

J-1 Visa/Conrad 30 Waiver Program

Appendix E

Sample Letter from North Dakota Department of Health to US Department of State

____, 2017

Certified Mail Number:

U.S. Department of State
Waiver Review Division, CA/VO/DO/W
600 – 19th Street NW
SA-17, 11th Floor
Washington, DC 20522-1707

RE: J-1 VISA HOME RESIDENCY WAIVER

NAME:

CASE FILE NUMBER:

DOB:

COUNTRY:

STATE REQUEST: North Dakota Department of Health

STATE IDENTIFICATION NUMBER: ND-__ of 10-17; ND-__ of 30-17

FACILITY:

ADDRESS:

COUNTY:

HPSA/MUA:

PRACTICE LOCATION(S):

EMPLOYMENT CONTRACT:

PUBLIC INTEREST:

Dear Visa Waiver Official:

Pursuant to Public Law 108 441, as amended, I request that you recommend a waiver of the two-year foreign residence requirement for Dr. _____. _____, has submitted the enclosed documents to my office on behalf of _____ in support of a J-1 foreign residence waiver for Dr. _____.

After reviewing the enclosed documents, I agree that the services of a _____ physician that will be provided by Dr. _____ are urgently needed in the areas served by _____ in _____. Dr. _____'s services are in the public interest and will help address the significant demand for these services in North Dakota.

Thank you for your prompt attention to this important matter.

Sincerely,
Mylynn K. Tufte
State Health Officer

MTK/BW:lrr

Cc: