

**New Jersey Department of Health
APPLICATION FOR J-1 VISA WAIVER / STATE CONRAD 30 PROGRAM
ATTACHMENT D**

PHYSICIAN J-1 VISA WAIVER STATEMENTS

DECLARATION OF PENDING INTERESTED GOVERNMENT AGENCY

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

Physician Signature

Date

MEDICAL LICENSE AFFIDAVIT

I, _____ hereby affirm, that to the best of my knowledge, my medical license has never been suspended or revoked and that I am not subject to any criminal investigation or proceedings by any medical authority.

Physician Signature

Date