

**BRIAN SANDOVAL**  
Governor

## STATE OF NEVADA

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**HEALTH DIVISION**  
**HEALTH STATISTICS, PLANNING AND EMERGENCY RESPONSE**

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Confirmation form for **Employers** of physicians practicing medicine under  
a J-1 Visa Waiver supported by the Nevada State Health Division

All employers of 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 the physician is providing a minimum of 40 hours a week of primary care in a practice site(s) located in an underserved area. A confirmation form must be submitted to the Nevada State Health Division every April and October. Please complete and return this form within 20 calendar days of receipt.

Physician's Name:			
Physician's Start Work Date:			
Reporting Year: _____		Reporting Month: April ____ October ____	
Employer's Business Name:			
Clinic Administrator's Name:			
Clinic Administrator's 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 sites below. 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.*

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 State Health Division 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 physician requests.

Employer Signature and Title	Date
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