New Jersey Department of Health

# Application for J-1 Visa Waiver / State CONRAD 30 Program

# ATTACHMENT A

# CURRENT MEDICAL STAFFING AT PRACTICE SITE

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| --- | --- | --- | --- |
| Name | **\* Specialty** | **\* Subspecialty** | **Days and Hours at Site** |
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***(Please copy this sheet if additional space is necessary.)***

\* **SPECIALTY** - Includes family practice (FP), internal medicine (IM), pediatrician (Peds) and obstetrician/gynecologist (OB/GYN).

\* **SUBSPECIALTY** - Includes any Fellowship Specialty.