



**EXCHANGE VISITOR ATTESTATION**

I, \_\_\_\_\_, hereby declare and certify, under penalty of the provisions of 18U.S.C. §1001, that (1) I have sought or obtained the cooperation of the Maryland Department of Health; and (2) I do not now have pending nor will I submit during the pendency of this request, another request to any United States Government department or agency or any state department of public health or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_