

J-1 Physician Visa Waiver Program Change of Status Form

Check Applicable: Change in Practice Location Change in Provider Discipline Change in Employer

J-1 Physician Name: _____ Email: _____

Cell Phone: (____) _____ E-mail address: _____

Current Practice Address: _____ Telephone #: _____

Proposed Start Date at New Facility: __/__/__ Proposed Provider Discipline: _____

Original J-1 Waiver Start Date: __/__/__ Anticipated End Date: __/__/__

Reason for transfer or change of practice location/discipline/employer: _____

Please list the proposed work assignments (include clinic call, hospital rounding, and emergency room or hospital call)

Address(s) of Proposed Work Assignment(s)	HPSA or MUA/MUP ID#	Number of Hours per week

Signature of Site/Facility Executive Director/CEO _____

Date _____

I hereby certify that I, the undersigned, will provide primary health care or specialty services at the above-stated address(s) a minimum of 40 hours per week for three years. Deviation from such site may result in notification by the Nevada Division of Public and Behavioral Health to appropriate federal agencies.

Physician's Signature _____

Date _____

Required Attachments:

Documents Required for Change in Practice Location

1. An attestation that each practice site must accept all patients regardless of ability to pay, accept Medicaid, Nevada Check-Up and Medicare on assignment, and use a sliding-fee scale based on federal poverty guidelines to discount services to low-income uninsured persons.
2. A copy of practice sites' sliding fee scale policy and sliding fee scale. The sliding fee scale should be based on family size and income. The policy should identify the minimum fee charged at the site for patients at or below 100% of the Federal Poverty Level.
3. Attach a matrix of the # of Medicaid, Nevada Check-up and charity cases served in the previous 3 months at the facility.
4. Describe and document the employer's recruitment and retention efforts. The employer must demonstrate that a suitable physician with US citizenship cannot be found through recruitment or any other means

for at least two months prior to the submission of the application. Copies of advertisements, agreements with placement services, etc. must be provided.

5. Updated employment contract

Documents Required for Change in Provider Discipline

1. Letter of support from hospital/medical facility that outlines the number of vacancies in the specialty/hospitalist positions. Include the total number of specialists that have hospital privileges at the facility.
2. For hospitalist positions, please provide documentation on current physician to patient ratio at the facility where the candidate will work and the optimum physician to patient ratio.
3. For specialist physicians: approximate distance and travel time patients would need to travel to obtain the same services at the next closest facility or other access issues noted.
4. Describe and document the employer's recruitment and retention efforts. The employer must demonstrate that a suitable physician with US citizenship cannot be found through recruitment or any other means for at least two months prior to the submission of the application. Copies of advertisements, agreements with placement services, etc. must be provided.
5. Updated employment contract

Documents Required for Change in Provider Employer

(All references below are to the tabbed sections of the Nevada J-1 Physician Visa Waiver Application Instructions):

1. Contact information of the official representative of the new employer
2. Tab A
3. Tab E
4. Tab F
5. Tab G
6. Tab L for the employer only

Return Completed Form and Documents by Email, Fax or Mail To:

Primary Care Office
Nevada Division of Public and Behavioral Health
4126 Technology Way, Suite 100
Carson City, Nevada 89706
Office: (775) 684-2232

Or by email (secured as necessary) to jtucker@health.nv.gov