CDC / CSTE APPLIED EPIDEMIOLOGY FELLOWSHIP

FELLOWSHIP HANDBOOK

CLASS V
2007-2009

ASPH
ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH

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Council of State and Territorial Epidemiologists

The Council of State and Territorial Epidemiologists (CSTE) is a professional association of public health epidemiologists in states and territories working together to detect, prevent, and control conditions of public health significance. CSTE works to establish more effective relationships among state and other health agencies, and to provide technical advice and assistance to the Association of State and Territorial Health Officials (ASTHO) and federal public health agencies such as the Centers for Disease Control and Prevention (CDC). CSTE has more than 1000 members with surveillance and epidemiology expertise in a broad range of areas including: communicable diseases, immunizations, environmental health, chronic diseases, occupational health, injury control and maternal and child health.

Epidemiologists working in public health agencies are responsible for monitoring trends in health and health problems, and devising prevention programs that enable the entire community to be healthy. Public health assessment includes surveillance, epidemiologic studies, program evaluation, and performance measurement. Surveillance is the foundation for developing a public health response to any disease threat – infectious, chronic, environmental, and occupational or injury. Surveillance is useful in (1) determining which segments of the population are at highest risk; (2) identifying changes in disease incidence rates; (3) determining modes of transmission; and (4) planning and evaluating disease prevention and control programs.

The national organization is governed by a ten-member Executive Committee, which includes four officers, three program chairs, and three members-at-large. The program chairs are specialty epidemiologists in the areas of chronic diseases, environmental health, occupational and injury and infectious diseases. The CSTE Executive Committee conducts quarterly two-day meetings to provide a forum in which federal and state programs can collaborate on topics of mutual interest.

Terms of Agreement

Applied Epidemiology Fellows will perform services for a 102-week term beginning on the date that the fellow reports to his/her designated host health agency. After 12 months or 52 weeks, CSTE will evaluate the appointment based on fellows and mentor performance. After a favorable evaluation, the CSTE National Office will recommend the renewal of a contract for the remaining 12 months or 52 weeks of the fellowship based on the availability of federal funds. In addition, each fellow will attend and be compensated for the orientation session in Atlanta, GA, September 17-21, 2007.

All fellows agree to initiate their assignments at the designated host health agency on or before September 1, 2007. All fellows should notify CSTE as soon as possible should they be unable to report to the host health agency by September 1, 2007. Appointments beginning after September 1, 2007 require approval from CSTE.

Mentor and Host Health Agency

Each Applied Epidemiology Fellow is assigned to a designated host health agency and mentors. Host health agencies are CDC and CSTE approved, with a demonstrated capacity to provide an Applied Epidemiology Fellow with technical training, research opportunities and practical experience in the application of epidemiologic methods.

The mentors will oversee the training, research and field activities of the fellow, ensure that the fellow is familiar with relevant techniques in a given specialty, and encourage the overall professional development of the fellow. Host health agencies and mentors are also strongly encouraged to provide financial support and opportunities for the fellow to participate in other public health activities that will expand the fellows scope and depth of epidemiologic knowledge and/or expand his/her job-related capabilities. Should Fellows be required to participate in or attend meetings on behalf of the host health agency, the agency should assume responsibility for any expenses incurred by the Fellow. This includes travel expenses and costs associated with developing materials, etc.

Applied Epidemiology Core Competencies

Epidemiologic methods

- Design surveillance systems to assess health problems.
- Evaluate surveillance systems and know the limitations of surveillance data. First-year fellows are required to submit an abstract on their evaluation projects for the CSTE Annual Conference and the surveillance system evaluation should be among the first activities the fellow undertakes.
- Role in bioterrorism/emergency preparedness and response. Fellows should be prepared to play a functional role in BT/ER response for their host agency and are encouraged to participate in related training, tabletop exercises etc.
- Interpret surveillance data*.
- Design an epidemiologic study to address a health problem.
- Understand the basic types of study design and the advantages and limitations of each type*.

- Design a questionnaire or other data collection tool to address a health problem.
- Collect health data from appropriate sources (e.g., case interviews, medical records, vital statistics records, laboratory reports, or pathology reports).
- Create a database for a health data set.
- Use statistical software to analyze and characterize epidemiologic data.
- Interpret findings from epidemiologic studies, including recognition of the limitations of the data and potential sources of bias and/or confounding.
- Recommend control measures, prevention programs, or other public health interventions based on epidemiologic findings.

Communication

- Write a field investigation report resulting from participation in an infectious disease or other approved outbreak investigation of either an acute disease outbreak or a time sensitive investigation. Fellows should experience participating in and observing an investigation performed in a charged environment. It is understood that some fellowship assignments such as those in Chronic Disease, Maternal and Child Health, etc. will require that the mentor arrange for a temporary detail to allow the fellow to participate in such an investigation.
- Write a surveillance report.
- Understand the basic process for preparing a manuscript for publication*.
- Make an oral presentation using appropriate media.
- Present data graphically and know how to use graphic software.
- Understand the basics of health-risk communication and communicate epidemiologic findings in a manner easily understood by lay audiences.
- Master's-level fellows: present a poster at a national or regional meeting, publish a technical report, or prepare a manuscript for publication in a peer-reviewed journal.
- Doctoral-level fellows: prepare a manuscript for publication in a peer-reviewed journal.

Public Health Practice, Policy, and Legal Issues

- Have a basic understanding of public health law*.
- Understand the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and recently implemented privacy and information security amendments*.
- Distinguish between public health research and public health practice*.
- Understand policies for the protection of human subjects in research and the role of an Institutional Review Board (IRB)*.
- Know the essential public health functions*.
- Understand the roles of local, state, and federal public health agencies*.
- Appreciate the diversity of how epidemiology is used in different program areas*.
- Effectively negotiate cultural sensitivity issues*.

* indicates Core Competencies addressed in the fellowship orientation curriculum.

Plan of Action

Upon arrival at the host health agency, the fellow and mentor will develop a mutually agreed upon plan outlining the course of study, training, and research to be taken during the fellowship assignment to achieve designated core competencies. By the end of the third month of the fellowship, the fellow and mentors should formalize a "Plan of Action" that will outline how the fellow will complete the major required core activities and address competencies. (Plan of Action format and form Example Appendix B).

The purpose of the Plan of Action is to provide a written understanding between the fellow and his/her mentor. It serves as a guideline and agreement about the expectations and opportunities of the fellowship experience. The Plan of Action is also a tool to monitor progress during the fellowship.

Fellows should submit the Plan of Action, with mentor signatures, to the Fellowship Program Administrator no later than ninety days after fellowship start date. The Plan of Action will be reviewed and approved by CSTE. The Fellowship Program Administrator will further discuss the plan with the fellow and the on-site supervisor ***if necessary***.

The following should be identified:

- Surveillance activity in which the fellow will participate.
- Surveillance system to be evaluated. Because fellows are encouraged to present evaluation projects at the CSTE Annual Conference, the surveillance system evaluation should be among the first activities the fellow undertakes.
- Role in bioterrorism preparedness and response.
- Major project (including timeline for completion).
- National, state or regional meeting(s) to be attended (in addition to the annual CSTE meetings).

Progress Reports and Biannual Evaluations

Fellows agree to submit **quarterly progress reports**. Progress report forms are found in Appendix C. The quarterly progress reports will be submitted to the Fellowship Program Administrator every three months. (See Schedule Page 8) The progress reports describe activities during the reporting period. (See form on page 38) Reports also contain an overview of activities and accomplishments to date according to the original Plan of Action, as well as any changes in the plan. Copies of any publications, abstracts, or posters completed during that quarter should be attached. Items listed on the quarterly progress report form must be addressed; additional information is welcome. **Quarterly progress reports should be submitted to the Fellowship Program Administrator via e-mail and uploaded to the Fellow page in the CSTE database. Originals should also be mailed to the National Office.**

Quarterly Progress Reports Due:

November 1, 2007
February 1, 2008
May 1, 2008
August 1, 2008
November 3, 2008
February 2, 2009
May 1, 2009

Additionally, fellows are expected to work with their mentor to complete a **biannual evaluation** that evaluates the fellow's performance and outlines progress toward meeting the required core activities. Biannual evaluation forms are found on pages 42-45. Fellow signature and mentor review, comments, and signature are required. Biannual evaluation forms should be mailed to the Fellowship Program Administrator on or before the dates listed below with the corresponding Quarterly Progress Report. Please use the evaluation of your performance as a tool to strengthen and expand your epidemiology skills.

Biannual Evaluations Due:

February 1, 2008
August 1, 2008
February 2, 2009
Two weeks before fellows last day of work

Fellows are advised to keep signed copies of all paperwork in case of lost mail.

