

**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