

J-1 Visa Physician No Objection Form

Name of J-1 Visa Waiver Physician: _____

Government who financially supported above identified Physician:

- Letter of No Objection is Enclosed.
- No financial support was received from a governmental entity, the letter of no objection is not applicable.

_____	(____)____-_____	_____
Signature of Physician	Telephone Number	Date

Notary:

_____	_____
Signature	Date