



Joe Lombardo  
Governor

## NEVADA HEALTH AUTHORITY

### DIRECTOR'S OFFICE

4070 Silver Sage Drive  
Carson City, NV 89701  
[NVHA.NV.GOV](http://NVHA.NV.GOV)



Stacie Weeks  
Director

### Individual Provider Verification linked to an Approved Medical Facility Waiver

I, \_\_\_\_\_, hereby declare and affirm that I am employed by a medical facility (name) \_\_\_\_\_, for which the Nevada Health Authority has currently granted a waiver from the provisions of NRS 439.589(4), located at, \_\_\_\_\_.

<b>Legal Name of Point of Contact for Provider:</b>	
<b>Provider Phone:</b>	
<b>Provider Email:</b>	
<b>Provider Legal Business Name:</b>	
<b>Provider National Provider Identifier (NPI) number:</b>	
<b>Provider License Number:</b>	
<b>Provider Licensure Board/Authority Name:</b>	
<b>Provider License Expiration Date (mm/dd/yyyy):</b>	
<b>Provider type and state where issued:</b>	

I, the undersigned, affirm that the contents of this application are true and accurate to the best of my knowledge.

Provider Signature

Date

Printed Name

STATE OF NEVADA                    )  
  ): ss.  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC in and for said  
County and State