

OSY Foreign National Request
Physicians Training in Diving Medicine

Instructions (This form must be typed).

This form must be completed by non-US citizens who are planning to attend the Physicians Training in Diving Medicine Course to gain access to the WRC facility. Once completed please fax to UHMS, attn: Lisa Tidd, 919-490-5149. Lisa may be contacted at lisa@uhms.org or 919-490-5140 x 101. All forms will be compiled by UHMS and forwarded to the NOAA Diving Center at least 35 days prior to the start of the Physicians course.

1. Name: Last First Middle
Organization/Non-DOC/Home Country Affiliation: Title:
2. Date of Birth (MM/DD/YYYY): 3. Gender: M F
4. Place of Birth (City/State/Country):
5. Country of Citizenship (List all):
6. Country of Permanent Residence:
7. Passport Number and Issuing Country (List All):
8. Length of time spent in the United States prior to this trip? From: To:
From: To:
From: To:
9. Sponsor's Name and Signature:
(Must be a Federal Employee of the Department of Commerce)
10. Sponsor Bureau: Sponsor Phone Number:
11. Sponsor Email:
12. Facility Number, Name and Address:
City, State and Zip Code:
13. Visit Arrival Date: Visit Departure Date:
Per DAO 207-12, the SSO must be notified about itinerary changes or changes related to the visit
14. Alternate Point of Contact (name, email, phone):
15. Is this a RENEWAL? Yes No
16. Purpose of Visit: (No Acronyms; Be specific (i.e. associated program name, meeting purpose))

17. Accounting Code: