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## Confirmation form for <u>Employers</u> of physicians practicing medicine under a J-1 Visa Waiver supported by the Nevada Division of Public and Behavioral Health

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 in a practice site(s) located in an underserved area. A confirmation form must be submitted to the DBPH every April and October. Please complete the form even if you have been at the approved practice location for less than six months.

Physician's Name:			
Physician's Start Work Date:			
Reporting Year:		Reporting Month: April	October
Employer's Business Name:			
Clinic Administrator's	Name:		
Clinic Administrator's	Email Address:		
Name of Facility:		·	
Practice Location(s):	Street Address:		
City/Town/Zip Code:			
Telephone (Area Code/Number):			

Number of hours of **medical care** services provided per week:

If more than one practice site, list the other sites below. If more than two sites, please use the back of this page and indicate the amount of time spent providing primary care at each location.

What outreach activities have you completed over the last 6 months with other safety-net providers in your area? (Include patient referrals given and received.)

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.

Employer Signature and Title	Date