

STATE OF MICHIGAN
Third Party Attestation

Please provide a signed copy for each Third-Party worksite not owned by Sponsoring Employer.

I, (please print) _____, as a representative of _____ (third party medical facility) hereby acknowledge and understand the guidelines of the Michigan Conrad 30 Program, otherwise known as the J-1 Visa Waiver Program. I also certify that it is understood that an agreement has been made between _____ (Sponsoring Employer) and _____ (J-1 Visa Waiver Applicant) per the Program Guidelines. I certify that _____ (J-1 Visa Waiver Applicant) has the ability to practice at _____ (third party medical facility), and it is understood that he/she will be held to the same standard and respect as any other physician working at this facility.

Signature

Date

Notary

Date