

Ohio State 30 J-1 Visa Waiver Program

2019 Notice of Intent to Apply

Please complete and submit this form as soon as possible to assist in planning for the 2019 application cycle. Email completed forms to HealthPolicy@odh.ohio.gov.

I. SPONSOR INFORMATION Note that sponsors submitting multiple applications in a program year must identify the same representative for all applications. The representative may be staff or a legal representative.

Sponsoring Organization Name _____

Contact Person Name _____

Phone Number _____

Email Address _____

II. SITE INFORMATION For more than two sites, please provide site information on separate page.

Practice Site Name _____

Street Address _____

City, State and Zip _____

Practice Site Name _____

Street Address _____

City, State and Zip _____

III. PHYSICIAN INFORMATION

Name _____

Specialty Training _____

(List all specialties in which physician will have completed residency/fellowship training.)

Practice Specialty _____

(List specialties that physician will practice at proposed sites.)

Current Visa Status _____ Visa Expiration Date _____

Anticipated Completion Date of Current Training Program (if applicable) _____

IV. ATTORNEY INFORMATION (if applicable)

Name _____ Phone Number _____

Email Address _____