CSTE reserves the right to suspend the fellow's stipend in the event of excessive delay of progress report or biannual evaluation submission.

Final Report

Fellows and their supervisors will be required to submit a final report during the last month of the fellowship. The final report should indicate that the fellow has completed all of the required activities. The final report form can be found on page 51. In addition, the report should indicate the following:

- A brief summary of how each of the required activities was completed.
- The fellow's perspective on whether or not the fellowship achieved its training objectives.
- An evaluation of the fellow by his/her supervisor(s).
- Ways that the fellowship could be improved (comments from both fellow and supervisor).
- The fellow's future career plans.
- Contact information for the fellow after completion of the fellowship.

Final Reports should be submitted to the Fellowship Program Administrator no later than two-weeks before completion of the fellowship.

Career Progression

CSTE intends to monitor the outcome of the Applied Epidemiology Fellowship program through regular contact with each program graduate. Fellow alumni should expect CSTE staff to contact them annually for information about their employment status, career goals, and other pertinent information. Please inform CSTE of any changes in your contact information.

Certification

A certificate will be awarded to a fellow at the end of the two-year fellowship, provided they demonstrate the following:

- Complete all of the required core activities.
- Submit their final report to CSTE (both fellow and mentor).
- Perform satisfactorily during the fellowship according to the supervisor.

The certificates will be issued and provided by CSTE, but will be cosigned by CSTE and mentors.

E-mail Communications

All fellows must be accessible via e-mail during their assignment. The host health agency will provide each fellow with access to a computer and an individual e-mail address. Fellows should forward their e-mail address to CSTE as soon as possible.

Fellowship Stipend

CSTE agrees to compensate each fellow in the form of a stipend, the amount of which is listed on the fellowship appointment contract. Stipends follow U.S. Health and Human Services Public Health Service (USPHS) guidelines and the government's GS-rating scale. Stipends will not be considered salaries and, therefore, no taxes will be withheld from them. Each fellow is responsible for ensuring that appropriate taxes are paid on the stipend received.

Payment will be distributed to the fellow on a biweekly basis from CSTE. A schedule of these payments can be found in Section 3. The stipend payments will be managed by CSTE and mailed to the fellow's personal mailing address. CSTE encourages fellows to use direct deposit for receipt of their stipend. A direct deposit form is provided in Section 3.

Relocation Stipend

CSTE is required to follow OMB Circular A-122.42 regarding relocation costs. To be eligible for relocation expenses, a fellow must meet one of the following:
1) The costs of transportation of the employee, members of his/her immediate family and his/her household and personal effects to the new location.
(2) The costs of finding a new home, such as advance trips by employees and spouses to locate living quarters and temporary lodging during the transition period, up to maximum period of 30 days, including advance trip time.

The specifics of the relocation circular are included in Appendix D.

Health Insurance

In addition to the stipend described above, CSTE will pay for individual health insurance for each fellow, up to $3000/year. In extenuating circumstances, CSTE will supplement plans that exceed the $3,000 limit. However, there is no guarantee that additional funds will be secured each year. Each fellow is responsible for identifying a health plan in their area in which they wish to enroll and is encouraged to pursue the best coverage available within the annual health insurance allowance. Individual health insurance must be in place by the first day the fellow reports to the host health agency. CSTE will provide reimbursement to the fellow on a monthly or quarterly basis for health insurance costs, beginning on the first day that the fellow reports to the host agency and continuing through the end of the month in which the fellow terminates the program. If significant financial strain while awaiting reimbursement is a concern, the fellow may forward billing invoices to the Fellowship Program Administrator for direct payment by CSTE; please submit invoices four weeks before payment is due if this payment option is exercised.

It is anticipated that fellows will receive significantly better health coverage by choosing a plan that operates locally.

CSTE Annual Conference and Additional Conference Information

Fellows are required to attend the CSTE Annual Conference each year of their fellowship. Fellows are not expected to use their professional development allowance to attend the conference. The 2008 Annual Conference location will be announced in the Fall of 2007. The agenda will be determined early in 2008. The Fellowship Program Administrator will contact each fellow to make travel arrangements.

Fellows are expected to submit an abstract for the CSTE Annual Conference, and they are strongly encouraged to submit abstracts to additional professional conferences they plan to attend. 1st year fellows will submit an abstract for the CSTE Annual Conference for the evaluation of a surveillance system project. 2nd year fellows can submit an abstract for any other project.

Professional Development Allowance

As a benefit of your fellowship, CSTE has allotted $975 per year to defray professional development expenses. These funds are to be used for the purpose of travel to meetings or conferences, attending short-term training programs, purchasing of work related books, and attendance of classes intended to aid in work related projects. An example of an inappropriate use of funds is to pay for poster expenses and other general administrative expenses. The host state agency should be responsible for covering these expenses.

The funds must be used for activities that fall within the fellow's Plan of Action. CSTE also strongly encourages host health agencies to provide funds for fellow travel and training. CSTE communicates with all primary and secondary mentors, encouraging the health department to share the responsibility of supporting fellows to attend conferences, meetings, and reimbursement for in-state travel.

Professional development/travel funds must be used by the last day of the fellow's assignment. The only exception to this rule is: if a fellow has approval from his/her mentor to attend and present work during his/her fellowship (i.e. poster session or other presentation) at a meeting scheduled within 3 months of the fellowship completion date.

Approval by CSTE will be considered on a case-by-case basis, provided the following conditions are met:
1. Travel will be completed within three months of the fellow's end date;

2. Sufficient funds are available in the fellow's professional development allowance account; and
3. The request for such support is submitted in writing to the CSTE fellowship Program Administrator at least two months prior to fellow's end date.

- Professional development funds cannot be used for international travel.
- CDC sponsored conferences for the program area in which the fellow works must take precedence over any other conference for the use of the professional development funds. For Example: Infectious Disease fellows must use their professional development monies to travel to the ICEID Conference.
- CSTE works closely with partners at CDC to secure scholarships for fellows to travel to these conferences, but there is no guarantee that this money will be available every year to supplement fellow attendance at these meetings. Fellows will be notified as early as possible if travel scholarships are to be awarded.
- Service fees for travel made through American Express will **NOT** be deducted from your professional development funds

Travel and Expense Reimbursement Information

- Expenses in excess of $500 require preauthorization from CSTE, and the issue of a purchase order. Please contact the Fellowship Program Administrator if you need a purchase order/authorization.
- Expense reimbursement forms are used for all eligible travel and training courses.
- Expense reimbursement forms must be completed and submitted to CSTE within 30 days of expense occurrence.
- For travel, the expense reimbursement form must itemize per diem, lodging, and other costs by date of travel, and be signed by the fellow. **Original receipts for any claimed expense of $25 or more must accompany the form, along with flight itinerary or boarding passes (if applicable).**
- All air travel should be arranged through American Express Travel by calling (800) 699-2847, extension 15 (Gail Harris), and identifying yourself as a CSTE Applied Epidemiology Fellow. Flights arranged by American Express will be billed directly to CSTE; the fellow must record the cost in the "Direct CSTE Charges" column of the expense reimbursement form.
- If approved, CSTE will support transportation, registration, lodging, and per diem for the meeting up to the maximum dollar remaining in the fellow's professional development allowance account. CSTE assumes no liability for the fellow while he/she attends any meeting after the completion of the fellowship.

All CSTE fellows are expected to follow CSTE's travel policy while traveling.

Withdrawal/Termination

CSTE reserves the right to terminate the fellowship assignment agreement upon authorization by the CSTE Fellowship Advisory Committee in response to unacceptable conduct, disciplinary problems, or performance-based actions by the fellow. A written request, accompanied by documentation sufficient to justify termination action, must be submitted to CSTE for review and consideration by the Advisory Committee. CSTE may also terminate this agreement if the fellow fails to comply with any of the terms specified in this agreement. Stipend and other allowances will be disbursed through the last day worked by the fellow.

In the event the fellow wishes to voluntarily withdraw from the assignment at any time, he or she must provide 30 days notice and written notification to both CSTE and the host health agency. CSTE may terminate the fellowship assignment in the event that grant support cannot be obtained and provided. CSTE will inform the parties involved and provide 30 days notice.

Liability Disclaimer

Neither CDC, CSTE, ASPH, the host health agency, nor persons acting on their behalf will be responsible for:

Any alleged or actual liability, cost or expense incurred as a result of personal injury to or death of persons, including the fellow, or damage to or destruction of property, or for any other loss, or damage, or injury of any kind whatsoever; except where such death, injury, loss, or damage is the result of willful negligence or intentional misconduct of an officer, agent, or employee of CSTE, CDC, ASPH, or the host health agency.

Any claims, losses, or expenses or damages, including, but not limited to, bodily injury, death, or property damage caused by negligence or misconduct of the fellow.

