Arkansas J-1 Visa Waiver Program

J-1 Visa Waiver Application Form

Fill in the following fields to complete your application.

Application Type	Date
Conrad Designated ☐ Conrad Non-Designated ☐	

IMG Physician

Last Name	First Name	Middle Name	Female ☐ Male ☐
Country of Birth	City of Birth	Date of Birth	Permanent Email
Nationality	Visa Status	DOS Waiver Review File No.	NPI No.

Employer

Name of Employer			Telephone No.
Address	City	Zip	County
Employee Administrator/CEO	Email		Employer NPI No.

Practice Site

Primary Practice Site Name			Telephone No.
Address	City	Zip	County

Additional Practice Sites

Name	Address	City	County	Zip
Name	Address	City	County	Zip
Name	Address	City	County	Zip

IMG Professional Background

Medical Specialty	Medical Subspecialty

MUA/MUP ID or HPSA ID For All Designated Practice Sites or Non-Designated Patient Populations

HPSA / MUA Name	HPSA / MUA ID#
HPSA / MUA Name	HPSA / MUA ID#
HPSA / MUA Name	HPSA / MUA ID#

Attorney or Representative

Attorney or Representative Name

Address	City	Zip
Telephone No.		Email