



U.S. Department of State Exchange Visitor Attestation

I, *(please print)* _____ hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that: (1) I have sought or obtained the cooperation of the **Washington State Department of Health** which is submitting an IGA request on behalf of me under the Conrad 30 program to obtain a waiver of the two-year home residency requirement; and (2) I do not now have pending, nor will I submit 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, to act on my behalf in any matter relating to a waiver of my two-year home country physical presence requirement.

Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____.
Notary Public

Return statement with applications to:

Washington State Department of Health
Office of Community Health Systems
111 Israel Road SE
MS 47853
Olympia, WA 98504-8753