

Florida Department of Health
National Interest Waiver
ATTESTATION LETTER APPLICATION

NIW PHYSICIAN	PRACTICING SPECIALTY
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ADDRESS	CITY	ZIP
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TELEPHONE #	FAX #	EMAIL
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Documentation Required: Include NIW physician's curriculum vitae (CV) and Florida medical license.

PLEASE LIST ALL CLINIC LOCATIONS WHERE THE NIW PHYSICIAN WILL PROVIDE SERVICES.

HEALTH CARE FACILITY	TELEPHONE #	FAX #
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ADDRESS	CITY	ZIP
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1. Placing authority for the original J-1 Visa Waiver (if applicable):

State 30 HHS Other (*Specify*) _____ Original Visa was H1B

If your original placement was under HHS, HHS must approve the transfer. Please contact Michael Berry at (301) 443-4154.

2. Employment start date: _____

3. If previous employment is to count toward a service obligation, please provide the employer's name, address and period of employment.

4. Please note the percentage of total patient visits from the preceding 12 months that the health care facility provides to each of the following populations:

Medicaid _____%	Discounted/Sliding Fee _____%
Medicare _____%	Uncollectable/Write-off _____%

I hereby acknowledge that all information and statements contained herein are true and do not misrepresent fact. I further acknowledge that I have not evaded or suppressed any information contained in this application or in any of the supporting materials.

Signature

Date

Name (Printed)

Title

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Submit the completed application and required documentation to:

Karen Lundberg
Florida Department of Health
State Primary Care Office
4052 Bald Cypress Way, Bin C-15
Tallahassee, Florida 32399-1735

For information:
(850) 245-4444, Ext. *2704
Fax (850) 922-6296
Karen_Lundberg@doh.state.fl.us