

Conrad 30 Waiver Program Orientation

(Rights and Responsibilities)

Managed by Virginia Department of Health (VDH)
Office of Health Equity (OHE)

Welcome to Virginia!

VDH Conrad 30 Waiver Program

Welcome J-1 Physicians to Virginia and thank the Employers/Sponsors for their support in assisting to improve access to health care in the Commonwealth of Virginia (Commonwealth).

Acknowledgement

- **OMHHE requires a signature from the J-1 Physician and Employer/ Sponsor acknowledging receipt of this orientation presentation and affirmation that all of the information is clear and that the requirements are understood.**

– Please see acknowledgment form on slide 14

Rights and Responsibilities

- The goal of VDH is to improve access to primary health care, and needed specialty care in medically underserved areas; therefore, the purpose of this presentation is to inform J-1 Physicians and their Employer/Sponsor who both have vested interest in this opportunity of their rights and responsibilities once they have agreed to and have been approved to participate in the Conrad 30 Waiver Program.
 - *Once the J-1 Physician and sponsoring employer have read this presentation, please see slide 14 for acknowledgement signature page and return only page 14 to the olivette.burroughs@vdh.virginia.gov*

J-1 Physician's Rights and Responsibilities

1. Reporting Requirements for VOE

- The J-1 Physician shall review and sign the Verification Of Employment (VOE) form
- The J-1 Physician shall submit a change form if there is a change with personal information (name, address, phone number and email address)
- The J-1 Physician shall work 40 hours a week or 160 hours per month in the approved practice site listed on your Department Of State (DOS) letter - (see DOS letter for details)

J-1 Physician's Rights and Responsibilities

2. The J-1 Physician shall report early termination to VDH in writing
3. The J-1 Physician shall report any transfer (Within VA, Out of State) to VDH
4. The J-1 Physician shall report any addendum to the original contract to include:
 - Vacation
 - Maternity
 - Disability
 - Etc.

J-1 Physician's Rights and Responsibilities

5. If clarification related to job responsibilities or contract is needed, please do not hesitate to ask your employer.
6. Once agreed upon, the J-1 physician and his employer must abide by the terms of the contract including compensation agreements.
 - Please amend contract if there are changes and provide a copy to VDH
 - Moonlighting outside of the required 40 hours is solely up to the physician and his employer
 - Moonlighting is allowed within the Commonwealth only
7. Confirm with the employer that there are no illicit or billing errors associated with your license.

J-1 Physician's Rights and Responsibilities

9. The J-1 Physician will respectfully treat all patients equal with regard to race, religion, sexual preference, gender and socio-economic status exhibiting good and ethical behavior.
10. The J-1 Physician will treat all staff, employers, colleagues and anyone who is directly related to this program and collaborative with respect in regard to race, religion, sexual preference, gender and socio-economic status exhibiting good and ethical behavior.

J-1 Physician's Rights and Responsibilities

11. J-1 Physicians should receive performance reviews to ensure that they are meeting the employer's expectations as intended.
12. J-1 Physicians have the right to discuss any questions or concern with VDH, any other government and legal authorities.
13. J-1 Physicians have the right to terminate employment with written notice at the end of the service obligation if the terms of the contract have been fulfilled.

Employer/ Sponsor Rights and Responsibilities

1. Reporting Requirements for VOE

- The Employer/ Sponsor shall complete, review and sign the Verification Of Employment (VOE) form
- The Employer/ Sponsor shall provide 40 hours a week or 160 hours per month in the approved practice site listed on your Department Of State (DOS) letter. (see DOS letter for details)

2. The Employer/ Sponsor will respectfully treat all patients equal with regard to race, religion, sexual preference, gender and socio-economic status exhibiting good and ethical conduct.

Employer/ Sponsor Rights and Responsibilities

3. The Employer/ Sponsor will respectfully treat the J-1 Physician equal with regard to race, religion, sexual preference, gender, compensation, visa status and socio-economic status exhibiting good and ethical conduct.

- Provide fair and timely Compensation as defined in the employment contract

4. Uphold the terms of the contract and adhere by all policies

- Uphold the policies of VDH and United States Citizen and Immigration Services (USCIS)
- Report changes to the contract and practice site to VDH

Employer/ Sponsor Rights and Responsibilities

5. The employer/sponsor must provide direction and conduct performance evaluation to help and guide the J-1 Physician in meeting the goals of the contract and provide resources to do so and provide a positive and professional culture for the J-1 Physician.
6. The employer/sponsor should expect the J-1 Physician to be positive and professional.
7. The employer/sponsor must ensure that there are no illicit or billing errors associated with the J-1 Physician's license.

Employer/ Sponsor Rights and Responsibilities

8. The Employer/ Sponsor ought to expect the J-1 Physician to fulfill the terms of the contract and to provide a good quality of care to all patients.
9. The Employer/ Sponsor may review and make a decision to determine if moonlighting will work in the best interest of both parties.
10. The Employer/ Sponsor has a right to be involved in communications including financial, legal or any other concerns that may directly impact the organization.

Acknowledgement Page

I the undersigned have read and understand that rights and responsibilities of the Conrad 30 Waiver Program and agree to adhere and uphold all of the guidelines set forth by VDH, USCIS, DOS and all other agencies involved in this process as applicable to my role. Please sign and date in the appropriate boxes and return to VDH via email at olivette.burroughs@vdh.virginia.gov.

| | |
|-------------------------|----------------------------|
| J-1 Physician Name | Employer/Sponsor Name |
| J-1 Physician Signature | Employer/Sponsor Signature |
| Date | Date |

Got Questions?

For more information, please contact:

Olivette Burroughs

Olivette.Burroughs@vdh.virginia.gov

(804) 864-7435