBER OF RECENT GRADUATES PRACTICING IN HEALTH PROFESSIONAL SHORTAGE AREAS IN MISSOURI.

NUMBER

INSTITUTION REPRESENTATIVE SIGNATURE

SIGNATURE

DATE

MO 580-1969 (10-94)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
SERVICES PROVIDED BY A NONDISCRIMINATION OFFICER
BORROWER'S NAME
(last, first, middle initial)

ADDRESS
street

CITY
STATE
ZIP CODE

BIRTHDATE
SOCIAL SECURITY NUMBER
APPLYING FOR ACADEMIC YEAR

LENDING INSTITUTION
The Missouri Department of Health:

TERMS
I agree to pay the State of Missouri, or its authorized agent, the principal sum of ________________________ dollars ($ ________________________), plus interest, in United States currency, upon maturity of this note.

INTEREST
I hereby agree to pay simple interest on the unpaid loan principal at a rate of nine and one-half (9.5) percent per annum from the issue date of the state check until the principal and accumulated interest are paid.

MATURITY
This note will mature when the borrower ceases to be an eligible student at a participating school or when the borrower ceases his/her training as a primary care resident.

FORGIVENESS
Participants receiving assistance from PRIMO agree to earn forgiveness by engaging in full-time qualifying employment in an area of defined need in Missouri. Forgiveness will begin six (6) months after completion of the participant's education or primary care training. Participants receiving PRIMO assistance for four (4) years or less will repay in the form of forgiveness on a year-for-year basis. Participants receiving PRIMO assistance for more than four (4) years will repay through the reduction of their principal and interest at the rate of twenty (20) percent for each year of forgiveness earned.

ADDITIONAL AGREEMENTS
The borrower fully understands and agrees to the following:

1. The borrower will use the proceeds of this loan for educational and related expenses.

2. The borrower will send written notice to the Missouri Department of Health within thirty (30) days of any change in enrollment status, residency plans, practice location, type of practice, name or address.

3. The borrower is making a commitment to provide primary care services, upon completion of his/her education or primary care training, in an area of defined need or Health Professional Shortage Area (HPSA) as determined by the Missouri Department of Health.

4. If the borrower's eligibility status changes (no longer a qualifying student or student in good standing) and the borrower is not providing primary care services in a qualifying area, repayment of the loan principal and interest will begin within ninety (90) days of the date the borrower ceases to be in qualifying eligibility status. Payment in full will be complete no more than forty-eight (48) months from that date.

CONTINUED ON BACK
MO 580-1956 (10-94)
5. If in a professional education program, the borrower will submit to the Missouri Department of Health proof of his/her enrollment, program eligibility and academic standing within thirty (30) days of the Department's request and within thirty (30) days of the end of each semester or summer session.

6. Upon completion of the educational program and becoming licensed, should the borrower at any time choose not to provide primary care services in a defined area of need or a Health Professional Shortage Area, repayment of the loan principal and interest become due and owing immediately, and, under a jointly agreed to repayment program, must be repaid within four (4) years of the breach.

7. If the borrower violates any of the provisions of this loan contract or promissory note, including notifying the Missouri Department of Health of changes of address, the Missouri Department of Health may call the note due immediately.

8. When necessary to protect the interest of the state in any loan transaction under the PRIMO Program, the Missouri Department of Health may institute any action to recover any amount owed.

**Remedies**

The Department retains all administrative, civil and criminal remedies for breach of this contract by the participant.

**Modification/Extension**

This contract may not be amended or modified without prior written agreement of the parties.

**Execution**

The parties signed this contract on the dates indicated below.

<table>
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<th>FOR THE PARTICIPANT</th>
<th>FOR THE DEPARTMENT OF HEALTH</th>
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<tr>
<td>SIGNATURE</td>
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**Reminder:** All contracts must be completed and signed.
19 CSR 10-4, 020 J-1 Visa Waiver Program

PURPOSE: This rule establishes the requirements for implementing recent changes to section 212(e) of the Immigration and Nationality Act made by section 220 of the Immigration and Nationality Technical Corrections Act of 1994, P.L. No. 103-416, 108 Stat. 4319-20 that allows state departments of public health to request a waiver of the two-year home presence requirement of foreign medical graduates who are in the United States in J-1 visa status to serve in federally designated health professional shortage areas.

PUBLISHER’S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

1. The following definitions shall be used in the interpretation and enforcement of this rule:
   (A) Department means the Missouri Department of Health;
   (B) Director means the director of the Missouri Department of Health; and
   (C) Health professional shortage area (HPSA) means those counties or parts of counties designated by the United States Department of Health and Human Services as having a shortage of primary care physicians as published in the Code of Federal Regulations.

2. The department is committed to assisting all residents of Missouri to have access to quality, affordable health care. Therefore, under certain conditions, the department is prepared to consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 visas.

   (A) A waiver request must come from a Missouri health care facility on behalf of a J-1 physician and not directly from a J-1 physician. All of the required information and documentation must be submitted in a single package with the documents presented in the order in paragraphs (2)(A)1.–14. Waiver requests that do not comply with these requirements will not be considered. The required documents include:

   1. A letter from the head of the facility at which the physician will be employed that—
      A. Requests that the department act as an interested government agency and recommend a waiver for the J-1 physician;
      B. Summarizes how the health care facility has attempted to locate qualified United States physicians;
      C. Describes the physician’s qualifications, proposed responsibilities and how his/her employment will satisfy important health care needs of a medically underserved rural community; and
      D. States unequivocally that the facility is offering the physician at least three (3) years of employment in a job consistent with the department’s mission;
   2. A detailed description of the health care facility will be provided, including the nature and extent of the facility’s medical services;
   3. Valid contract of employment with the health care organization for not less than three (3) years;
   4. List of HPSAs or documentation from state and local health care officials stating need for services of the physician;
   5. Recruitment and retention efforts including copies of advertisements, agreements with placements services or other like documentation, and if these are not available, a detailed statement describing recruitment efforts. A statement should be submitted detailing the plans for retaining the physician during and beyond the three (3)-year obligation;
   6. Effect on area of waiver denial;
   7. Qualifications, including proof of Missouri medical licensure eligibility;
   8. Physician’s curriculum vitae and letters of recommendation;
   9. Copies of all IAP-66s of physician, copies of I-94s of physician and family members, and proof of passage of examinations required by the United States Immigration and Naturalization Service;
   10. Completed physician data sheet (attached as Appendix A);
   11. Completed J-1 visa waiver policy affidavit and agreement (attached as Appendix B);
   12. Valid offer of employment with health care organization for at least three (3) years;
   13. A copy of the notice from the department that the facility has been pre-determined eligible for participation in the program; and
   14. An original and one (1) unbound copy of the entire package should be included.

(3) Missouri health care facilities seeking to employ a foreign medical graduate holding a J-1 visa must be pre-determined by the department as eligible for participation in the J-1 Visa Waiver Program.

(A) Eligible applicants will provide the department the following information and assurances:

   1. Estimated enumeration of the patient population to be served.
   2. Description of demographic characteristics of the population(s) to be served, including age groups, ethnicity, poverty status, health status and insurance coverage.
   3. A copy of the sliding fee scale and the applicable policy utilized by the facility.

(B) Eligible applicants may request a packet of materials and instructions detailing the information and documentation that is required in order to submit an appropriate case file for review from the department.

(4) Each case file received by the center will be reviewed for completeness and forwarded for approval to the director or his/her designee. Upon approval, the department will request the appropriate federal authorities for a waiver of the residence requirement.

(5) The department’s J-1 Visa Waiver Program in Missouri will give priority to those physicians who are board-eligible or board-certified in one (1) of the following specialties: Family Practice, General Practice, General Pediatrics, Obstetrics/Gynecology, General Internal Medicine or Psychiatry and providing services in a primary care clinical setting. Physicians with other subspecialties or fellowship experience are not considered to be primary care physicians for the purpose of the J-1 Visa Waiver Program in Missouri. The credentials of the J-1 physician must be confirmed by the Missouri Board of Healing Arts. The physician must be eligible for licensure in Missouri.

(A) The department may determine emergency rooms to be primary care clinical settings where substantial amounts of primary care services are delivered in that setting. In order to qualify for participation, the sponsoring facility must provide the following:

   1. The number and types of primary care encounters in the emergency room.
   2. The demographic characteristics of the populations accessing primary care services in the emergency room.
   3. The payor source for primary care services in the emergency room.
   4. Documentation that primary care services for the identified population(s) are not available in the community.
(6) In addition to the eligible physicians set forth in section (5), waivers may be recommended for other specialties and subspecialties.

