

STATE OF NEVADA

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Public Health Preparedness  
4150 Technology Way, Suite 200  
Carson City, NV 89706  
Telephone: (775) 684-4013 Fax: (775) 684-5951

**SPONSORED FREE HEALTH CARE EVENTS**

**REGISTRATION OF SPONSORING ENTITY UNDER  
NEVADA REVISED STATUTES (NRS) CHAPTER 629<sup>1</sup>**

**PART 1 – ORGANIZATIONAL INFORMATION**

1. Organization Name: \_\_\_\_\_

2. Organization Contact Information (*use principal office address*):

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Phone Number of Principal Office

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Website

\_\_\_\_\_  
County

Organization Contact Information in Nevada (*if different*):

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

<sup>1</sup>Please reference Attachment I for more detail.

3. Type of Organization: \_\_\_\_\_

Is the organization operating pursuant to section 501(c)(3) of the Internal Revenue Code?

☐ Yes      ☐ No

If not, is the organization a community-based organization?

☐ Yes      ☐ No

Organization's Tax Identification Number: \_\_\_\_\_

If a community-based organization, please describe the mission, goals, and activities of the organization (attached separate sheet(s) if necessary):

## **PART 2 – SPONSORING ORGANIZATION OFFICIALS**

Please list the following information for each of the principal individual(s) who is the officer(s) or official(s) of the organization responsible for operation of the sponsoring entity.

Individual 1:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
County

### Individual 2:

Name

Title

Address Line 1

Phone

Address Line 2

Alternate Phone

City, State, Zip

E-mail address

County

### Individual 3:

Name

Title

Address Line 1

Phone

Address Line 2

Alternate Phone

City, State, Zip

E-mail address

County

*(Attach additional sheet(s) if needed to list additional principal organizational individuals)*

## PART 3 – EVENT DETAILS

1. Name of event, if any: \_\_\_\_\_

2. Date(s) of event: \_\_\_\_\_

3. Location(s) of the event (be as specific as possible, including address):

4. Describe the intended event; including a list of all types of health care services intended to be provided (*attach additional sheet(s) if necessary*):

5. Attach a list of all out-of-state health care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, copy of license for each identified individual.

- ✓ Name
- ✓ Profession
- ✓ Copy of license
- ☐ Check here to indicate that all items on the list are attached.

This form, any attachments, and all related questions shall be submitted to:

Division of Public and Behavioral Health  
Public Health Preparedness  
4150 Technology Way, Suite 200  
Carson City, NV 89706  
Tel: (775) 684-4117  
Fax: (775) 684-5951  
Email: [msouthard@health.nv.gov](mailto:msouthard@health.nv.gov)

- I understand that I must maintain records in either electronic or paper form both at the sponsored event and for five (5) years in Nevada, per the recordkeeping requirements imposed by NRS 629.460.

- I understand that our organization will:
  - (a) Notify the Division in writing of any change in the information required for registration pursuant to subsection 1 of NRS 629.460 not later than 10 days after the change.
  - (b) File a report with the Division not later than 10 days after the end of each calendar quarter identifying each provider of health care who provided voluntary health care service during the calendar quarter in association with the sponsoring organization. The report filed pursuant to this paragraph must include a copy of the current license or certificate of each provider of health care identified in the report and the date, location and type of service provided by each provider of health care. A sponsoring organization shall maintain a record of each report filed pursuant to this paragraph for a period of not less than 5 years after the date on which the report is filed. Each report maintained pursuant to this paragraph, including copies thereof, must be made available for inspection by the Division upon reasonable request.

I certify under penalty of perjury under the laws of the State of Nevada, that the information provided on this form and any attachments is true and current, and that I am authorized to sign this form on behalf of the sponsoring organization:

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

Disclosure of your personal information is mandatory. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated by the Division of Public and Behavioral Health. The information collected may be transferred to other governmental and enforcement agencies. A sponsoring organization may obtain information regarding the location of submitted forms and records by contacting the Division of Public and Behavioral Health.

## VOLUNTARY HEALTH CARE SERVICE

**NRS 629.400 Legislative declaration.** The Legislature hereby finds and declares that:

1. Access to high-quality health care service is of concern to all persons;
2. Access to such service is severely limited for some residents of this State, particularly those who reside in remote, rural areas or in the inner city;
3. Physicians and other providers of health care have traditionally worked to ensure broad access to health care service;
4. Many providers of health care from this State and other states or territories of the United States are willing to volunteer their services to address the health care needs of Nevadans who may otherwise not be able to obtain such service; and
5. It is the public policy of this State to encourage and facilitate the provision of voluntary health care service.

(Added to NRS by [2013, 2280](#))

**NRS 629.410 Definitions.** As used in [NRS 629.400](#) to [629.490](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 629.420](#), [629.430](#) and [629.440](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2013, 2280](#))

**NRS 629.420 “Division” defined.** “Division” means the Division of Public and Behavioral Health of the Department of Health and Human Services.

