

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

- A. **Eligibility:** To be eligible for a letter of support by the Nevada Division of Public and Behavioral Health (DPBH) a physician must:
1. Complete a residency or fellowship training program and intend to practice in Nevada for a period of three consecutive years.
 2. Submit all components of the application available online.
 3. Acknowledge review and understanding of all terms included in the contractual agreement with the employer.
 4. Agree to notify the DPBH of the start date with the contracted employer, using the Verification of Status form (located online at [Conrad 30 J-1 Visa Waiver Information, Instructions & Forms](#))
 5. Agree to review the Rights and Responsibilities presentation upon start of employment (presentation located online at [Conrad 30 J-1 Visa Waiver Information, Instructions & Forms](#)).
 6. Agree to report additional employment. 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 and 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.
 7. Agree to limit absence from the practice site to a maximum of 180 consecutive days. If the physician is absent from medical practice more than 180 consecutive days, the physician must submit a Verification of Status Form to the DPBH, PCO. Exceptions may be approved under special circumstances, as determined by the DPBH PCO in advance of such absence.
 8. Agree to treat all clients regardless of ability to pay, accept Medicaid and Medicare patients on assignment, and use a sliding fee scale for low-income, uninsured individuals. The practice site must provide notice to the public, as evidenced by a sign in the waiting area regarding this policy.
 9. Agree to obtain, within sixty days of start date, an individual National Provider Identifier (NPI) from the Centers for Medicare and Medicaid Services, which will be used on all health care claims.
 10. Agree to be monitored by the DPBH, PCO, on a periodic basis for compliance with this agreement and provide documentation to the PCO on the required forms.
 11. 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.

12. Report semi-annually, via the Compliance Confirmation Verification form (located online at [Conrad 30 J-1 Visa Waiver Information, Instructions & Forms](#)) on the status of the physician services for the previous six months and where those services were provided.
13. Agree to immediately report all changes to the work schedule, 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 Information, Instructions & 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.
14. Notify the DPBH, PCO, in writing, thirty days prior to transfer, in the event of physician transfer from the approved facility to another facility within the medical practice or with another provider. The DPBH reserves the right to approve or disapprove the transfer.
15. Notify the DPBH, 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.
16. Acknowledge review of all contractual obligations, **including expectations for working hours, hospital rounds, and on-call requirements**. The DPBH has limited authority under [NRS 439A.180](#) to ensure program requirements are met and cannot mediate labor disputes; therefore, **the physician must review all contracts carefully before signing**. Labor disputes or medical safety issues will be referred to the federal Department of Labor or to the Nevada State Board of Medical Examiners.

Special Circumstances

17. Physicians who work in a non-designated site (flex slots) must provide evidence, when requested by the PCO, that patients reside in one or more geographic areas that are designated as HPSA and/or MUA/P.
18. 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 a Nephrologist was to work twenty hours as an Internal Medicine physician at an out-patient practice site, in addition to twenty hours as a Nephrologist at a specific hospital, the PCO may require documentation to support compliance.

B. Consequences of Default:

19. A physician 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. A physician 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 of the Nevada Conrad 30 J-1 Visa Waiver Program Sponsorship and Eligibility Requirements. I further understand that failure to comply with the requirements listed in Section A may result in sanctions as described in section B above.

Physician:

Physician Signature: _____ **Date:** _____

Physician Name: _____

All correspondence should be directed to:

Nevada Primary Care Office
Division of Public & Behavioral Health
4150 Technology Way, Suite 300
Carson City, Nevada 89706
Telephone: (775) 684-2204
nvpc@health.nv.gov