Security Clearance Procedures

All fellows must comply with the security, safety, and personnel requirements established by their host health agency. Fellows should contact their host mentor and/or facilitator to discuss these procedures, as this may affect their start date with the host health agency.

All fellows must be trained in HIPAA health information security before accessing patient data. It is the fellows responsibility to ask the host health agency for this training before working with any health data that is linked to identifying personal information.

Publication Acknowledgement

Copies of all papers published as a result of the fellow's appointment (including those published after the assignment has ended) must be sent to the Fellowship Program Administrator at CSTE. All published reports, journal articles, or professional presentations that rely on the work conducted during participation in the fellowship should carry an acknowledgement such as the following:

"This study/report was supported in part by an appointment to the Applied Epidemiology Fellowship Program administered by the Council of State and Territorial Epidemiologists (CSTE) and funded by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement U60/CCU007277."

Ethical Standards and Behavior

Fellows are expected to conduct research and day-to-day epidemiologic investigations, data analysis, and information synthesis according to the highest scientific and ethical standards. Fellows must comply with all applicable laws, regulations, and policies regarding privacy protection, human research subjects, use of laboratory animals (if applicable), and safety. Fellows are to follow all rules and regulations that apply to host health agency personnel (safety, breaks, security access, etc.).

Employment at Host Health Agency During the Fellowship

Fellows are expected to complete the entire two-year fellowship to which they have been appointed. In accepting an Applied Epidemiology Fellow, the host health agency and CSTE agree to support the unique educational and training opportunities afforded to a fellow by the program. Applied Epidemiology Fellows will perform services beginning on the date that the fellow reports to his/her designated host health agency. After 12 months or 52 weeks, CSTE will evaluate the appointment based on the availability of federal funds, satisfactory progress of the Fellow and mentor performance. After a favorable evaluation, the CSTE National Office will recommend the renewal of a contract for the remaining 12 months or 52 weeks of the fellowship. Host health agencies may extend an offer to a fellow for employment only after all the competencies have been met for the fellowship. CSTE expects all fellows to complete requisite activities and competencies. If an opportunity for employment arises before the fellow has completed the full two years, CSTE would consent to the fellow's employment if all required activities have been achieved or an agreement has been made satisfy the competency requirements.

Grievance Process

Fellow Grievance: In the event that a fellow has a grievance with the conduct or quality of the program, an official complaint must be submitted in writing to the Fellowship Program Administrator at CSTE. It is expected that the fellow will have discussed the issue with his or her mentor and health agency director prior to submitting any written complaint. CSTE will attempt to facilitate resolution of the issue within two weeks of receipt of the official complaint. If no resolution is made, the Advisory Committee will take up the issue.

Host Health Agency Grievance: If the host health agency has concerns about the actions or attitude of the designated fellow, or is unable to meet training requirements, written communication should be sent directly to CSTE, for mediation within two weeks. If no solution is reached within that period, the Advisory Committee will then be invited to assist. All communications of this nature are to be filed in writing at CSTE and identified as a formal grievance. The parties involved will keep all communications in confidence.

Leave

The fellow agrees to report to the worksite in accordance with the regular workweek schedule, holiday schedule, and inclement weather policies as established by the host health agency. Fellows are not to be away from their assignment for extended periods of time. CSTE reserves the right to suspend the stipend payment accordingly if it deems necessary, as well as terminate this agreement in the event of excessive absenteeism on the part of the fellow.

Each fellow is given a total of **ten days per year** to use as **vacation or sick time**. Fellows are not required to account to CSTE for their time off. However, fellows must receive approval from his/her mentor for any absences. At their discretion, mentors can grant fellows the same amount of vacation and/or sick leave that a first year health department employee receives. Fellows must comply with a mentor's request for time accountability. If the fellow plans on taking an extended leave of absence due to personal time, illness or maternity leave, this will need to be pre-approved by the CSTE National Office.

Income Taxes

The Internal Revenue Service (IRS) has determined that individuals who participate in the Applied Epidemiology Fellowship Program are considered "Fellows" (versus employees) for income tax purposes, due to the specific characteristics of the assignment. Therefore, CSTE assumes no responsibility for federal, state, and local tax withholding from stipend payments. Although subject to some of the same policies and procedures, Applied Epidemiology Fellows are not considered employees of CSTE, CDC, ASPH, or the host health agency. **CSTE assumes no tax liability and will not submit a Form 1099 at the end of the year during the fellow's training, but will provide a summary of earnings for each calendar year. Fellows should seek individual tax advice as necessary from qualified professionals.**

The Internal Revenue Code, Section 117, applies to the tax treatment of all scholarships and fellowships. Under that section, non-degree candidates are required to report, as gross income, all stipends and any monies paid on their behalf for course tuition and fees required for attendance. CSTE stipends are not considered salaries.
More information on the tax implications of the fellowship stipend can be found behind the tax information tab in the fifth section of the handbook.

Important Contacts

CSTE
2872 Woodcock Boulevard, Suite 303
Atlanta, GA 30341-4015
Phone: (770) 458-3811
Fax: (770) 458-8516
www.cste.org

Molly Wray
Workforce and Fellowship Coordinator
(770) 458-3811
mwray@cste.org

Patrick McConnon
Executive Director
pmcconnon@cste.org

MarySue Shulin
Business Manager
mshulin@cste.org

American Express Travel
Primary contact: Gail Harris, extension 15
Phone: (800) 699-2847

Fellowship Distribution E-mail addresses:

Class I: fellow12004cste512@cste.org

Class II: FellowII8292004@cste.org

Class III: fellowIII8262005@cste.org

Class IV: fellowIV920@cste.org

Please note: **CSTE's policy states that when using a distribution list, the address should always be placed in the Bcc line.**

Mentoring the CDC/CSTE Applied Epidemiology Fellowship

The goal of the Applied Epidemiology Fellowship program is to attract and prepare public health epidemiologists for careers with state and local health departments. The two-year program recruits and trains qualified candidates to support public health initiatives and provide opportunities for neophyte epidemiologists to expand their skills to a level where they function as competent epidemiologists with little or no supervision. Upon completion of the fellowship, graduates will be prepared to conduct day-to-day epidemiological activities and research in issues that affect public health.

The Applied Epidemiology Fellowship is designed to accomplish one of CDC's defined prevention strategy goals of "strengthening local, state, and federal public health infrastructures to support surveillance and implement prevention and control programs." Further, Healthy People 2010 workforce objectives are being met in areas of:

- Incorporation of specific competencies in the essential public health services into the personnel systems
- Increase proportion of Tribal, State, and Local public health agencies that provide or assure comprehensive epidemiology services to support essential public health services

The Role of the Mentor

The mentor is expected to fulfill the responsibilities outlined here. Although fellows may possess sophisticated skills, they require guidance and direction from their mentors. The mentor will:

- Oversee the fellow's work activities by:
  - Creating an environment that fosters professional development
  - Offering advice and assistance
- Help the fellow broaden his/her network of professional colleagues
- Help the fellow assess resources needed to accomplish goals by, for example, gaining access to data and subject-matter experts
- Support and encourage the fellow in his or her technical and professional development
- Express a caring and interested attitude in the fellow's present activities, future goals, and interpersonal relationships with agency staff

Responsibilities of the Mentor

Before the Fellow's arrival:

- Ensure appropriate office space and equipment (telephone, computer, software etc.) are available. Have essential items for the fellow's assignments and day-to-day activities available.
- Arrange with the responsible administrative party the following:
  - Identification badge
  - Building/parking/office access keys
  - E-mail account
  - HIPAA information privacy training
  - Health and safety information
  - Parking permits
  - Computer passwords and access is setup on Fellow's computer for all programs the fellow will use
  - Other training, especially related to computer policies and use
- Provide assistance/recommendations for the fellow, if necessary, for lodging for the duration of the fellowship.
- Just before fellow's arrival, inform co-workers and office staff of his/her arrival date and make sure the administrative details given above are in order. Be sure that everyone understands the purpose and terms of the fellowship, including how long the fellow will be with the agency and general scope of activities in which he/she will be involved.

Upon the Fellow's arrival:

- Welcome the fellow to your agency and introduce him/her to the staff (including the Agency director), environment, and resources.
- Orient the fellow, reviewing the purpose, goals, and objectives of the fellowship, his/her role, the role of the mentor, and any other pertinent information.
- Ensure that the fellow receives an identification badge, keys, computer access, e-mail address, and other items as outlined in the section above.
- Work with fellow to develop a mutually agreed upon Plan of Action document, to be submitted to CSTE no later than 90 days after fellow start date. The fellow will receive specific information on Plan of Action preparation at the Applied Epidemiology Fellowship Orientation during his or her first 90 days.

