

Ohio State 30 J-1 Visa Waiver Program

2017 Notice of Intent to Apply

Please complete and submit this form as soon as possible to assist in planning for the 2017 application cycle. Email completed forms to HealthPolicy@odh.ohio.gov.

I. SPONSOR AND SITE INFORMATION

Sponsoring Organization Name _____

Practice Site Name _____

Street Address _____

City, State and Zip _____

Contact Person Name _____

Phone Number _____

Email Address _____

II. PHYSICIAN INFORMATION

Name _____

Specialty _____

Current Visa Status _____

Visa Expiration Date _____

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

III. ATTORNEY INFORMATION (if known)

Name _____

Email Address _____

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.