

**J-1 Physician Visa Waiver Program
Verification / Change of Status Form –
For both New Arrivals and Change in Assignment**

I, _____, a Physician participating in the Nevada J-1 Visa Waiver Program certify that

I have arrived for work at _____, on _____, 20____.

Address: _____ Telephone #: _____

Provider's Name: _____ Email: _____

HPSA MUA/MUP - ID#: _____ Original Start Date: ___/___/___ Anticipated End Date: ___/___/___

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

Location of Work Assignment	Address of Work Site	Number of Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Supervising Physician Date

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 Health to appropriate federal agencies. Public Law 103-416 indicates: (k) (4) (*J-1 Visa Waiver Physician must*) "Agree to practice medicine only in HHS-designated shortage areas during this 3 year period."

Physician's Signature Date

For Change in assignments, please complete and attach the following items:

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

- Attach matrix of the # of Medicaid, Nevada Check-up and charity cases served in the previous 3 months.
- Attach a copy of your new or amended contract

Return Completed Form

To:

Primary Care Office, Nevada State Health Division
Attention: Barbara Heywood
4150 Technology Way, Suite 104
Carson City, Nevada 89706
(775) 685-4047 Fax (775) 684-5915

bheywood@health.nv.gov