Replacement of Mentor (s)

CSTE requires that each fellow has a primary and secondary mentor for the duration of their fellowship. CSTE will approve each primary and secondary mentor on the basis of their submitted application and relevant supervisory experiences. If a circumstances arises where either the primary or secondary mentor resigns from the mentor position either due to job status change, relocation etc, please notify CSTE immediately of this change so CSTE can work closely with the host agency to identify a replacement in a timely matter. CSTE will require a resume of the identified replacement and will conduct a mentor orientation to familiarize the new mentor with the policy and procedures of the fellowship.

Overseeing, Reviewing and Evaluating Fellowship Assignment Work

- The mentor is responsible for general oversight of the scientific and technical aspects of the fellow's work assignments. Advice and assistance should be offered to ensure successful progression of applied epidemiologic training over the course of the fellowship. Mentors should be available to spend at a minimum 4 hours per week with the fellow during the first month of the fellowship and 2 hours per week thereafter for the rest of the fellowship. The CSTE National Office will provide administrative support and ensure that the Fellow is working with the mentors to meet competency requirements.

- The mentor is required to evaluate the fellow's performance biannually; however more frequent informal evaluations are encouraged. Biannual evaluation forms can be found on pages 43-50.

- The mentor is responsible for encouraging the fellow's professional development and for securing financial assistance to ensure professional development. In addition to ensuring that the fellow is free to attend conferences, seminars, and meetings throughout the Agency, the mentor will encourage the fellow to provide feedback on his/her experience(s) within the Agency. The mentor will assist the fellow in making contacts at public health agencies, other federal agencies, and academic institutions to foster professional development.

- The mentor will be familiar with the "Core Competencies" of the fellowship and strive to ensure that the fellow achieves all training requirements to the extent that each activity can be performed unaided by the completion of the fellowship. A list of the core competencies can be found on pages 5-6. Thus, the mentor will allow the

fellow increasing levels of responsibility and leadership in work assignments as the fellowship progresses.

- The mentor will discuss future plans with his/her fellow, including possible professional opportunities which might be available for individuals with their acquired experience and abilities.

Checklist of Mentor Responsibilities

Before the Fellow's arrival:

___ Sign Fellow-Host Health Agency agreement and return to CSTE

___ Provide assistance/recommendations for suitable long-term housing

___ Ensure appropriate office space, software and equipment

___ Essential items needed for assignment:
- ___ Map of workplace
- ___ Phone directory
- ___ Relevant publications, references, and work-tools

___ Administrative details
- ___ Identification badge and access keys
- ___ Health and safety information
- ___ HIPAA information security training
- ___ Parking permit (as needed)

___ Inform co-workers and office staff of the fellow's arrival, including the purpose and terms of the fellowship

Upon the fellow's arrival at the host health agency:

___ Welcome and introduce to staff

___ Review purpose, goals, and objectives of the fellowship and mentor's role

___ Ensure the fellow receives ID badges, keys, and other items listed above

___ Begin working with fellow to develop the Plan of Action

During the Fellowship Period

___ Approve the Plan of Action before the end of the fellows 3rd month

___ Fill out Fellow Evaluation Forms and review with fellow. Sign fellow's progress reports and final report.

Biannual Evaluations Due

February 1, 2008
August 1, 2008
February 1, 2009

Final Evaluation and Report Due: Two weeks before fellows last day of work

Fellow Information Record

The following information will assist in maintaining a current record of your business and home address and phone numbers. Please inform CSTE promptly of any changes.

Fellow name: _____

Social Security Number: _____

Home Address: _____

_____

Home phone: _____

Emergency Contact:

Name: _____

Phone: _____

Host Health Agency: _____

Address: _____

_____

_____

Phone (for fellow): _____

Fax (for fellow): _____

E-mail (for fellow): _____

Primary mentor: _____
Phone: _____
E-mail: _____

Secondary Mentor:
Phone: _____
E-mail: _____

Business Cards

All fellows should be provided personalized business cards for distribution at meetings, to colleagues and associates, and others as necessary. The health department is responsible for providing fellows with business cards.

Fellow Brochure

All fellows will be included in the on-line and printed, Fellow brochure. This information must be submitted electronically and follow the format in the example below. Please submit text in font 12 Times New Roman. Do not use periods after titles/degrees. This information must be submitted as an electronic attachment to the Fellowship Program Administrator.

Name (as you want it to appear below your photograph):

Place of Birth:

Highest Degree, concentration, and location:

Certifications (if applicable):

Placement:

Subject Area:

Mentors: Primary:
Secondary:

Future plans after the fellowship:
Summarize your future plans in less than ½ page (12 point font, New Times Roman, 1 inch margins). Bullets or numbers can be used to separate activities.

Why you chose the CSTE Fellowship:
Summarize why you chose the CSTE fellowship in less than ½ page (12 point font, New Times Roman, 1 inch margins). Bullets or numbers can be used to separate activities.

CSTE Direct Deposit Authorization Form

CSTE offers direct deposit of stipend to the bank(s) and account(s) of your choice.

- You may choose up to three separate accounts.
- Attach a voided personal check and/or deposit slip for each account to this form to verify your account number and bank routing number.
- Your direct deposit should begin within two pay periods after submission of form.

Check below, as applicable:
☐ Begin Deposit
☐ Change Information
☐ Cancel my direct deposit

Name: _____ **Social Security Number**: _____

(1) Bank Name/Address _____

Account #: _____

Routing # _____ *(nine characters)*

Amount $_____ or ☐ Entire Net Amount

☐ Checking ☐ Savings

(2) Bank Name/Address _____

Account #: _____

Routing # _____ *(nine characters)*

Amount $_____ or ☐ Entire Net Amount

☐ Checking ☐ Savings

(3) Bank Name/Address _____

Account #: _____

Routing # _____ *(nine characters)*

Amount $_____ or ☐ Entire Net Amount

☐ Checking ☐ Savings

I hereby authorize CSTE to deposit any amounts owed me by initiating credit entries to my account(s) at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize bank to accept and to credit any credit entries indicated by CSTE to my accounts. In the event CSTE deposits funds erroneously into my account, I authorize CSTE to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until CSTE and bank have received written notice from me of its termination in such time and in such manner as to afford CSTE and bank reasonable opportunity to act on it.

_____ _____
Employee Signature Date

CSTE 2007 Payroll Schedule

Pay Period		Payday
Jul 1	Jul 14	Jul 20
Jul 15	Jul 28	Aug 3
Jul 29	Aug 11	Aug 17
Aug 12	Aug 25	Aug 31
Aug 26	Sep 8	Sep 14
Sep 9	Sep 22	Sep 28
Sep 23	Oct 6	Oct 12
Oct 7	Oct 20	Oct 26
Oct 21	Nov 3	Nov 9
Nov 4	Nov 17	Nov 23
Nov 18	Dec 1	Dec 7
Dec 2	Dec 15	Dec 21

CSTE Check Request Form

Date of Request: _____ Check Amount: _____ V# _____

Make Check Payable to:

Name: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

Phone: _____

Invoice date: _____ Purchase Order #: _____ Invoice # _____

Payment for (check one)**:**

_____ Travel Advance:

Date(s) of travel: _____

Purpose of advance (Itemize estimation by expense category): _____

_____

_____

Location of Travel: _____

_____ Other: _____

I certify that the information in the claim is true and correct and the fellow is not being reimbursed for any expenses above from another public or private source. I also verify that the fellow has no outstanding receipts over 30 days old due to CSTE.

_____ _____

Fellow signature Date

_____ _____

Mentor Signature Date

For CSTE Use only

Account code(s)		Project code:	Distribution amount:	Description/Comments:

Authorization: _____

Insert IRS form W-9 here

http://www.irs.gov/pub/irs-pdf/fw9.pdf

INSERT EXPENSE REIMBURSEMENT FORM

CSTE Proof of Insurance

Each fellow is required to attain and maintain individual health insurance for the duration of the fellowship.

Please attach to this form proof of insurance from your provider.

Fellow Name: _____

Insurance Provider: _____

Effective Date of Coverage: _____

Policy number: _____

Primary Care Physician: _____

Complete only if CSTE is providing financial support for insurance:

Monthly premium and effective dates: _____
(Please provide documentation from insurance provider)

I will be responsible for paying the monthly premium and submit an expense reimbursement to CSTE with a copy if the processed check each month

I will set up a direct bill to CSTE through my health insurance plan. CSTE will be responsible for paying the monthly or quarterly premiums for my health insurance.

