



Well-Ahead Louisiana Primary Care Office

Louisiana Conrad 30/J-1 Visa Waiver Program

Physician Attestation

I, _____, hereby declare and certify, under the penalty of the provisions of 18USC.1001, that (1) I have sought or obtained the cooperation of the Louisiana Department of Health and Hospitals which is submitting an IGA request on behalf of me under the Louisiana Conrad 30 Program to obtain a waiver of the two-year home residency requirement; and (2) I do not now have pending nor will I submit during the pendency of this request another request to any United States Government department or agency or any equivalent to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

This is to certify that I agree and will adhere to the above guidelines.

Physician's Name (Please Print)

Physician's Signature

Date