New Jersey Department of Health

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

# SECTION 5

# J-1 VISA WAIVER required application enclosures

**The requesting applicant physician must initial that each required enclosure has been included in the application package for review by the Department Health.**

 Initial

\_\_\_\_\_\_ Case File Number **[all documents must include a U.S. Department of State (DOS)-assigned number]**

\_\_\_\_\_\_ Waiver Review Application Data Sheet

\_\_\_\_\_\_ All DS 2019 Forms and INS Forms 1-94

\_\_\_\_\_\_ No Objection Letter **(If Required)**

\_\_\_\_\_\_ Proof of Passage of Examination Required by INS

\_\_\_\_\_\_ Physician Curriculum Vitae

\_\_\_\_\_\_ Three (3) Letters of Recommendation

\_\_\_\_\_\_ Copy of All Residency/Fellowship Certificates

\_\_\_\_\_\_ Copy of New Jersey Medical License

\_\_\_\_\_\_ Copy of Board Eligibility/Certification

\_\_\_\_\_\_ Executed Employment Contract

\_\_\_\_\_\_ Copies of Recruitment Efforts for Physician Type

***Applications should be mailed to:***

New Jersey Department of Health

Office of Policy and Strategic Planning

**ATTENTION: J-1 Visa Waiver / State Conrad 30 Program**

Health and Agriculture Building (H&A)

369 South Warren Street, 8th Floor

P. O. Box 360

Trenton, NJ 08625-0360