

Ohio State 30 J-1 Visa Waiver Program
Notice of Intent to Apply

Please complete and submit this form as soon as possible to assist in the 2015 application cycle. Email completed forms to BCHS@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) _____