

J-1 Visa/Conrad 30 Waiver Program

Appendix G

Confidential Exit Survey

Physician's Name: _____

Discipline: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Email: _____

Employer/Practice Site Name: _____

Address/City/State/Zip: _____

Start Date of J-1 Obligation: _____ Completion Date: _____

1. Did you apply for a National Interest Waiver (NIW)? ____Yes ____No
2. Retention Information: Will you remain at the site: ____Yes ____No
 - a. If the answer is no, what is the reason for leaving? Check all that apply:
 - ☐ Salary/Benefits
 - ☐ Workload
 - ☐ Relationship with management
 - ☐ Relationship with other professional staff
 - ☐ Inadequate support staff
 - ☐ Administrative responsibilities
 - ☐ Physical surroundings (facility)
 - ☐ Family needs
 - ☐ Geographic location
 - ☐ Other (describe)

Do you feel that you had an impact on the practice? ____Yes ____No

Describe: _____

Date of survey: _____

Please email or mail to:

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