Appendix B: Single Waiver Request Attestation
Idaho Conrad J-1 Visa Waiver Program

I, ____________________________________________, hereby declare and certify, under penalty 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