

EXCHANGE VISITOR ATTESTATION

| l, | , hereby declare and certify, under penalty of the provisions of | |
|--|--|---|
| 18U.S.C. §1001, that (1) I have sought (| or obtained the cooperati | ion of the Maryland Department of |
| Health; and (2) I do not now have pend | ding nor will I submit durii | ng the pendency of this request, anothe |
| request to any United States Governm | ent department or agence | y or any state department of public |
| health or any equivalent, to act on my | behalf in any matter relat | ting to a waiver of my two-year home- |
| country physical presence requiremen | t. | |
| | | |
| SIGNED: | DATE: _ | |
| Subscribed and sworn before me this _ | day of | , 20 |
| | | |
| Notary Public | - | |
| My Commission Expires: | | |