

New Jersey Department of Health
APPLICATION FOR J-1 VISA WAIVER/STATE 30 PROGRAM

SECTION 5
J-1 VISA WAIVER REQUIRED APPLICATION ENCLOSURES

The requesting applicant physician must initial that each required enclosure has been included in the application package for review by the Department Health.

Initial

- _____ Case File Number (**all documents must include this Department of State (DOS)-assigned number**)
- _____ Waiver Review Application Data Sheet
- _____ All DS 2019 Forms and INS Forms 1-94
- _____ No Objection Letter (**If Required**)
- _____ Proof of Passage of Examination Required by INS
- _____ Physician Curriculum Vitae
- _____ Three (3) Letters of Recommendation
- _____ Copy of All Residency/Fellowship Certificates
- _____ Copy of New Jersey Medical License
- _____ Copy of Board Eligibility/Certification
- _____ Executed Employment Contract
- _____ Copies of Recruitment Efforts for Physician Type

Applications should be mailed to:

New Jersey Department of Health
Maternal, Child and Community Health Services
ATTENTION: J-1 Visa/State 30 Program
Capital Plaza
50 East State Street, 6th Floor
P. O. Box 364
Trenton, NJ 08625-0364