(A) Physicians trained in other specialties may be considered for placement in the J-1 Visa Program in Missouri based on the following criteria:

1. Vacant slots in the program must be available; and
2. The employer must demonstrate that the specialist services are essential to the medical needs of the underserved; and
3. The specialty physician’s application must have the concurrence in writing of the primary care physicians practicing in the community that the specialty is needed in the area; and
4. The specialty physician’s application must comply with all other requirements of the J-1 Visa Program.

(B) Only four (4) slots will be allocated to specialty placement in any given program year.

(7) It is the responsibility of the physician and the employer to meet Missouri’s licensing and credentialing requirements as delineated by the Missouri Board of Healing Arts.

(8) A request for a J-1 visa waiver for a physician to enter private practice shall comply with the following:

(A) The practice must be located in a HPSA;

(B) The owner of the practice must be the employer for the J-1 physician and must submit a letter of support for the J-1 visa waiver request;

(C) The practice employer must—

1. Certify that it will provide health care services to all patients, including Medicare and Medicaid patients, without regard to ability to pay or the source of payment and must include a sliding fee scale for adjusting patient bills for those who are unable to pay; and
2. Conspicuously post the sliding fee scale in the practice site, in the language(s) of the patients receiving services; and
3. Provide the department two (2) reports each calendar year detailing the following:
   A. The number of patients covered by sliding fee scale services;
   B. The number of Medicare patients served;
   C. The number of Medicaid patients served;
   D. The total number of patients served;
   E. The demographic characteristics of patients served, including data on age, gender, and ethnicity; and
   F. Evaluation of services provided and community need; and

(D) All other J-1 visa waiver requirements remain in effect.

(9) A physician must work at the facility for a minimum of three (3) years. If the physician fails to fulfill the terms of the contract with the facility, the facility must notify the department. This information will be forwarded to Immigration and Naturalization Services and other agencies as necessary.

(10) A physician who is practicing under a J-1 visa in another state who wishes to practice in a HPSA in Missouri and obtain a J-1 visa waiver may do so only under the following conditions:

(A) The physician must complete the J-1 visa waiver application process in Missouri and obtain a Missouri medical license prior to commencing practice;

(B) The physician should make no plans for the transfer or to move personal possessions until the department has approved the request. The physician retains sole responsibility for notifying the employer of the intent to transfer, and payment of any financial penalty caused by a breach of contract, as determined by the employer; and

(C) All other J-1 visa waiver requirements remain in effect.

(11) A physician with a J-1 visa waiver who is practicing in Missouri who wishes to transfer to another HPSA in Missouri may do so under the following conditions:

(A) At least sixty (60) days in advance of the proposed change, the physician must notify the department of the new practice site address, telephone number, site director and the effective date of the proposed change;

(B) The reason for the transfer must be explained in the written notice;

(C) A new J-1 visa waiver employer contract must be submitted to the department prior to approval of the transfer; and

(D) The physician should make no plans for the transfer or moving of personal possessions until the department has issued written approval of the transfer. The physician retains sole responsibility for notifying the employer of the intent to transfer and payment of any financial penalty caused by a breach of contract, as determined by the original employer.

(12) The department is not responsible for exceptions to or interpretations of these policies which have occurred without the written approval of the director of the department or his/her designee. Applicants should be aware that hospitals or physician recruiters are not expert in the requirements of each state, and should contact the department with any questions.

(13) The department is not responsible for any practice arrangements or contractual obligations entered into by the physician prior to approval of a J-1 visa waiver request.

(14) In order to assist and facilitate the placement of primary care practitioners in designated HPSAs in Missouri, the department will provide, upon request, the following information:

(A) List of designated HPSAs in Missouri;
(B) List of hospitals located in HPSAs;
(C) List of community health centers in HPSAs in Missouri; and

(D) Procedure to request a J-1 visa waiver.


APPENDIX A

PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS

FROM THE JANUARY 21, 1994 FEDERAL REGISTER

AND SUBSEQUENT ADDITIONS

DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS
# Appendix B
LICENSED HOSPITALS IN COUNTIES DESIGNATED AS PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS

<table>
<thead>
<tr>
<th>Hospital Name</th>
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<tr>
<td>Fairfax Community Hospital</td>
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<td>Cass Medical Center</td>
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LICENSSED HOSPITALS IN COUNTIES DESIGNATED AS PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS

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<td>ST JOHNS REGIONAL HEALTH CTR</td>
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<td>HARRISON CO COMMUNITY HOSPITAL</td>
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<td>BAPTIST MEDICAL CENTER</td>
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<td>CRITTENTON CENTER</td>
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<td>PARK LANE MEDICAL CENTER</td>
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<td>REHABILITATION INSTITUTE</td>
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<td>ST MARYS HOSP OF BLUE SPRINGS</td>
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## LICENSED HOSPITALS IN COUNTIES DESIGNATED AS PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS

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<td>Scotland CO Mem Hospital</td>
<td>RR 1 BOX 53</td>
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Secretary of State

MATT BLUNT  (1/29/01)

CODE OF STATE REGULATIONS

17

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Chapter 4—Coordinated Health Care Services
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<th>Licensed Hospitals in Counties Designated as Primary Care Health Professional Shortage Areas</th>
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<td>1008 N Main St</td>
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<td>One Hospital Plaza</td>
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<td>St Louis                                   MO  63110</td>
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<td>300 Health Way</td>
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<tr>
<td>Potosi                                     MO  63664</td>
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<td>Washington County</td>
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Appendix C
Community Health Centers in Health Professional Shortage Areas in Missouri

Big Springs Medical Association, Inc.
P.O. Box 157
Ellington, Missouri 63638
314/663-2313
Service Area: Carter, Oregon, Reynolds and Shannon counties

New Madrid County Group Practice, Inc.
P.O. Box 400
New Madrid, Missouri 63869
314/748-2592
Service Area: Dunklin, Mississippi, New Madrid, Pemiscot, Scott and Stoddard counties

Caldwell County Medical Aid Corp.
P.O. Box 248
Hamilton, Missouri 64644
816/583-2713
Service Area: Caldwell, Daviess, Livingston and Ray counties

Richland Medical Center, Inc.
P.O. Box 777
Richland, Missouri 65556
314/765-5131
Service Area: Camden, Laclede, Miller and Pulaski counties

Model Cities Health Corp.
4900 Swope Parkway
Kansas City, Missouri 64130
816/923-5800
Service Area: Inner Kansas City

Family Care Center of Carondelet
6313 Michigan Avenue
St. Louis, Missouri 63111
314/353-5190
Service Area: South St. Louis

Samuel U. Rodgers Com. Health Center
825 Euclid
Kansas City, Missouri 64124
816/474-4920
Service Area: Kansas City

Neighborhood Health Center, Inc.
2600 Hadley St.
St. Louis, Missouri 63106
314/241-2200
Service Area: St. Louis

Northeast Missouri Health Council, Inc.
800 W. Jefferson
Kirkville, Missouri 63501
816/626-2626
Service Area: Clark, Knox and Scotland counties

People's Health Centers, Inc.
5701 Delmar Blvd.
St. Louis, Missouri 63112
314/367-7848
Service Area: St. Louis

Northwest Health Services, Inc.
502 State St.
Mound City, Missouri 64470
816/442-5419
Service Area: Holt and West Nodaway counties

St. Louis Comp. Health Center, Inc.
5471 Dr. Martin Luther King Dr.
St. Louis, Missouri 63112
314/367-5820
Service Area: St. Louis

Cabot Westside Clinic
1810 Summit Street
Kansas City, Missouri 64108-2174
816/471-0900
Service Area: Kansas City/Hispanic Community
J-1 VISA WAIVER POLICY AFFIDAVIT AND AGREEMENT

I, ______________________________, being duly sworn, hereby request the Missouri Department of Health to review my application for the purpose of recommending waiver of the foreign residency requirement set forth in my J-1 visa, pursuant to the terms and conditions as follows:

I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the State of Missouri, the Department of Health, any and all State of Missouri employees, agents and assigns from any action or lack of action made in connection with this request.

I further understand and acknowledge that the entire basis for the consideration of my request is the Department of Health's voluntary policy and desire to improve the availability of primary medical care in medically underserved regions.

I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary medical services to patients, including the indigent for a minimum of forty (40) hours per week within a U.S. Public Health Services designated health professional shortage area. Such service shall commence not later than ninety (90) days after I receive notification of approval by both the U.S. Immigration and Naturalization Service (INS) and the U.S. Department of Labor and shall continue for a period of at least three (3) years.

I agree to incorporate all the terms of this J-1 Visa Waiver Affidavit and Agreement to any and all employment agreements I enter pursuant to paragraph 3 and to include in each such agreement a liquidated damages clause, payable to the employer. This damages clause shall be activated by my termination of employment, initiated by me for any reason, only if my termination occurs before fulfilling the minimum three-year service agreement.

I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision which modifies or amends any of these terms of this J-1 Visa Waiver Affidavit and Agreement.

