J-1 Physician Visa Waiver Program

Addition of a Practice Location or Change of Practice Location

J-1 Physician Name: ___________________________________ Email: ____

Cell Phone: (____) ________________________ E-mail address: ____

Telephone #: ____________________________

Proposed Start Date at New Facility: ___/___/___ Provider Discipline:______________________________________

Original J-1 Waiver Start Date: ____/___/___ Anticipated End Date: ___/___/___

Reason for addition or change of practice location: ____

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Currently approved work sites:

Address(s) of Proposed Work Assignment(s)	HPSA or MUA/MUP ID#	Number of Hours per week

Please list the proposed new work locations (include clinic call, hospital rounding, and emergency room or hospital call):

Address(s) of Proposed Work Assignment(s)	HPSA or MUA/MUP ID#	Number of Hours per week

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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 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

Documents Required for Change in Practice Location

1. An attestation that each practice site must accept all patients regardless of ability to pay, accept Medicaid, Nevada Check-Up and Medicare on assignment, and use a sliding-fee scale based on federal poverty guidelines to discount services to low-income uninsured persons.
2. A copy of practice sites' sliding fee scale policy and sliding fee scale. The sliding fee scale should be based on family size and income. The policy should identify the minimum fee charged at the site for patients at or below 100% of the Federal Poverty Level.
3. Attach a matrix of the # of Medicaid, Nevada Check-up and charity cases served in the previous 3 months at the facility.
4. Proof of HPSA or MUA/P
5. Updated employment contract

Return Completed Form and Documents by Email:

to nvpco@health.nv.gov