(Added to NRS by [2013, 2280](#))

**NRS 629.430 “Sponsoring organization” defined.** “Sponsoring organization” means an organization that:

1. Organizes or arranges for the provision of voluntary health care service in association with one or more providers of health care; and
2. Is registered with the Division pursuant to [NRS 629.460](#).

(Added to NRS by [2013, 2280](#))

**NRS 629.440 “Voluntary health care service” defined.** “Voluntary health care service” means professional health care service that is provided to a patient by a provider of health care:

1. Without charge to the patient or to a third party on behalf of the patient; and
2. In association with a sponsoring organization.

(Added to NRS by [2013, 2280](#))

**NRS 629.450 Provider of health care authorized to provide voluntary health care service; limitations.**

1. Notwithstanding any provision of law to the contrary and except as otherwise provided in this section, a provider of health care may provide voluntary health care service in this State in association with a sponsoring organization.
2. A provider of health care shall not provide voluntary health care service in this State if:
  - (a) The professional license or certificate of the provider of health care is suspended or revoked, or has been suspended or revoked within the immediately preceding 5 years, pursuant to disciplinary proceedings in this State or in any other state or territory of the United States;
  - (b) The voluntary health care service provided is outside the scope of practice authorized by the professional license or certificate of the provider of health care; or
  - (c) The provider of health care has not actively practiced his or her profession continuously for the immediately preceding 3 years.

3. A provider of health care who provides voluntary health care service pursuant to this section shall not accept compensation of any type, directly or indirectly, or any other benefit or consideration from any person or other source for the provision of the service.

(Added to NRS by [2013, 2280](#))

**NRS 629.460 Sponsoring organization to register with Division; contents of form; registration deemed prima facie evidence of due care; authority of Division to revoke registration.**

1. A sponsoring organization shall, before organizing or arranging for the provision of voluntary health care service in this State, register with the Division by submitting to the Division a form prescribed by the Division which contains:

(a) The name, street address and telephone number of the sponsoring organization;

(b) The name, street address and telephone number of each person who is an officer, director or organizational official of the sponsoring organization and who is responsible for the operation of the sponsoring organization; and

(c) Any other information required for registration by the Division.

2. Each sponsoring organization shall:

(a) Notify the Division in writing of any change in the information required for registration pursuant to subsection 1 not later than 10 days after the change.

(b) File a report with the Division not later than 10 days after the end of each calendar quarter identifying each provider of health care who provided voluntary health care service during the calendar quarter in association with the sponsoring organization. The report filed pursuant to this paragraph must include a copy of the current license or certificate of each provider of health care identified in the report and the date, location and type of service provided by each provider of health care. A sponsoring organization shall maintain a record of each report filed pursuant to this paragraph for a period of not less than 5 years after the date on which the report is filed. Each report maintained pursuant to this paragraph, including copies thereof, must be made available for inspection by the Division upon reasonable request.

3. Compliance with this section shall be deemed to be prima facie evidence that a sponsoring organization has exercised due care in selecting a provider of health care to associate with the sponsoring organization to provide voluntary health care service.

4. The Division may, after reasonable notice and a hearing, revoke the registration of any sponsoring organization that fails to comply with the requirements of this section.

(Added to NRS by [2013, 2281](#))

**NRS 629.470 Duty to carry liability insurance.** Each provider of health care who provides voluntary health care service pursuant to [NRS 629.400](#) to [629.490](#), inclusive, shall obtain or otherwise carry, before providing such service, a policy of professional liability insurance which insures the provider of health care against any liability arising from the provision of voluntary health care service by the provider of health care pursuant to [NRS 629.400](#) to [629.490](#), inclusive.

(Added to NRS by [2013, 2282](#))

**NRS 629.480 Provider of health care to report suspension or revocation of license to Division; submission of fingerprints.** A provider of health care currently providing voluntary health care service pursuant to [NRS 629.400](#) to [629.490](#), inclusive, shall:

1. Report to the Division:

(a) Any suspension or revocation of a license or certificate of the provider of health care or any other disciplinary action taken against the provider of health care by a regulatory body in another state or territory of the United States; and

(b) Any charge or complaint of malpractice made against the provider of health care or any final disposition of a court with respect to such a charge or complaint of malpractice.

2. If the state or territory of the United States in which the provider of health care is licensed or certified does not require, as a condition of licensure or certification, the submission of fingerprints for a background

check by the Federal Bureau of Investigation, submit to the Division a complete set of fingerprints and written permission authorizing the Division to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.  
(Added to NRS by [2013, 2282](#))

**NRS 629.490 Division to adopt regulations governing voluntary health care service.** The Division shall adopt regulations to carry out the provisions of [NRS 629.400](#) to [629.490](#), inclusive.  
(Added to NRS by [2013, 2282](#))