



J-1 Visa Waiver Program: Annual Employer Report

Reports are due annually following the physician's start date of employment. Please complete this form and email a signed copy along with supporting documentation to **j1visawaiver@doh.wa.gov**, fax to 360-236-2830, or mail to J-1 Visa Waiver Program, PO Box 47853, Olympia, WA 98504-7853.

Employer:

Physician:

Specialty:

Physician start date:

Year 1 Report Year 2 Report Year 3 Report

1.) Update contact information

Employer contact for reports and other issues:

Employer phone:

Employer email:

Physician phone:

Physician email:

2.) Practice locations for the physician (Attach a list of additional practice locations if necessary)

Street address:

City:

State:

Zip:

Change from application? Yes No

Street address:

City:

State:

Zip:

Change from application? Yes No

3.) Physician work hours

a.) During this reporting period did the physician work at least 40 hours per week providing direct patient care? Yes No

b.) What was the physician's call schedule?

c.) During the 12-month reporting period of this report was the physician absent from the practice for more than four weeks total? Yes* No

* If yes, please attach additional information about the circumstances and amount of time spent away from the practice. Absences of longer than four weeks during a 12-month period may extend the J-1 visa waiver service obligation.

4.) J-1 Visa Waiver Program employer requirements

a.) Does the employer have a sliding fee discount schedule that is updated to reflect the most recent federal poverty guidelines? Yes No

Documentation Required: Please submit a copy of the current sliding fee discount schedule with this report.

b.) Please provide the following information about the physician's patient visits during the 12-month period covered in this report.

12 month reporting period:	Total annual patients:
Patient visits by insurance type	
Primary insurance	Number of patient visits
Medicare without Medicaid secondary	
Medicare with Medicaid secondary (dual eligible)	
Medicaid (managed and fee for service)	
Other public insurance (e.g. L&I, indigent care program)	
Private insurance	
Self-pay with sliding fee schedule discount	
Self-pay (no insurance and not on sliding fee schedule)	
Total	

I hereby acknowledge that all information and statements contained herein are true and do not misrepresent fact. I further acknowledge that I have not evaded or suppressed any information contained in this report or in any of the supporting materials.

Physician
Signature

Date

Employer
Signature

Date

[Washington State J-1 Visa Waiver Program](#)

- For questions about this form, please contact the Washington State J-1 Visa Waiver Program Manager at J1visawaiver@doh.wa.gov or call 360-236-2862