

Completed Request Form should be mailed to:

Marc Camardo, Family Health Section
Connecticut Department of Public Health
410 Capitol Ave. MS# 11MAT, PO Box 340308
Hartford, CT 06134-0308

Request for a CDPH Letter to include with a National Interest Waiver

Application

Physician's Name: _____ Date of Birth: _____

DPH License number: _____ Month/ Day/Year

USCIS(formerly INS) Case Number: _____

Practice Location* Address: _____

Is this a federally designated shortage area? _____ Yes _____ No

Type of Designation: MUA/P _____
HPSA _____ id#: _____

Are you currently on a J-1 VISA? _____ Yes _____ No

*If the above address is less than a full-time (i.e. 40 hours per week) practice commitment, please provide the same information for other practice locations on the reverse of this page, and show hours at each site.

For mailing purposes, please provide:

Physician's Address: _____

If applicable, list here the requested additional address/person or organization to send an original letter to:

The following information is for internal DPH use only for affirmative action and health access planning purposes. This information is not a requirement to receive a state attestation letter.

Specialty (if any): _____

Board certification(s), if any: _____

Language(s) spoken other than English, if any: _____

Country of Origin: _____ Any Other Country where you have resided for more than three months since 1990: _____

The information supplied is true and complete. I intend to serve the needy population while practicing at the shortage location listed above if my National Interest Waiver application is approved.

Signed: _____ Date: _____

Physician Requesting National Interest Waiver letter