

Nevada Primary Care Office- Conrad State 30 J-1 Visa Waiver Program  
New Arrival Form

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I, \_\_\_\_\_, a Physician working as a \_\_\_\_\_,  
participating in the Nevada Conrad 30/J-1 Visa Physician certify that I have arrived for work at the below  
referenced site(s) on (Date): \_\_\_\_\_ and my anticipated end date (3 years) is: \_\_\_\_\_.

Physician Information:

<b>Physician's Address</b>	
<b>Physician's Email</b>	
<b>Physician's Specialty</b>	

Employer Information:

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

Please list your current work site assignments given to you by your sponsor (include clinic call, hospital rounding, and emergency room or hospital call):

<b>Site Name</b>	<b>Address</b>	<b>HPSA or MUA/MUP ID#</b>	<b>Hours per Week</b>

*\*If more than two sites, please use the space provided on page 2 and indicate the amount of time spent providing care at each location.*

The undersigned affirms that the information is correct to the best of their knowledge. Additionally, all parties signing (Employer/Sponsor and Physician) confirm and acknowledge that they have read and understood all information contained in the Conrad 30 J-1 Visa Waiver Physician and Employer/Sponsor Rights and Responsibilities Presentation located on the [Conrad 30 J-1 Visa Waiver Information, Instructions and Forms](#) website.

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Signature of Supervising Physician

Date

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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 (3) years. Deviation from such site may result in notification by the Nevada Division of Public and Behavioral Health to appropriate federal agencies.

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Physician's Signature

Date