Emergency Contact(s) Data

Please designate two emergency contact individuals, and provide information requested:

Primary contact:
Name: _____

Relationship to you: _____

City, State of residence: _____

Home telephone: _____

Work telephone: _____

Cellular telephone: _____

Secondary contact:
Name: _____

Relationship to you: _____

City, State of residence: _____

Home telephone: _____

Work telephone: _____

Cellular telephone: _____

Fellow Plan of Action

Plan of Action

Name:
Program Area:
Year: 2007
Primary Mentor:
Secondary Mentor:

1. **Surveillance activity in which the fellow will participate**
   TITLE OF PROJECT

   BRIEF DESCRIPTION OF PROJECT

2. **Surveillance system to be evaluated**
   TITLE OF PROJECT

   BRIEF DESCRIPTION OF PROJECT

3. **Role in bioterrorism preparedness and response**
   BRIEF DESCRIPTION OF ROLE:

4. **Major Project (including timeline)**
   TITLE OF MAJOR PROJECT

   BRIEF DESCRIPTION OF MAJOR PROJECT

Timeline:

Year	Month	Activities
2007	July	•
	August	•
	Sept.	• •

	Oct- Dec.	• •
2008	Jan.	•
	Feb.	•
	March	•
	April	•
	May	•
	June	•
	Jul.- Aug.	•
	Sept.	•
	Oct.	•
	Nov.	•
	Dec.	•
2009	Jan.	•

5. National, state or regional meeting(s) to be attended

Future Meetings:

1.

6. Other activities

A.

Fellow Progress Table

Epidemiologic Methods:	**Manner Fulfilled**	**Date Anticipated:**
Design surveillance systems to assess health problems		
Evaluate surveillance systems and know the limitations of surveillance data		
Design an epidemiologic study to address a health problem		
Design a questionnaire or other data collection tool to address a health problem		
Collect health date from appropriate sources (e.g. case interviews, medical records, vital statistics records, laboratory reports, or pathology reports)		
Create a database for a health data set		
Use statistical software to analyze and characterize epidemiologic data		
Interpret findings from epidemiologic studies, including recognition of the limitations of the data and potential sources of bias and/or confounding.		
Recommend control measures, prevention programs, or other public health interventions based on epidemiologic findings		

Communication	Manner Fulfilled:	Date Anticipated:
Write a field investigation report		
Write a surveillance report		
Make an oral presentation using appropriate media		
Present data graphically and know how to use graphic software		
Understand the basics of health risk communication and communicate epidemiologic findings in a manner easily understood by lay audiences		
Master's level fellows: present a poster at a national or regional meeting, public a technical report, or prepare a manuscript for publication in a peer reviewed journal		
Doctoral-level fellows: prepare a manuscript for publication in a peer reviewed journal		

The plan of action will be updated periodically throughout the fellowship to reflect changes and new activities. The following participants in the CDC/CSTE Applied Epidemiology Fellowship program have approved this Plan of Action in its current form:

Fellow Signature: _____
Date: _____

Mentor Signature: _____
Date: _____

Mentor Signature: _____
Date: _____

Fellow Quarterly Progress Report

Please submit the following information to CSTE electronically on or before the due date listed on page 8 of this handbook.

Quarterly Progress Report

Name:

Date:

Host Health Agency:

Primary Mentor:

Secondary Mentor:

<u>Note: Activities since the last progress report are in bold.</u>

1. Overview of activities and accomplishments to date according to the Plan of Action.

    a. Surveillance project participation:
    Overview of Project:

    Activities completed on project:
    (1)
    (2)
    (3)
    (4)
    (5)
    (6)
    (7)
    (8)
    (9)

    <u>Activities since last progress report:</u>

    (10)

NEXT PROJECT (BRIEF BACKGROUND)

Recent activities and project status:

(1)
(2)
(3)
(4)
(5)
(6)

Activities since last progress report:

(7)
(8)
(9)
(10)
(11)

NEXT PROJECT (BRIEF BACKGROUND)

Recent activities and project status:

(1)
(2)
(3)
(4)
(5)

Activities since last progress report:
(6)

NEXT PROJECT (BRIEF BACKGROUND)

Recent activities and project status:

(1)
(2)
(3)
(4)
(5)

(6)

Activities since last progress report:

(7)
(8)

NEXT PROJECT (BRIEF BACKGROUND)

(1)
(2)

b. Evaluation project progress:

Project (Brief Background)

(1)
(2)
(3)
(4)
(5)

Activities since last progress report:

(6)
(7)

c. Bioterrorism preparedness and response activities:

(1)
(2)

Activities since last progress report:

(3)
(4)

d. Progress made on major project:

TITLE OF MAJOR PROJECT:

(1) A Timetable listing tasks completed through _____
(2)

See below for progress made with INSERT MAJOR PROJECT NAME:

Year	Mon	**Activities (√= Activity Complete)**
2007	Aug.	
Activities since last report:	Sep.	
	Oct.	
	Nov.	
	Dec.	
2008	Jan.	
	Feb.	
	Mar.	
	Apr.	
	May.	
	June	
	July	
	Aug.	
	Sept.	

e. Meetings, conferences, or presentations attended:

(1)
(2)
(3)
(4)

f. Presentations given (date, title, and forum):

(1)
(2)
(3)

<u>Activities since last progress report:</u>

(4)
(5)

g. Training courses, seminar series attended:
Web cast presentations:
(1)
(2)
(3)

<u>Web cast attended since last progress report:</u>

(4)
(5)

h. Participation in cluster/outbreak investigation(s):
BRIEF DESCRIPTION OR BACKGROUND OF WORK
(1)
(2)

i. Publications (papers/abstracts/posters):

j. Keeping primary and secondary mentors updated of Fellow's progress:

Summary of overall fellowship experience to date:

Comments:

a. **Fellow comments:**

b. Mentors comments:

Fellow Evaluation Form – 6 months

Please complete a formal evaluation of the fellow using the criteria below. Discuss your evaluation with the fellow and obtain his/her signature.

Due to CSTE on or before end of 6th month of fellowship.

Date: _____

1. Please describe the progress that the fellow is making on his/her Plan of Action.

2. Please rate the fellow in the following areas:

Rating scale:
1 – Needs significant improvement
2 – Needs some improvement
3 – Meets expectations
4 – Exceeds expectations
5 – Consistently exceeds expectations

	5	4	3	2	1
Skills:					
Technical					
Analytical					
Task Management:					
Quality of work					
Quantity of work					
Organizational skills					
Creativity					
Communication					
Written					
Verbal					
Contribution to team effort					
Judgment					
Degree of independence					
Motivation					
Leadership					
Teamwork					
Interpersonal skills					

3. Describe strengths the fellow has demonstrated over the past six months.

4. Identify areas for improvement that the fellow can strive for in the next six months

1° Mentor signature: _____Date: _____

2° Mentor signature: _____Date: _____

Fellow signature: _____Date: _____

Fellow Evaluation Form – 12 months

Please complete a formal evaluation of the fellow using the criteria below. Discuss your evaluation with the fellow and obtain his/her signature.

Due to CSTE on or before end of 1st year of fellowship.

Date: _____

1. Please describe the progress that the fellow is making on his/her Plan of Action.

2. Please rate the fellow in the following areas:

Rating scale:
1 – Needs significant improvement
2 – Needs some improvement
3 – Meets expectations
4 – Exceeds expectations
5 – Consistently exceeds expectations

	5	4	3	2	1
Skills:					
Technical					
Analytical					
Task Management:					
Quality of work					
Quantity of work					
Organizational skills					
Creativity					
Communication					
Written					
Verbal					
Contribution to team effort					
Judgment					
Degree of independence					
Motivation					
Leadership					
Teamwork					
Interpersonal skills					

3. Describe strengths the fellow has demonstrated over the past six months.

4. Identify areas for improvement that the fellow can strive for in the next six months.

1° Mentor signature: _____Date: _____

2° Mentor signature: _____Date: _____

Fellow signature: _____Date: _____

Fellow Evaluation Form – 18 months

Please complete a formal evaluation of the fellow using the criteria below. Discuss your evaluation with the fellow and obtain his/her signature.

Due to CSTE on or before end of 18th month of Fellowship.

Date: _____

1. Please describe the progress that the fellow is making on his/her Plan of Action.

2. Please rate the fellow in the following areas:

Rating scale:
1 – Needs significant improvement
2 – Needs some improvement
3 – Meets expectations
4 – Exceeds expectations
5 – Consistently exceeds expectations

	5	4	3	2	1
Skills:					
Technical					
Analytical					
Task Management:					
Quality of work					
Quantity of work					
Organizational skills					
Creativity					
Communication					
Written					
Verbal					
Contribution to team effort					
Judgment					
Degree of independence					
Motivation					
Leadership					
Teamwork					
Interpersonal skills					

3. Describe strengths the fellow has demonstrated over the past six months.

4. Identify areas for improvement that the fellow can strive for in the next six months.

1° Mentor signature: _____Date: _____

2° Mentor signature: _____Date: _____

Fellow signature: _____Date: _____

Fellow Evaluation Form – Final

Please complete a formal evaluation of the fellow using the criteria below. Discuss your evaluation with the fellow and obtain his/her signature.

Due to CSTE two weeks before the end of fellowship.

Date: _____

1. Has the fellow achieved the goals documented in their Plan of Action? If not, describe progress made.

2. Please rate the fellow in the following areas:

Rating scale:
1 – Needs significant improvement
2 – Needs some improvement
3 – Meets expectations
4 – Exceeds expectations
5 – Consistently exceeds expectations

	5	**4**	**3**	**2**	**1**
Skills:					
Technical					
Analytical					
Task Management:					
Quality of work					
Quantity of work					
Organizational skills					
Creativity					
Communication					
Written					
Verbal					
Contribution to team effort					
Judgment					
Degree of independence					
Motivation					
Leadership					
Teamwork					
Interpersonal skills					

3. Describe strengths the fellow has demonstrated during the fellowship.

4. Identify areas for improvement that will help the fellow have a successful career as an epidemiologist.

5. Briefly list significant accomplishments of the fellow.

6. Additional comments or advice for the fellow.

1° Mentor signature: _____Date: _____

2° Mentor signature: _____Date: _____

Fellow signature: _____ Date: _____

Fellow Final Report

This form must be submitted to CSTE at least 2 weeks prior to the Fellow's separation with their host health agency.

Fellow name: _____

Host Health Agency: _____

Dates of fellowship assignment: _____

Provide a summary of your training, research, and applied epidemiology experience. Please include your most significant accomplishments.

List and describe any of the following in which you participated during your fellowship:

Publications, including abstracts, posters, and/or Agency reports. List date, title, forum, etc. (If you have not already done so, please forward a copy to CSTE).
Outbreak investigations. Include summaries of your activities for each investigation.
Domestic and/or international meetings or conferences (give dates).

What impact did you have on your host health agency? This may include procedures, policies, and/or new projects and collaborations.

4. Did this program meet your training objectives as submitted in your original application? Describe.

5. What changes would you like to see in this program for future Applied Epidemiology Fellows?

6. What are your post-fellowship career plans?

7. Please provide your permanent forwarding contact information (address, phone, e-mail)

8. Mentor comments:
   Please ask your mentor(s) to review your Final Report and provide additional comments and a final statement.

Signatures

Fellow: _____ **Date:** _____

Primary mentor: _____ **Date:** _____

Secondary mentor: _____ **Date:** _____

IV. CSTE Travel Policy

Purpose of the Policy

CSTE appreciates the efforts of those who travel on Council business. Travelers should be comfortable while traveling, understand all travel related policies, and obtain reimbursement quickly. At the same time, it is necessary to keep costs within reasonable limits and to follow consistent reimbursement procedures.

This policy is intended to:

- Ensure clear and consistent understanding of policies and procedures;
- Ensure compliance with state and federal regulations;
- Provide guidelines that simplify travel arrangements and enable CSTE to better manage its annual travel budget.

Scope of the Policy

This policy applies to anyone who incurs travel expenses paid by CSTE, regardless of the source of funds.

Responsibility of the Traveler

CSTE travelers are expected to spend CSTE funds prudently. Business travel expenses will be paid by CSTE if they are reasonable, appropriately documented, properly authorized, and within the guidelines of this policy. Individuals who incur business expenses should neither gain nor lose personal funds as a result of their travel.

Travelers may not authorize reimbursement of their own travel expenses. In general, employees should not be asked to approve travel expenses for an individual to whom they do not report.

Responsibility of CSTE Management

Because they are more familiar with expenses incurred on behalf of their programs, program directors and the Executive Director have primary responsibility for ensuring compliance with this travel policy. The CSTE Executive Director and Program Directors must verify that expenses and expense reports meet the following criteria:

- the travel expense was incurred while conducting CSTE business;
- the information contained on the expense report and in the attached documentation is accurate and in accordance with this policy;
- the travel expense is charged to the proper account(s); and
- consistent reimbursement procedures are followed.

Responsibility of CSTE

CSTE's travel meets the Internal Revenue Service (IRS) definition of an "accountable plan." As a result, travel reimbursements do not have to be reported as income to the traveler.

Under the accountable plan, travel advances and reimbursement of expenses must meet three requirements:

- Advances and reimbursements must be made for business expenses only and must be reasonably related to the expenses the employer is expected to incur;
- Travelers must provide a statement substantiating the amount, time, use, and business purpose of expenses within a reasonable time (not to exceed 60 days) after the expenses are incurred and original receipts must be attached to the statement.
- Employees must return any advance amounts in excess of substantiated expenses within fifteen days after completion of the trip.

It is the responsibility of CSTE to ensure that the CSTE Management team is informed that they are liable for their actions and that all sponsored project travel meets all contractual/cooperative agreement requirements.

Sponsored Project Travel

Domestic and foreign travel charged to a sponsored project should follow the guidelines set forth by this policy unless the funding agency imposes greater restrictions. The terms of a particular grant or contract should be referred to for guidance on which expenditures are allowed. Determining which travel expenditures are reimbursable under a particular grant, contract or cooperative agreement is the responsibility of the CSTE management team.

Air Travel

Travelers are expected to book the lowest-priced, coach class airfare available. Travelers are required to accept the lowest fare of any airline available that is within two hours of (prior to or after) to desired flight time. Travelers choosing an airline for its amenities or frequent flyer programs will be responsible for the difference in cost.

Travel plans should not be coordinated on the basis of an employee's frequent flyer program. Although at the present time the company awards the benefits of frequent flyer clubs and hotel programs to its travelers, it reserves the right to change its policy. Use of the frequent flyer program for personal gain will result in all such charges being paid for by the traveler.

Business and first class domestic travel will not be reimbursed unless the Executive Director has a letter explaining the medical reasons or extenuating circumstances that require such service.

Federal regulations prohibit the charging of business class or first class air travel to federally sponsored projects. They also prohibit the inclusion of indirect costs of the differential between a coach class fare and a business or first class fare. Therefore, whenever business or first class travel is approved, any cost in excess of the coach fare

must be coded on the expense report as an item ineligible for direct or indirect federal reimbursement.

Saving Opportunities
Whenever possible, travelers should take advantage of the savings available from CSTE's preferred airlines. Reservations should be made as soon as travel plans are finalized to receive advance purchase discounts.

Three potential ways to achieve greater savings are to allow the agent two hours on either side of the requested departure and arrival times, to use an alternate airport serving the destination city, or to use a discount airline such as Frontier, Vanguard and AirTran when possible.

A ticket purchased 3 weeks in advance of travel is essential for cost savings. Plan at least 3 weeks in advance. A Saturday night stay, often results in airfare savings of more than fifty percent. These savings must be weighed against the additional cost of meals and lodging associated with a longer stay. If savings in airfare can be achieved with altering departure or arrival times, using an alternate airport or utilizing a discount airline, a Saturday night stay over will not be authorized.

Upgrades for Domestic Air Travel
An upgrade at the expense of CSTE is not permitted.
A free upgrade must be noted as such on the Expense report.

Preferred Airlines
Currently, CSTE has not negotiated special rates and discounts with airlines, but anticipates doing so in the future. In order to capture the greatest potential savings, travelers will be asked to use these preferred carriers whenever their discounted fares are lower than those of other carriers with similar schedules.

Sponsored Project Domestic Travel
Federally funded trips must travel on U.S. carriers at coach rates. Airfare costs in excess of the lowest available commercial discount airfare or customary standard (coach or equivalent) airfare on a U.S. carrier are unallowable except when such accommodations would:

- Require circuitous routing;
- Require travel during unreasonable hours;
- Excessively prolong travel;
- Result in increased costs that would offset transportation savings; and
- Be inadequate for the medical needs of the traveler.

For the complete federal travel regulations please refer to OMB Circular A-21 (attached).

Sponsored project travel should adhere to the guidelines set forth by this policy unless the sponsor imposes greater restrictions.

Frequent Flyer Programs
Travel plans should not be coordinated on the basis of an employee's frequent flyer program. Each traveler is entitled to retain all frequent flyer mileage accrued as part of organization-related travel on their personal frequent flyer account. However, CSTE reserves the right to change its policy. Use of the frequent flyer program for personal gain will result in all such charges being paid for by the traveler.

CSTE will not reimburse travelers for tickets purchased with frequent flyer miles because it is difficult to determine the dollar value of these tickets.

Cancellations/Changes
CSTE will not pay for airline change fees unless the changes are due to an emergency. An explanation will be required on the expense report.

