IDAHO CONRAD J-1 VISA WAIVER PROGRAM

APPENDIX B

I, _____ hereby declare and
Printed/typed Last Name First Name Middle

certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not have pending, nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any other State Department of Public Health, or equivalent, other than the Idaho Department of Health and Welfare, to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.

_____ _____
Signature of J-1 Visa Waiver petitioning physician Date

Attested by:

State of: _____

County of: _____

Signed or attested before me on _____
Date

_____
Signature of Notary Public

_____
Commission Expiration Date

Notary Seal