

ATTACHMENT C
Certification of Arrival to Practice and Report Agreement

I _____, a Physician participating in the New Mexico J-1 Visa Waiver Program certify that I have arrived for work at _____, on _____.

Updated Information:

Home Address: _____

Home Phone: _____ Business Phone: _____

Home Email: _____ Business Email: _____

New Mexico Medical License Number: _____

My Physician Supervisor Name: _____

Supervising Physician Signature

Date

Site/Facility Executive Director/CEO Signature

Date

Location of Medical Practice: _____

Street

City State Zip

Telephone Number

I hereby certify that I, the undersigned, will provide primary health care or specialty services at the above stated address a minimum of 40 hours per week for 3 years. Deviation from such site may result in notification by NMDOH to appropriate federal agencies. I have a current New Mexico medical license and have been thoroughly credentialed.

Physician's Signature

Date

Return Completed Form to:

Jasmin Hendrickson, Program Coordinator
J-1 Waiver "State 30" Program
Office of Primary Care and Rural Health/NMDOH
300 San Mateo Blvd. NE, Suite 900
Albuquerque, New Mexico 87108