

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 such as Birth Certificate, US Passport or Certificate of Naturalization will be required)

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:

Please list at least 3 graduate level epidemiology courses and 1 graduate level biostatistics courses that you have taken:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

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
☐ Other _____	☐ Beginner	☐ Intermediate	☐ Advanced
☐ Other _____	☐ Beginner	☐ Intermediate	☐ Advanced

PART D: PROGRAM AREAS OF INTEREST

Please indicate your level of interest in the following program areas:

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: GEOGRAPHICAL 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 which you will seek letters of recommendation. Please use recommendation forms included with the 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
- ☐ Proof of citizenship

SIGNATURE:

Signature

Date

Send your completed application to:

Applied Epidemiology Fellowship
CSTE
Attention: Angela Sylvester
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341-4015
Phone: 770/458-3811
Fax: 770/458-8516

Please direct questions to asylvester@cste.org