- When a trip is cancelled after the ticket has been issued, the travelers should inquire about using the same ticket for future travel.
- Travelers can reuse airline tickets if airfare eligibility requirements are met. These requirements should be verified with the issuing agency.
- Revalidation stickers should be secured from the issuing travel agency.
- Unused airline tickets of flight coupons have a cash value and therefore must not be discarded or destroyed.
- To expedite refunds, unused or partially used airline tickets must be returned immediately to the travel agency that issued the ticket.
- Unused tickets must not be sent to the airline unless they were issued directly from the airline. Contact the airline for their return procedures and requirements.
- Travelers must not include unused tickets with their Expense reports.
- For a small change fee, many non-refundable tickets can be used for future travel. Therefore, non-refundable tickets should be returned to the travel agency to keep on hand for future business travel.

Lost or Stolen Airline Ticket
Upon discovery of a lost of stolen ticket, the traveler should immediately report the loss to the issuing travel agency, which will file a lost ticket application.

Lodging

Travelers must stay in a standard room at a non-luxury hotel, unless CSTE has negotiated a rate with a particular luxury hotel.

Per night room costs should not exceed the most expensive rate listed in the federal rate for that city without prior authorization. Please see http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA_BASIC

- When traveling on federal projects, travelers should request the hotel's government rate. A letter from the sponsored project stating the funding source is sometimes required upon check-in.
- Many hotels have frequent guest programs that reward travelers with free accommodations in exchange for a specified number of paid room nights at a hotel. CSTE will not reimburse travelers for the value of free accommodations used for business travel.
- Suites and concierge-level rooms are not acceptable, unless approved by your Fellowship Administrator
- For your safety and security, always investigate security measures for your hotel room (e.g. door locks, fire exits, and alarm systems).

Conference Reservations

- When traveling to a conference, it is appropriate to stay at one of the hotels hosting the conference even if the rate exceeds the most expensive hotel listed in the federal per diem guidelines. If the conference is related to a federal project, travelers should request the hotel's government rate.
- If there are several conference hotels, travelers should stay at a non-luxury property.
- Travel agents can often book the conference hotel rate based on codes provided in the conference information.

Hotel Upgrades

- An upgrade at the expense of CSTE is not permitted unless the upgraded room rate does not exceed the highest rate listed in the federal per diem listing for that city.
- An upgrade must be explained in the Expense Report.

Cancellations

- It is the traveler's responsibility to notify either the hotel or the agency with which reservation was made to cancel room reservations.
- Travelers should remember that cancellation deadlines are based on the local time at the destination hotel.
- Travelers should request and record the cancellation number in case of billing disputes. CSTE will assist the traveler with any billing dispute on reservations they have made.
- Travelers will not be reimbursed for "no show" charges.

Hotel Personal Expenses

- Most personal expenses incurred while traveling will not be reimbursed. Please see the list of non-reimbursable expenses for details.

Rental Cars

Travelers may request advanced approval to rent a car to their destination when:
Driving is more convenient or economical than airline or rail travel;
Driving is necessary to transport large or bulky material;

Travelers may request approval to rent a car at their destination when:
It is less expensive than other transportation modes such as taxis, airport limousines, and airport shuttles.

Rental Car Reservations

- When traveling on CSTE business, travelers may request to rent up to and including a mid-size vehicle.
- When traveling with three or more people, all of whom are on CSTE business, travelers may rent a full size vehicle or minivan.
- Travelers are responsible for daily rental costs in excess of the approved car class.
- When traveling on CSTE business, car insurance should be declined within the U.S. and accepted outside the U.S.
- Travelers may book a class of service above the specified guidelines when cars in the authorized category are not available, when additional space in required for transporting large or bulky materials, for pre-approved medical reasons or when the traveler can be upgraded at no additional cost to CSTE.
- Contracts for car rental will be made only in the traveler's name and only the traveler who signs the rental agreement will drive the vehicle.

Rental Car Costs

- Reimbursable costs include the daily rental fee, mileage fee, gasoline charges, tolls and authorized insurance charges.
- Non-reimbursable costs include, but are not limited to, car repairs, tickets, fines and traffic violations. Travelers are required to refill the gas tank before returning the vehicle to the original rental location. The company will not pay for "drop off" charges.

Rental Car Cancellation

- Travelers are responsible for canceling rental car reservations and must contact either the travel agency or the rental car company with whom the booking was made.
- Travelers should request and record the cancellation number in case of billing disputes. CSTE will not be responsible for any "no show charges."

Rental Car Pick Up

- Traveler should check with the rental car agent for any last-minute specials or free-upgrades.
- At the time of rental, the car should be inspected with a rental agent; any damage found should be noted on the contract before the vehicle is accepted.

Authorized Rental Car Drivers

- Only the traveler who signs the rental agreement will drive the vehicle.

Rental Car Accidents

Should a rental car accident occur, travelers should submit a written accident report as soon as possible to:
The rental car company

- Local authorities, as required
- CSTE

Rental Car Returns

Travelers are required to refill the gas tank before returning the vehicle to the original rental location. The company will not pay for "drop off" charges. The rental car should also be returned to the original rental city unless approved for a one-way rental.

Meal Expenses

Travelers are given per diem to cover lodging, meals and incidental expenses in connection with the performance of service to CSTE. Please refer to the following website for a complete, up-to-date listing of per diem rates
http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA_BASIC
Travelers who use per diem allowances do not have to substantiate each lodging and meal expense, but they must demonstrate that the trip occurred with a receipt, such as an airline ticket or hotel folio, that indicates the dates of travel. For audit purposes this documentation must be attached to the expense report copy and kept by the organization for three years.

The federal per diem for meals will be awarded for the destination of the trip. The daily per diem must be accounted for on the travel reimbursement less approved cash advances, credit card meal charges, meals provided by your travel destination, and partial day travel.

Travelers may not request reimbursement of actual expenses for one portion of their trip and per diem for the remainder. However, it is possible to use a per diem for meals and actual costs for lodging and incidentals.

Per diem allowances may not be issued in lieu of service payments such as consulting fees or honoraria.

Ground Transportation

Public and Taxi
Local public transportation is encouraged for travel to and from airports, depending on the length and duration of travel. Employees may also use taxis. Taxi service may be the preferred method of transportation if travel occurs beyond daylight hours.

Personal Automobile
Mileage will be reimbursed at the prevailing IRS per-mile rate for business use of personal automobile. This does not include in town transportation from CDC facilities to CSTE facilities or vice-versa. Other automobile expenses such as gas, oil, tires, and so on are not reimbursable expenses.

Use of personal automobiles for trips exceeding 600 miles round trip is not permissible without prior approval from your Fellowship Administrator. In all cases, the maximum amount of reimbursement will be the total cost of the most economical airfare (based on round trip in most cases).

Telephone Usage
- Travelers will be reimbursed for business phone calls that are reasonable and necessary for conducting CSTE business. The hotel bill with itemized calls or the original phone bill from a non-CSTE vendor voucher should be submitted with the expense report.
- Travelers will be reimbursed for personal phone calls allowing them to stay in reasonable contact with their family (maximum of $10.00 per day). The hotel bill with itemized calls or the original phone bill from a non-CSTE vendor voucher should be submitted with the expense report.
- Cell phone Usage will not be reimbursed by CSTE except in the case of emergency or extenuating circumstances. An explanation must be noted on the Expense Report.

Travel Authorization
- A purchase order authorizes a traveler's airfare, lodging, car rental and per diem for CSTE-related business travel. Purchase orders are required for travel expenses exceeding $500. Approval must be authorized by the fellowship administrator.
- Employees are requested to submit a travel request form indicating a date, destination, description of the reason for the trip, indication of other potential participants, and if available, conference agenda or request for consultation. Purchase orders authorizing travel will not be issued without the completion of the travel request form.

- In the event of an emergency situation, and employees are unable to attain pre-authorization, the travel request form should be submitted within two days of completion of the trip. In addition, a letter from the employee should accompany the form indicating why pre-authorization was not possible.

Payment of Travel Expenses

- Airfare may be direct billed to CSTE if the CSTE-designated travel agent is used. A purchase order number must be referenced when booking reservations with the CSTE-designated travel agency.
- Business travel expenses such as airfare, lodging, rental cars and conference fees may be charged to the CSTE Corporate Card provided that receipts are attached to the expense report and that the expense report is submitted within 14 days of completion of the trip.
- Cash advances may be issued to CSTE employees or Fellows only. Cash advances should be used for incidental, out-of pocket travel expenses such as tips, taxis, and meals not charged to the credit card and the amount of cash requested should be the minimum expected to cover anticipated out-of-pocket expenses. The daily cash advance should not exceed $50 and should not be issued more than two business days prior to the planned departure date. A receipt for the cash advance should be submitted with the travel reimbursement request within 14 days of completion of the trip.

