



Request for a DPH Letter of Support to include in a National Interest Waiver Permanent Residency Petition Application

PLEASE TYPE OR PRINT CLEARLY

<u>I. Physician Information:</u>	
NAME -	
Last:	First:
CT License Number:	Email Address:
License expiration date:	
Primary Care Practice Type: _____	
<i>If applicable, please list the addresses of any additional parties you request the support letter be mailed to.</i>	

<u>II. Employer Information:</u>		
Employer Name:		
Telephone Number:		
Address:		
City, State:	Zip code:	
On the employment contract -		
Employment Commitment START date:	Employment Commitment END date:	
Primary Practice Facility		
Facility Name:	Address:	
City, State:	Zip code:	HPSA ID Number:
Additional Practice Facility (if applicable)		
Facility Name:	Address:	
City, State:	Zip code:	HPSA ID Number:
Additional Practice Facility (if applicable)		
Facility Name:	Address:	
City, State:	Zip code:	HPSA ID Number:
Additional Practice Facility (if applicable)		
Facility Name:	Address:	
City, State:	Zip code:	HPSA ID Number:

Additional site locations may be submitted on a separate sheet. All location information must be included.

III. Additional Information

The following information is for internal DPH use only for affirmative action and health access planning purposes. This information is not a requirement to receive a state attestation letter.

Board Certifications (if any):	Language(s) spoken other than English:
Country of Origin:	Any country where you have resided for more than three months, since 1990:

IV. Assurances

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.

Physician Signature

Date

Physician Printed Name

This form and accompanying documents may be submitted electronically to:

dph-pco@ct.gov

Subject: NIW Support Letter Request

Or by mail to:

<p>Primary Care Office ATTN: NIW CT Department of Public Health 410 Capitol Ave. MS # MAT 108 Hartford, CT 06134</p>
