



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