Expense Reporting

- CSTE requires that travelers file an expense report within 60 days of trip completion.
- Employees who utilize the CSTE credit card or cash advances are required to file an expense report within 14 days of trip completion.
- The expense report must include a date and the traveler's signature.
- Documentation should include original receipts (photocopies will be accepted only with explanation of why the original is not available) and receipts must include the name of the vendor, location, date, and dollar amount. In addition, the following must be included:
  air/rail original ticket receipt
  hotel folio
  receipts for tolls, parking if exceeds $25.00
  credit card receipts
- An expense report form and sample are attached.

Incorrect or Incomplete Expense Reports

Expense reports that are incorrect or incomplete will be returned to the traveler for corrective action and may result in delay of reimbursement. Most frequent reasons for returned expense reports include missing traveler's signature and missing receipts.

A correction and/or change to the expense report as a result of an accounting audit of the report will be documented with a correction note. For errors in arithmetic, a correction note denoting the errors will be sent to the traveler and an appropriate adjustment made to the reimbursement. For disallowed items, the Fellowship Administrator will correct the travel reimbursement form, notify the traveler of any disallowed items, and forward the form to the Business Manager.

Reimbursement
Reimbursement will occur within 14 working days of receipt by the CSTE Business Manager. Checks will be sent to the traveler's home address or for employees, direct deposited with pay checks.

Non-reimbursable Expenses
- Personal expenses of a nature that would be incurred by the traveler regardless of his/her work related responsibilities are not reimbursable.
- Amounts incurred for reimbursable items in excess of amounts considered reasonable are not reimbursable.
- When a business trip is extended for personal reasons, the cost of the personal portion of the trip is not reimbursable.

Expenses that are considered non-reimbursable include, but are not limited to:

- ❖ airline club membership dues
- ❖ Cell phone usage
- ❖ annual fees for personal credit cards
- ❖ auto repairs
- ❖ baby-sitting
- ❖ barbers and hairdressers
- ❖ clothing or toiletry items
- ❖ corporate card delinquency fees or finance charges
- ❖ country club dues
- ❖ expenses related to vacation or personal days taken before, during, or after a business trip
- ❖ golf fees
- ❖ frequent flyer tickets
- ❖ helicopter services for airport transfers
- ❖ laundry or valet services
- ❖ loss or theft of cash advance money or airline tickets
- ❖ loss or theft of personal funds or property
- ❖ lost baggage
- ❖ luggage and briefcases
- ❖ magazines, books, newspapers, personal reading materials
- ❖ medical expenses while traveling

- ❖ mini-bar alcoholic refreshments
- ❖ movies(including in-flight and hotel in-house movies)
- ❖ "no show" charges for hotel or car service
- ❖ optional travel or baggage insurance
- ❖ parking tickets or traffic violations
- ❖ personal accident insurance (domestic)
- ❖ personal automobile routine maintenance/tune-ups
- ❖ personal entertainment, including sports events
- ❖ personal property insurance
- ❖ personal telegrams
- ❖ personal telephone calls in excess of reasonable calls home
- ❖ pet care
- ❖ rental car upgrades
- ❖ recreational activities
- ❖ saunas , massages
- ❖ shoe shine
- ❖ souvenirs or personal gifts
- ❖ U.S. traveler's check fees

Personal/Vacation Travel

Personal/vacation travel may be combined with business travel:

- Provided there is no additional cost to CSTE
- With appropriate approval from the Executive Director or Program Directors.

Appendices:

A. Expense Travel Reimbursement Form, Sample, and OMB Circular A-21
B. Sample Plan of Action, Table and Example List of Major Projects
C. Sample of Quarterly Progress Report
D. Relocation Reimbursement Expense Policy

Office Of Management and Budget Circular A-21

A. General

Travel costs are the expenses for transportation, lodging, subsistence, and related items incurred by employees who are in travel status on official business of the institution. Such costs may be charged on an actual basis, on a per diem or mileage basis in lieu of actual costs incurred, or on a combination of the two, provided the method used is applied to an entire trip and not to selected days of the trip, and results in charges, and is in accordance with institution's travel policy and practices consistently applied to institutional travel activities.

B. Lodging and Subsistence

Costs incurred by employees and officers for travel, including costs of lodging, other subsistence, and incidental expenses, shall be considered reasonable and allowable only to the extent such costs do not exceed charges normally allowed by the institution in its regular operations as a result of an institutional policy and the amounts claimed under sponsored agreements represent reasonable and allocable costs.

C. Commercial Air Travel

Airfare costs in excess of the lowest available commercial discount airfare, federal government contract airfare (where authorized and available), or customary standard (coach or equivalent) airfare, are unallowable except when such accommodations would:

- require circuitous routing
- require travel during unreasonable hours
- excessively prolong travel
- greatly increase the duration of the flight
- result in increased costs that would offset transportation savings
- offer accommodations not reasonably adequate for the medical needs of the traveler

Where an institution can reasonable demonstrate to the sponsoring agency either the non-availability of discount airfare or government contract airfare for individual trips or, on an overall basis, that it is the institution's practice to make routine use of such airfare, specific determinations of non-availability will generally not be questioned by the government, unless a pattern of avoidance is detected. However, in order for airfare costs in excess of the customary commercial airfare to be allowable, e.g., use of first-class airfare, the institution must justify and document on a case-by-case basis the applicable conditions(s) set forth above.

D. Air Travel by Other Than Commercial Carrier

"Costs of travel by institution-owned, -leased, or-chartered aircraft," as used in this paragraph, includes the cost of lease, charter, operation (including personnel costs), maintenance, depreciation, insurance, and other related costs. Costs of travel via institution-owned, -leased, or -chartered aircraft shall not exceed the cost of allowable commercial air travel, as provided for in section c. above.

Source: Federal Grants Management Handbook

Council of State and Territorial Epidemiologists
2872 Woodcock Blvd., Suite 303
Atlanta, GA 30341-4015
Tel: 770-458-3811 Fax: 770-458-8516

PO # _____

Expense reimbursement for:

Name:

Destination: Per Diem:

Purpose of Trip:

Project:

Check the boxes for your Departure and Return Times:

Departure Time		Return Time
100% ☐	**12AM-6AM**	☐ **25%**
75% ☐	**6AM-Noon**	☐ **50%**
50% ☐	**Noon-6PM**	☐ **75%**
25% ☐	**6PM-12AM**	☐ **100%**

(Multiply the % times the Per Diem Rate for Departure/Return Days)

Date	Description/Comments	# of Miles @ $.485/mi	Total for Reimb.	Direct CSTE Charges
	Total reimbursement for this request			

Note: Receipts must be included for all claimed expenses of $25.00 or more. The Federal per diem rate will be used to reimburse for meals/tips, minus the applicable percent for meals that are provided (-25% for Breakfast, -25% for Lunch, -50% for Dinner).

Signature: _____ Date: **Approved by: _____ Date: _____**

Expense reimbursement for:

Name **Joyce J. Neal**

Destination **Madison, WI** Per Diem **$42**

Purpose of Trip **Annual Meeting**

Project **Workforce Development**

Check the boxes for your Departure and Return Times:

Departure Time		Return Time
100% ☐	**12AM-6AM**	☐ **25%**
75% ☐	**6AM-Noon**	☐ **50%**
50% ■	**Noon-6PM**	☐ **75%**
25% ☐	**6PM-12AM**	■ **100%**

(Multiply the % times the Per Diem Rate for Departure/Return Days)

Date	Description/Comments	# of Miles @$.405/m	Total for Reimb.	Direct CSTE Charges
6/27	Roundtrip mileage	51.2	$ 18.43	
6/27	50% Per diem		21.00	
6/28	Per diem (Less 25% for Breakfast)		31.50	
6/29	Per diem (Less 25% for Breakfast and 50% for Dinner)		10.50	
6/30	Per diem (Less 25% for Breakfast and 50% for Dinner)		10.50	
7/1	Per diem (Less 25% for Breakfast)		31.50	
6/27-7/1	Lodging (*University Hotel* $96.48 x 4 nights)		385.92	
6/27-7/1	Parking at airport		25.00	
6/2	Airfare – Booked through Gail at AmEx Travel, confirmation # Z45R683			350.00
6/20	Travel Advance issued by CSTE, Check #1384, V#0013		-400.00	
		Total reimbursement for this request	$120.27	

Note: Receipts must be included for all claimed expenses of $25.00 or more. The Federal per diem rate will be used to reimburse for meals/tips, minus the applicable percent for meals that are provided (-25% for Breakfast, -25% for Lunch, -50% for Dinner).

Signature: _____ Date: 7/8/99 **Approved by: _____ Date: _____**