

ATTACHMENT A
Candidate Data Sheet to be filled out at time of application
Type or print your answers

1. Full Name (as appears on passport): _____
2. Date of Birth: _____ Country of Birth (City, Country): _____
3. Country of nationality of last legal permanent residence: _____
4. Date and place of issuance of original exchange-visitor (J-1) visa: _____
Current address (to send correspondence) and immigration district:

5. Home phone #: _____ Business phone #: _____
Home e-mail: _____ Business e-mail: _____
6. **List the exchange-visitor programs in which you participated in this application. Provide the program number and include field of specialization.**
7. Alien registration number if known: _____
8. **If your exchange-visitor program includes U.S. government funds, funds from your own government or from an international organization, please give a full description of the funding in this application.**
9. **If your spouse has applied for a waiver, please include information about his/her case in this application (name, date of birth, country of birth and case number).**
10. **Does this application include any J-2 dependents? Please include information about these dependents in this application (name, date of birth, country of birth and relationship).**
11. **Please include copies of all IAP-66/DS-2019s issued during your stay in this country.**
12. HPSA and/or MUA/P number and location: _____
13. Attorney/Preparer of Application: _____
Address: _____
Phone #: _____ Fax #: _____
E-mail: _____

I certify that I have read and understood all the questions set forth in this application and the answers I have furnished are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of a waiver recommendation.

Physician Candidate Signature

Date