

Florida Department of Health
H1B Transfer Request

H1B PHYSICIAN

ADDRESS	CITY	ZIP
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TELEPHONE #	FAX #	EMAIL
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PRIMARY CARE SPECIALTY	SUBSPECIALTY
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Documentation Required: Include H1B physician's curriculum vitae (CV) and Florida medical license or license application receipt from the Florida Board of Medicine.

PLEASE LIST ALL CLINIC LOCATIONS WHERE THE H1B PHYSICIAN WILL PROVIDE SERVICES.

HEALTH CARE FACILITY (NEW PRACTICE LOCATION)	TELEPHONE #	FAX #
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ADDRESS	CITY	ZIP
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1. Placing authority for the original J-1 Visa Waiver (if applicable):

State 30
 HHS
 Other (*Specify*) _____
 Original Visa was H1B

If your original placement was under HHS, HHS must approve the transfer. Please contact Michael Berry at (301) 443-4154.

2. Employment start date: _____

3. If previous employment is to count toward a service obligation, please provide the employer's name, address and period of employment.

4. Please note the percentage of total patient visits from the preceding 12 months that the health care facility provides to each of the following populations:

Medicaid _____%	Discounted/Sliding Fee _____%
Medicare _____%	Uncollectable/Write-off _____%

I hereby acknowledge that all information and statements contained herein are true and do not misrepresent fact. I further acknowledge that I have not evaded or suppressed any information contained in this request or in any of the supporting materials.

Signature

Date

Name (Printed)

Title

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Submit the completed request and required documentation to:

Rae Kelly
Florida Department of Health
State Primary Care Office
4052 Bald Cypress Way, Bin C-15
Tallahassee, Florida 32399-1735

For information:
(850) 245-4444, Ext. *3848
Fax (850) 922-6296
Rae_Kelly@doh.state.fl.us