Physician Affirmation Statement Sample/Ideas

I am submitting the following affirmation to the Virginia Department of Health requesting support to obtain a National Interest Waiver (NIW).

1. My name, home address, email and phone number are: \_\_\_\_\_.
2. I have never held a J-1 status or I have a current J-1 Status and the DOS# is \_\_\_\_ (pick one)
3. I confirm that I will provide five (5) years of service, full-time, 40 hours per week in a clinical practice located in a Health/Medical Professional Shortage area (HPSA/MPSA) or Medically Underserved Area (MUA). List the practice site and address and note that documentation is attached.
4. I affirm that my ability to practice medicine is not under disciplinary review by the Virginia Board of Medicine or any other legal regulatory authority.

I respectfully request that the Virginia Department of Health issue a letter supporting my National Interest Waiver in a timely manner which will enable me to serve the medically underserved community in Virginia.

Print, date and sign full name below.