NEVADA STATE BOARD OF MEDICAL EXAMINERS

TRANSITIONAL LIMITED PHYSICIAN LICENSE | EMPLOYMENT OFFER VERIFICATION FORM

Instructions: This form must be completed by the employer and submitted directly to the Nevada State Board of Medical Examiners (Board) at 9600 Gateway Drive, Reno, NV 89521 or by email to sb124info@medboard.nv.gov. The Board must grant the applicant a transitional limited physician (TLP) license before the applicant may begin providing medical services or begin any new employment.

Section I: Transitional Physician Information

Transitional Physician Name:

Nevada License Number (if assigned):

Date of Birth:

Nevada Application Number (if assigned):

Practice Specialty: ☐ Internal Medicine ☐ Family Medicine ☐ Pediatrics

Subspecialties (please list, if any):

Note: Transitional physicians may only practice internal medicine, geriatric medicine, family medicine, and hospice and palliative medicine*. See NRS 630.2667(8)(a)(3). *Denotes that this is a subspecialty of internal medicine or family medicine and these subspecialties are permissible for transitional physicians.*

Section II: Employer Information

Employer Name:

Facility/Practice Name (if different):

Practice Address(es):

Telephone:

Email:

Section III: Employer Eligibility

To employ a transitional physician, the employer must be one of the following (please check the appropriate box below):

☐ Federally Qualified Health Center (FQHC)

☐ Nevada System of Higher Education Medical School

☐ Nevada State Agency

☐ Nevada Department of Health and Human Services Facility

☐ County Hospital

☐ Nonprofit Primary Care Services Facility

☐ Health District

☐ Nonprofit Mental or Behavioral Health Services Facility

☐ Physician Group Practice located within a federally designated Medically Underserved Area (MUA)

If selecting this option, please enter the zip code for the Group Practice:

Section IV: Transitional Physician Position Information

Position Title:

Practice Location(s):

Employment Type:

☐ Full-Time ☐ Part-Time

Expected Hours Per Week: **Anticipated Start Date:**

> *Note: The transitional physician may not begin employment until the Board has approved the employment.*

Supervising Physician Name:

Supervising Physician Nevada License Number:

> *Note: The supervising physician must submit all required documentation directly to the Board, including the Proposed Supervising Physician Affidavit and Proposed Written Practice Agreement.*

Section V: Employer Certification

I hereby certify that the information contained in this form is true and correct, and understand that:

1. The transitional physician may not begin practicing medicine until the transitional physician's employment, proposed supervising physician, and required written practice agreement have been submitted to the Board and approved.
2. A transitional physician may practice only for his or her approved employer while under the supervision of his or her approved supervising physician or substitute supervising physician.
3. I agree to cooperate with the Board in providing information reasonably requested regarding the transitional physician's employment, including notifying the Board within 72 hours if the transitional physician's employment is terminated.

Name: **Title:**

Telephone: **Email:**

Signature: _____ **Date:**

FOR BOARD USE ONLY:

Form Received:	
Eligibility Verified:	☐ Yes ☐ No