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:** _____