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## U. S. DEPARTMENT OF STATE

### EXCHANGE VISITOR ATTESTATION

I, (*please print*) \_\_\_\_\_ hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not have pending, nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any other State Department of Public Health, or equivalent, other than the ***Kansas Department of Health and Environment***, to act on my behalf in any matter relating to a waiver of my two-year home-country physical-presence requirement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Public