



K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Notice of Intent to Apply for J-1 Visa Waiver or Other Non-immigrant Petition

First Name Middle Name or MI(if any), Last Name: []

Physician's Last Name ONLY: []

Female [] Male []

Date of Birth: [] Dept of State Case # []

Place of Birth: [] SS#: []

Nation of most recent Legal Residence: []

Residency specialization: []

Purpose of request for letter from State Agency: []

Employer: []

CEO: [] Phone: []

Address: []

Street Address of practice site: []

City: [] County: []

Practice Specialty: [] HPSA #: []

MUA or MUP# (if applicable): []

Lawyer Name: []

Other Contact staff: []

Law Firm name: []

Law Firm Street Address: []

City, State Zip code: []

Phone [] Fax: []

E-Mail: []