

Sample Exchange Visitor Attestation

EXHIBIT J

J1 WAIVER PHYSICIAN ADDENDUM

By signing this addendum, John/Jane Doe (the “Physician”) agrees to the contractual requirements set forth in Section 214(I) of the Immigration and Nationality Act as follows:

- a. Physician understands and agrees that this Agreement demonstrates a bona-fide offer of “full-time” employment at the health facility of ABC Health Clinic located at 123 Main Street, Frankfort, Kentucky 40601.
- b. Physician agrees to begin employment at ABC Health Clinic within 90 days of receiving a J-1 waiver and visa allowing Physician to be employed.
- c. Physician agrees to continue to work in accordance with INA Section 214(I), paragraph (2) for a total of not less than 3 years only in the geographic area or areas which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals.
- d. Physician agrees to provide services to all that present regardless of ability to pay and understands that 123 Health Clinic provides a sliding fee scale for patients.

[REMAINDER OF PAGE LEFT BLANK INTENTIONALLY]

IN WITNESS WHEREOF, the undersigned have executed this Exhibit J of the ABC Health Clinic Agreement for Regular, Full-Time Hire Primary Care Provider as of the date(s) written below.

“Physician”

By: _____
John/Jane Doe, MD

Date

“ABC Health Clinic”

By: _____
Jack Doe
Chief Executive Officer

Date