

# Nevada Primary Care Office – J-1 Physician & Employer Compliance Form

All employers of physicians practicing medicine in the State of Nevada under a J-1 Visa Waiver supported by the Nevada Division of Public and Behavioral Health (DPBH) are required to confirm that the physician is providing a minimum of 40 hours a week of primary care or specialty services in a practice site(s) located in an underserved area. A confirmation form must be submitted to the DBPH every April (to include October 1 - March 31) and October (to include April 1 – September 30). Please complete the form even if you have been at the approved practice location for less than six months.

\*For Radiologists, please indicate the **average** number of hours of medical care services (in-person or remote) provided per week at **each** practice site.

**Date Physician Started Work:** \_\_\_\_\_ **Physician Specialty:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Reporting Month (select one):**       **April**       **October**

<b>Physician's Name:</b>	
<b>Physician's Email:</b>	

<b>Employer Name:</b>	
<b>Employer Contact Name:</b>	
<b>Employer Contact Email:</b>	

**Name of Facility/Practice Location(s):**

Site Name	Address	City	Zip	Average Hours of Medical Care Services Provided Per Week**

*\*If more than two sites, please use the extra table on page 3\* and indicate the amount of time spent providing primary care at each location.  
 \*\* Please provide the average hours of medical care services provided per week per site, our office is looking to see where a physician is spending most of their time, **DO NOT** state 40 hours per site per week at multiple sites – this will prompt our office to investigate further to make sure we prevent physician burnout*

**Referral and/or outreach activities with safety-net providers completed during reporting period:**

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Please provide the following information specifically for the physician that this compliance confirmation form is referencing.

	Total # of Visits in the last 6 months – for this physician
Total # of patient visits	
# of Medicare visits	
# of Medicaid visits	
# of Sliding Fee Scale visits	
# of Indigent/ Charity Care visits	
# of Other – not listed above	

*\*If reporting for April, include dates from October 1<sup>st</sup> to March 31<sup>st</sup>, if reporting for October, include dates from April 1<sup>st</sup> to September 30<sup>th</sup>.*

The undersigned affirms that the information contained in this confirmation form is correct to the best of their knowledge. Failure to complete and return this information authorizes the Nevada Division of Public and Behavioral Health to inform the appropriate federal officials and the Nevada State Board of Medical Examiners that it cannot validate that the physician is practicing medicine in accord with their J-1 Visa Waiver requirements. In addition, employers who do not submit a confirmation form(s) may not receive support for future J-1 Visa Waiver physician requests.

**If you need to report any changes (ex: change in facility ownership, change in practice site, change in specialty, update contact information etc), please inform the PCO by emailing [nvpco@health.nv.gov](mailto:nvpco@health.nv.gov).**

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<b>Physician’s Signature</b>	<b>Date</b>
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<b>Employer’s Signature</b>	<b>Title</b>	<b>Date</b>
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Send completed form to [nvpco@health.nv.gov](mailto:nvpco@health.nv.gov)

