Plan of Action

Name:
Program Area:
Year: 2005
Primary Mentor:
Secondary Mentor:

1. **Surveillance activity in which the fellow will participate**

A. TITLE OF PROJECT

BRIEF DESCRIPTION OF PROJECT

B. 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**

A. BRIEF DESCRIPTION OF ROLE:

4. **Major Project (including timeline)**

TITLE OF MAJORPROJECT

BRIEF DESCRIPTION OF MAJOR PROJECT

Timeline:

Year	Month	Activities
2005	July	•
	August	•
	Sept.	• •

	Oct-Dec.	• •
2006	Jan.	•
	Feb.	•
	March	•
	April	•
	May	•
	June	•
	Jul.-Aug.	•
	Sept.	•
	Oct.	•
	Nov.	•
	Dec.	•
2007	Jan.	•

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

A. Future Meetings:

1.

6. Other activities

A.