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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
HEALTH STATISTICS, PLANNING AND EMERGENCY RESPONSE
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Confirmation Form for **Physicians** practicing medicine under a J-1 Visa Waiver supported by the Nevada State Health Division

All physicians practicing medicine in the State of Nevada under a J-1 Visa Waiver supported by the Nevada State Health Division are required to confirm that they are providing a minimum of 40 hours a week of primary care in a practice site(s) located in an underserved area. Please complete and return this form within 20 calendar days of receipt. A confirmation form must be submitted to the Nevada State Health Division every April and October. Please complete the form even if you have been at the approved practice location for less than six months.

Physician's Name:			
Physician's E-mail:			
Physician's Start Work Date:			
Reporting Year: _____	Reporting Month: April _____ October _____		
Employer's Business Name:			
Clinic Administrator Email Address:			
Name of Facility:			
Practice Location(s):	Street Address:		
	City/Town/Zip Code:		
	Telephone (Area Code/Number):		

Number of hours of medical care services provided per week:

If more than one practice site, list the other site below. If more than two sites, please use the back of this page and indicate the amount of time spent performing primary care at each location.

The undersigned affirms that the information contained in this confirmation form is correct to the best of his/her knowledge. Failure to accurately complete and return this information authorizes the Nevada State Health Division to inform appropriate federal officials and the Nevada State Board of Medical Examiners that it can not validate that the recipient/undersigned is practicing medicine in accordance with J-1 Visa Waiver requirements.

Physician's Signature	Date