Form DPH-J1CCW

Connecticut Department of Public Health

Request for a DPH Letter of Support to include in HHS J-1 Visa Waiver Application

PLEASE TYPE OR PRINT CLEARLY

I. Physician Information:

NAME -
Last: First:

CT License Number: Email Address:

License expiration date:

Primary Care Practice Type: _____

If applicable, please list the addresses of any additional parties you request the support letter be mailed to.

II. Employer Information:

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: HHS Support Letter Request

Or by mail to:

Primary Care Office ATTN: NIW
CT Department of Public Health
410 Capitol Ave. MS# 13 PHSI
Hartford, CT 06134