

Nevada Primary Care Office - Conrad State 30 J-1 Visa Waiver Program
EMPLOYER/SPONSOR Affidavit and Agreement Sponsorship and Eligibility Requirements

A. Medical Practice Criteria and Policies: To be eligible to employ a J-1 Visa Waiver physician, a medical practice must comply with these requirements.

1. Located in a federally designated Health Professional Shortage Area (HPSA), a federally designated Medically Underserved Area or Population (MUA/P), or a “flex slot” documenting service to underserved populations, as verified by the state. Determine if locations are designated at the following link: <https://data.hrsa.gov/tools/shortage-area>
2. The site must have been operating at least six months before requesting a physician under the J-1 visa waiver program.
3. Submit all components of the application available online.
4. For new sponsors, Agree to review the Rights and Responsibilities presentation upon the start of employment (presentation located online at [Conrad 30 J-1 Visa Waiver Instruction, Information & Forms](#)).
5. Report additional employment of the physician. Any additional or outside employment in which the J-1 Visa Waiver physician engages must be stipulated in the original contract or added to a new contract which must then be resigned by all parties and resubmitted to the Primary Care Office (PCO) for recommendation for USCIS approval, if applicable. Any employment expectations regarding hours worked vs. hospital rounds and/or on-call requirements must be specified in the contract; the same applies to travel time.
6. The practice site must accept all patients regardless of ability to pay, accept Medicaid and Medicare on assignment, and use a sliding-fee scale based on federal poverty guidelines to discount services to low-income uninsured persons. The medical practice must provide notice to the public that such a policy is in effect and apply these access standards to the entire medical practice, not simply to those patients treated by the J-1 Visa Waiver physician. These requirements should be in place for at least three months immediately preceding the request for waiver. Federal poverty guidelines are available at the following link: <https://aspe.hhs.gov/poverty-guidelines>.
7. Agree that the physician will use an individual National Provider Identifier (NPI) from the Centers for Medicare and Medicaid Services on all Medicaid health care claims.
8. Agree to be monitored by the DPBH, PCO, on a periodic basis for compliance with this agreement and provide required documentation to the PCO on the required forms.
9. Agree to report practices within the practice site setting that do not meet the standards of care as established by the Nevada State Board of Medical Examiners. <http://www.medboard.nv.gov/>.

NRS 41A.009 “Medical malpractice” defined. “Medical malpractice” means the failure of a physician, hospital or employee of a hospital, in rendering services, to use the reasonable care, skill or knowledge ordinarily used under similar circumstances.

10. Report semi-annually each April and October, via the Compliance Confirmation Verification form on the status of the physician services for the previous six months and where those services were provided (located online at [Conrad 30 J-1 Visa Waiver Instruction, Information & Forms](#)).
11. Agree to immediately report all changes to the work schedule, changes which will be in effect longer than three weeks, to the PCO on the Change of Status form (located online at [Conrad 30 J-1 Visa Waiver Instruction, Information & Forms](#)). These changes include, but are not limited to, a temporary assignment to another practice site, a decrease in hours at the practice site, an increase of call-time requirement, an increase in hospital-rounds time, and an increase in emergency room call. The most recent form on file will be used by the DPBH to assess whether the physician and employer are compliant with these policies and state law.
12. Notify the PCO, in writing, at least thirty days prior to a transfer from the approved facility to another facility within the medical practice. For a transfer outside the medical practice, the PCO must be notified, in writing, at the earliest opportunity. The DPBH reserves the right to approve or disapprove all transfers.
13. Notify the PCO, in writing, within thirty days of disciplinary action and/or termination. In the event of any emergency termination due to extreme circumstances affecting the health or safety of clients or other individuals, the DPBH must be notified no later than twenty-four hours after the emergency termination.
14. Understand that the PCO does not have the authority to mediate between employer and employees participating in the J-1 Visa Waiver program, or to enforce labor standards. Further, the PCO assumes no responsibility for negotiations or content of employment contracts or for termination of the contracts. If the PCO becomes aware of such issues, it will recommend seeking advice from an attorney or contacting the appropriate agency (i.e., Medicaid Fraud and Abuse, Department of Labor, United States Citizenship and Immigration Services, Medical Board of Examiners). The PCO will, however, investigate allegations of wrongdoing and issue a written determination of findings.

Special Circumstances

15. Employers in a non-designated site (flex slots) must provide evidence, when requested by the PCO, that patients reside in one or more geographic areas designated as HPSA and/or MUA/P.
16. Employers of physicians who are granted a Specialist designation must be able to document compliance with the number of hours, locations and duties specified in the contract. For example, if the contract indicated that the Nephrologist was to work twenty hours as an Internal Medicine physician at an out-patient clinic, in addition to twenty hours as a Nephrologist at a specific hospital, the PCO may require documentation to support compliance.

B. Consequences of Default:

17. An employer is in default if, at any time, he or she does not meet the conditions listed in section A. The DPBH, PCO will monitor the physician and the medical practice. An employer found in violation of Nevada Revised Statutes [439A.130 to 439A.185](#) or Nevada Administrative Code (NAC) [439A.700 to 439A.755](#) will incur the penalties specified under [NAC 439A.750](#).

I _____, declare under penalty of perjury, that I have read, understand and agree to the foregoing terms. I further understand that failure to comply with the requirements listed in Section A may result in sanctions as described in section B above.

Employer:

Employer Signature: _____ **Date:** _____

Employer Name: _____

All correspondence should be directed to:

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