I understand and agree that my primary medical care services rendered pursuant to paragraph 3 shall be in a Medicare and Medicaid certified facility which has an open, non-discriminatory admissions policy and that will accept medically indigent patients.

I have read and fully understand the "Program Guidelines," a copy of which is attached hereto and is specifically incorporated by reference.

I expressly understand that this waiver of my foreign service requirement must ultimately be approved by the INS, and I agree to provide written notification of the specific location and nature of my practice to the Department of Health at the time I commence rendering services an on a semi-annual basis thereafter.

I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Affidavit and Agreement, the Department of Health will notify INS. Additionally, any and all other measures available to the Department of Health will be taken in the event of non-compliance.

I declare under the penalties of perjury that the foregoing is true and correct.

________________________________________

Subscribed and sworn to before me this _______ day of ________________________, 199__.

________________________________________
Notary Public
J-1 VISA WAIVER INFORMATION SHEET FOR FOREIGN PHYSICIANS

Federal laws require that foreign physicians seeking to pursue graduate medical education or training in the U.S. must obtain a J-1 exchange visitor visa. The J-1 visa allows physicians to remain in the U.S. until their studies are completed. However, upon completion of their studies, the physicians must return to their home country for at least two years before they will be able to return to the U.S.

Physicians who are subject to, but do not wish to comply with, the two-year home country residence requirement may apply for a waiver of that requirement under any one of the four grounds provided by the U.S. Immigration law:

a. Exceptional hardship to his/her U.S. citizen or permanent resident spouse or child.
b. Persecution if forced to return to home country.
c. A statement in support of a waiver from an interested U.S. government agency.
d. A statement in support of a waiver from a state department of public health or its equivalent.

The Missouri Department of Health will consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 visas who have been admitted to the U.S. under a J visa before, on, or after the date of enactment of this Act and before June 1, 1996, under the following conditions:

A waiver request to the Department of Health must come from a U.S. health care facility on behalf of a J-1 physician and not directly from a J-1 physician.

The physician must be a primary care physician applying for a waiver to work in a geographic area designated by the Secretary of Health and Human Services as having a shortage of health care professionals.

The physician must demonstrate a bona fide offer of employment at a health facility and must agree to work 40 hours per week for at least three years for a Medicare and Medicaid certified medical facility which also accepts medically indigent patients.

The physician must provide a copy of a letter of no objection from the physician's home government.

The physician's status will be changed to that of an H1-b visa.

If the physician fails to fulfill the terms of the contract with the health care facility, they would not be eligible to apply for an immigrant visa or permanent residence unless they returned to their home country for two years.

There will be a limit of twenty (20) waiver requests per state per fiscal year.
J-1 VISA PHYSICIAN REPORTING FORM

PHYSICIAN:
Name: ____________________________ Date: ____________________________

Address:
Home: ____________________________ Office: ____________________________

Type of medical practice: ____________________________

Location of medical practice:
Street: ____________________________
City: ____________________________ State: ____________________________
County: ____________________________ ZIP Code: ____________________________

I hereby certify that I, the undersigned, do provide primary health care services at the above-stated address a minimum of 40 hours per week.

________________________________________________________________________
Physician's Signature

EMPLOYER:
I do hereby certify Doctor ____________________________ is employed by
__________________________________________________________ and provides 40 hours of primary health care per week.

________________________________________________________________________
Employer's Signature

Notary: ____________________________ Return: ____________________________
Physician Data Sheet

1. Full name: __________________________________________________________

2. Date of birth: _______________ Place of birth: ___________________________

3. Country of nationality or last legal permanent residence: _________________

4. Date and place of issuance of original exchange-visitor (J-1) visa: ____________

5. Present address: ___________________ Immigration district: ________________


7. List of exchange-visitor programs in which you participated. If known, give the program number. Also include field of specialization:

   __________________________________________________________

8. Alien registration number, if known: ________________________________

9. If your exchange-visitor program includes U.S. government funds, funds from your own government, or from an international organization, please give full particulars concerning the funding:

   __________________________________________________________

10. Is your spouse in J-1 status? __________ If so, is he/she also applying for a waiver? Please give full explanation:

     __________________________________________________________

11. Give the reasons for not wishing to fulfill the 2-year home-country residence requirement to which you agreed at the time you accepted exchange visitor status (use additional sheet if needed):

     __________________________________________________________

12. Please include copies of all IAP-66’s issued during your stay in this country.

    Signature: ____________________________ Date: ________________________