

## Conrad 30 J-1 Visa Waiver Program Physician Form

Instructions: **This is a fillable form and must be downloaded and completed electronically.**

Completion of this form is a required component of the application for a physician to be considered for the Conrad J-1 Visa Waiver Program.

To complete the form, follow these steps:

1. Answer all of the questions to the best of your ability
2. Print the form
3. Notarize the form
4. Submit notarized form with J-1 Visa Waiver Program Application

**If you did have any questions, please contact:**

**Cristie Duric**  
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515-229-3913

**Kevin Wooddell**  
kevin.wooddell@idph.iowa.gov  
515-281-6765

<b>Physician Information</b>	
<b>Legal Name (Last, First, MI):</b>	
<b>Street Address:</b>	
<b>City, State, Zipcode:</b>	
<b>Email:</b>	
<b>NPI:</b>	<b>Phone:</b>
<b>Country of Birth:</b>	<b>Country of Last Residence:</b>
<b>Discipline:</b>	
<b>Specialty Discipline, if applicable:</b>	

<b>Physician Acknowledgements (Print form and initial to acknowledge each statement)</b>	
___	Physician understands the conditions and requirements of the Conrad 30 Visa Waiver Program.
___	Physician holds harmless the State of Iowa, the Iowa Department of Public Health, any and all State of Iowa employees and agents from any action or lack of action made in connection with this application.
___	Physician acknowledges that Conrad 30 J-1 visa waivers are approved and issued by the U.S. Citizenship and Immigration Services.
___	Physician does not have pending, nor will physician submit another application while this application is pending, to any U.S. Government department or agency equivalent to act on physician's behalf in any matter relating to a waiver of physician's two-year home residence requirement.

