

North Carolina State Conrad 30 Program Application Cover Sheet

This cover sheet must be completed by all practice sites proposing to employ physicians under the North Carolina State Conrad 30 J-1 Visa waiver program. Please complete and include as separate attachment with all other application documents to: **Lisa.McKeithan@dhhs.nc.gov**

Please complete all applicable fields and print clearly or fill out electronically. Please ensure all information is correct.

Physician Last Name: _____ M D ☐ D O ☐
Physician First Name: _____ MI: _____ Male: ☐ Female: ☐
City: _____ State: _____ Zip: _____
Phone #: _____ Email (post training): _____
Specialty: _____ Country of Citizenship: _____
Birth Date MM/DD/YYYY: _____ Dept. of State (DOS) Case #: _____
NPI: _____ NC Physician Full License # (if applicable): _____
Anticipated Start Date: MM/DD/YYYY: _____

Employer Name: _____
Employer Address: _____
City: _____ State: _____ Zip: _____
Employer Contact Name: _____ Phone: _____
Email Contact: _____
Practice Site Name: _____
Site Contact Name (*If different from Employer*): _____ Phone: _____
Email Contact: _____
Practice Site 1 Address: _____
City: _____ State: _____ Zip: _____ County: _____
Health Professional Shortage Area (HPSA) ID # (if applicable): _____ HPSA Score _____
Medicaid Billing #: _____ Medicare Billing #: _____

Please complete new form for any additional sites.

Attorney Last Name: _____ First Name: _____
Firm Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Direct Phone #: _____ AttorneyEmail: _____