Application Form

Please print or type all responses.

PART A: IDENTIFYING INFORMATION

Name:

Last **First** **Middle**

Address:

Number **Street** **Apartment Number**

City **State** **ZIP Code**

Telephone Number: _____

Email address: _____

Place of Birth: _____ **Social Security Number:** _____
City **State** ***(optional)***

(Note: If place of birth is not within the United States, please provide documentation of U.S. citizenship.)

PART B: EDUCATION

	Name/Location of Institution	Dates of Study	Degrees (Dates)	Major
Undergraduate				
Graduate				
Post-Graduate				

	Name/Location of Institution	Dates of Study	Degrees (Dates)	Major
Special Study or Training				

Please provide the topics for any graduate degree theses or dissertations:

PART C: PROFESSIONAL EXPERIENCE

Complete the following table in chronologic order, beginning with the most recent experience first.

Name of Institution or Company	City and State	Dates of Employment	Title and Basic Description of Duties

List any professional, scientific, or scholarly societies to which you belong:

List any awards or honors received:

List any public health experiences not included in the work record outlined above:

PART D: PROGRAM AREAS OF INTEREST

Please rank the following program areas by level of interest.

Program Area	Level of Interest (Circle one for each area)
Birth defects and Developmental Disabilities	Low Medium High
Bioterrorism/Chemical Terrorism Preparedness	Low Medium High
Chronic Disease	Low Medium High
Environmental Health	Low Medium High
Genetics	Low Medium High
Infectious Diseases	Low Medium High
Injury Prevention	Low Medium High
Maternal and Child Health	Low Medium High
Occupational Health	Low Medium High
Other (specify:)	Low Medium High

PART E: GEOGRAOPHICAL PREFERENCES OR NEEDS

Please indicate any strong geographical preferences or limitations: _____

PART F: PERSONAL STATEMENT

Please attach a personal statement that indicates why you are interested in the program and states your long-term career goals. This personal statement should be no longer than one page type-written using 12 font.

PART G: REFERENCES

Indicate three references from whom you will seek letters of recommendation.
Please use the letter of recommendation forms included at the end of this application.

Name of Reference	Title and Institution/Employer

CHECKLIST: Please make sure to include the following documents with your application:

- ☐ **3 Letters of Recommendation**
- ☐ **Resume or Curriculum Vitae in standard format**
- ☐ **Official Transcripts from all degree-granting programs**
- ☐ **Personal Statement**

SIGNATURE:

Signature **Date**

Send your completed application to:

Applied Epidemiology Fellowship
CSTE
c/o Angela Sylvester
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341-4015

Phone: 770-458-3811

Letter of Recommendation
CDC/CSTE Applied Epidemiology Fellowship Program

Name of Applicant_____

Name of Recommender_____

The individual identified above has applied for a position in the CDC/CSTE Applied Epidemiology Fellowship Program and has listed you as a reference. As a reference, your evaluation of the applicant is an important in the selection process for this Fellowship. Please attach a frank and objective narrative that addresses the following items:

- How long have you known the applicant and in what capacity? Please be sure to indicate your name, title, and the organization for which you work.

- Provide a description of the applicant that will be helpful in determining their potential for success in this Fellowship program. Please comment on the applicant's skills, character, attitude, strengths and weaknesses. Also include any special qualities of the applicant you have observed that are relevant to their candidacy in this program as well as for their future career goals.

Please complete the following checklist. Compared to others with comparable experience, how would you rate the applicant with respect to the following characteristics:

Characteristic	***Below Average***	***Average***	***Above Average***	***Outstanding***
Quantitative Skills				
Analytical Thinking				
Written communication				
Oral Communication				
Interpersonal and team skills				
Productivity				

Signature of Recommender:_____Date_____

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