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: Proof of U.S. citizenship. Birth Certificate, US Passport, Certificate of Naturalization)

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:

List all epidemiology and biostatistics courses taken in graduate school_____
_____
_____

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:

_____

_____

_____

Data analysis experience:

☐ SAS	☐ Beginner	☐ Intermediate	☐ Advanced
☐ STATA	☐ Beginner	☐ Intermediate	☐ Advanced
☐ SPSS	☐ Beginner	☐ Intermediate	☐ Advanced
☐ Epi Info	☐ Beginner	☐ Intermediate	☐ Advanced
☐ Arc View	☐ Beginner	☐ Intermediate	☐ Advanced
☐ Access	☐ Beginner	☐ Intermediate	☐ Advanced
☐ FoxPro	☐ Beginner	☐ Intermediate	☐ Advanced
☐ Other	☐ Beginner	☐ Intermediate	☐ Advanced

Please explain_____

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.

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
Attention: Program Administrator
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341-4015

Fax: 770/458-8516