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Confirmation Form for Physicians practicing medicine under a J-1 Visa Waiver supported by the Nevada Division Public and Behavioral Health

All 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 they are providing a minimum of 40 hours a week of primary care in a practice site(s) located in an underserved area. Please complete and return this form within 20 calendar days of receipt. 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 E-mail:		
Physician's Start Work Date:		
Reporting Year – 201__		Reporting Month: April October
Employer's Business Name:		
Clinic Administrator Email:		
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:	
<i>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.</i>	
What outreach activities have you completed 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 his/her knowledge. Failure to accurately complete and return this information authorizes the Nevada Division of Public and Behavioral Health to inform appropriate federal officials and the Nevada State Board of Medical Examiners that it cannot validate that the recipient/undersigned is practicing medicine in accordance with J-1 Visa Waiver requirements.

Physician's Signature	Date

Scan and email to jtucker@health.nv.gov

*Nevada Department of Health and Human Services
Helping People -- It's Who We Are And What We Do*