

# National Interest Waiver Attestation Request Checklist

## **Physician Information**

Physician's Name \_\_\_\_\_

Physician's Practice Specialty \_\_\_\_\_

Physician's NPI \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer County \_\_\_\_\_

Attorney's Name & Email \_\_\_\_\_

## **Required Documentation**

- A current (month of request) written request from the physician petitioning the Department to provide a letter that the physician's work is in the public interest. The request must be signed by the physician.
  
- A separate detailed written description of the service area(s) including county and facility or population in which the physician will be working, and the services currently being provided.
  
- Clear & readable documentation of the service area's designation as a Health Professional Shortage Area. Is employer located within a HPSA? Yes \_\_\_\_\_ No \_\_\_\_\_  
  
(HPSA ID# \_\_\_\_\_) (Add additional HPSA ID#s on the second page) <https://data.hrsa.gov/tools/shortage-area/by-address>
  
- A letter from the Division of Professional Registration, Board of Healing Arts stating that the physician is licensed and in good standing in Missouri. (License # \_\_\_\_\_)
  
- A letter from the Medical Director of the hospital(s) at which the physician has privileges delineating the status of the privileges granted when the privileges began and how the privileges may have changed over time along with an explanation for any changes.
  
- A written statement from the physician's malpractice insurance carrier stating the claims made against the physician and the disposition of those claims.

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- A written statement from the city council or county commission, whose jurisdiction includes the physician's practice site that the physician's services are required by and are in the interest of the community.
- A written statement from the local public health agency, whose jurisdiction includes the physician's practice site that the physician's services are required by and are in the interest of the community.
- A copy of the physician's employment contract(s) for the practice site(s) listed, equal to a period of no less than five (5) years. Employment contract documentation is required for **all** applications, including retroactive requests.
- A separate written statement as to how the denial of the waiver will affect the provision of medical services in that community.

**If the physician is working at multiple site locations, please list the info below. If needed complete the Additional Practice Site Location Form found on the NIW web page:**

Practice Site Name \_\_\_\_\_

Practice Site Address \_\_\_\_\_

Practice Site County \_\_\_\_\_

HPSA ID# \_\_\_\_\_

Practice Site Name \_\_\_\_\_

Practice Site Address \_\_\_\_\_

Practice Site County \_\_\_\_\_

HPSA ID# \_\_\_\_\_