

# Appendix B: Single Waiver Request Attestation

## Idaho Conrad J-1 Visa Waiver Program

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I, \_\_\_\_\_ hereby declare and certify, under penalty  
Printed/typed Last Name      First Name      Middle  
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



IDAHO DEPARTMENT OF HEALTH & WELFARE  
**DIVISION OF PUBLIC HEALTH**