

**J-1 Visa/Conrad 30 Waiver Program
Appendix F**

Arrival to Practice Report

I, _____, a physician participating in the North Dakota J-1 Visa Waiver Program certify that I have arrived for work at (site name) _____, on ____/____/____ after having received notification from the US Citizenship and Immigration Service (USCIS) . My three-year service period begins ____/____/____ and ends ____/____/____.

Updated Contact Information

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

ND Medical License Number: _____

Signature of Site Contact Person _____

Site Contact Person (Please Print Name): _____

Date _____

Location of Service Site: _____

Address

City/State/Zip

Telephone Number

I hereby certify that I, the undersigned, will provide full-time primary health care or specialty services at the above-stated address a minimum of 40 hours per week for 3 years. I agree to notify the North Dakota Primary Care Office (NDPCO) of any changes in my intent to practice at the site identified in the application and/or contract with the North Dakota Department of Health. Deviation from this agreement may result in notification by the NDPCO to the US Department of State and the US Citizenship and Immigration Service. I have a current ND medical license and have been thoroughly credentialed.

Physician's Signature

Date

Return completed form to:

Stacy Kusler, Workforce Specialist

Center for Rural Health- Primary Care Office

University of North Dakota School of Medicine and Health Sciences

1301 N Columbia Drive, Stop 9037

Grand Forks, ND 58202-9037