ATTACHMENT C Certification of Arrival to Practice and Report Agreement

| Ι | , a Physicia | an participating in the New | v Mexico J-1 Visa Waiver |
|--|---------------------------------------|---|-----------------------------|
| Program certify that I have ar | rived for work at | | , on |
| Updated Information: | | | |
| Home Address: | | | |
| Home Phone: | Business Phone: | | |
| Home Email: | | Business Email: | |
| New Mexico Medical Licens | e Number: | | |
| My Physician Supervisor Nat | me: | | |
| | | | |
| Supervising Physician Sign | nature | Date | |
| | | | |
| Site/Facility Executive Direction | ector/CEO Signatu | re Date | |
| | | | |
| Location of Medical Practi | Street | | |
| | City | State Zip | |
| | Telephone Nu | mber | <u></u> |
| I hereby certify that I, the u above stated address a mini result in notification by NM medical license and have be | mum of 40 hours p DOH to appropria | er week for 3 years. Devi te federal agencies. I hav | iation from such site may |
| | | Physician's Signat | ure Date |
| Return Completed Form to: | | | |
| Melanie Keams, Program Coo J-1 Visa Waiver Program Office of Primary Care and R 5300 Homestead Rd. NE Albuquerque, New Mexico 8' | ural Health | MelanieJ.Keams@doh.ni | n.gov, or by physical mail: |