Nevada Primary Care Office - Conrad State 30 J-1 Visa Waiver Program
Physician & Employer Compliance Confirmation Verification

All employers of physicians practicing medicine in the State of Nevada under a J-1 Visa Waiver supported by the Nevada Division of Public and Behavioral Health (DPBH) are required to confirm that the physician is providing a minimum of 40 hours a week of primary care or specialty services in a practice site(s) located in an underserved area. A confirmation form must be submitted to the DBPH every April (to include October 1 - March 31) and October (to include April 1 – September 30). Please complete the form even if you have been at the approved practice location for less than six months.

Year: ____________________ **Reporting Month (select one):** ☐ **April** ☐ **October**

Physician's Name:	
Physician's Email:	

Employer's Business Name:	
Business Contact Phone:	

Facility Administrator's Name:	
Facility Administrator's Email:	

Name of Facility/Practice Location(s):

Site Name (if different than business name) and Address	City	Zip	Hours of Medical Care Services Provided Per Week

**If more than two sites, please use the back of this page and indicate the amount of time spent providing primary care at each location.*

Referral and/or outreach activities with safety-net providers completed during reporting period:

The undersigned affirms that the information contained in this confirmation form is correct to the best of their knowledge. Failure to complete and return this information authorizes the Nevada Division of Public and Behavioral Health to inform the appropriate federal officials and the Nevada State Board of Medical Examiners that it cannot validate that the physician is practicing medicine in accord with their J-1 Visa Waiver requirements. In addition, employers who do not submit a confirmation form(s) may not receive support for future J-1 Visa Waiver physician requests.

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Physician's Signature **Date**

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Employer's Signature **Title** **Date**

Send completed form to ***nvpco@health.nv.gov***