CDC/CSTE Applied Epidemiology Fellowship Program
Application for Host State or City Health Departments

Name of Agency: _____

Name and Title of Primary Supervisor:
_____

Name and Title of Secondary Supervisor:
_____

Contact information for Primary Supervisor:
Mailing Address:_____
Email:_____
Phone number:_____
Fax: _____

Part A. Assignment Description: (Half page)

Provide a description of the proposed assignment for the Fellow, including information about the program area and the Fellow's anticipated day-to-day activities. Give examples of potential projects that demonstrate opportunities for data analysis, outbreak field investigations, and opportunities to work on interdisciplinary teams.

Part B. Description of Supervision: (Maximum one page)

Please provide a one-page summary of the epidemiologic and supervisory experience of the primary and secondary supervisors listed above. The summary can be in a narrative or bulleted format and should include the following for each supervisor:

- Brief description of epidemiologic experience including recent publications (list a maximum of 10)
- Past mentoring experience, such as EISOs, interns, CDC fellows, public health residents, etc.
- How often supervisors spend on site where fellows are located
- Description of academic affiliations or responsibilities, such as and adjunct appointment to a school of public health, teaching responsibilities, or other related activities

Part C. Support structure:

In order to ensure a successful tenure for the Fellow, it is important that the Fellow have adequate support at his/her host health agency.

Describe the organizational location of the fellow position within the health agency. (Attach organizational chart to application)_____
_____

_____
_____

List other fellows or trainees within the same program area (e.g., EIS Officers, Preventative Medicine Residents, Prevention Specialists, etc)_____
_____
_____

Describe additional statistical and data analysis support, such as databases, software, and surveillance systems, that will be made available to the Fellow _____
_____
_____
_____
_____

Describe the Fellow's workplace support (e.g. office setting, computer equipment and software, clerical and administrative support, coworkers, etc)_____
_____
_____

Part D. Long-Term Job Opportunities

The goal of this Fellowship program is to build epidemiologic workforce capacity at the state level. Therefore, we'd like to assess the potential for secure long-term job placement at the Fellow's host health agency. We recognize that it is difficult to predict what resources your agency will have for hiring a Fellow on staff after their tenure (provided that a "good fit" exists between the position and the fellow). However, please answer the following questions, which provide a rough approximation as to the future availability of staff positions for Fellows:

On a scale of 1 to 10, how likely do you think it is that your agency will be able to create a new position within the Program area for which you are applying?

Do you have any staff members currently working at your agency who started at your agency on a temporary basis, i.e. EIS alumni or interns? ___Yes ___No

If Yes, how many? ___

Please provide the following documents with the application:

- ❑ Organizational chart for the program area where the fellow will be working.
- ❑ CV for the primary supervisor.
- ❑ CV for the secondary supervisor.
- ❑ Letters of support from any other programs that have been included in the assignment description.

Signature_____ Date _____

Submit all information to the CSTE National Office:

CSTE
Attention: Angela Sylvester
2872 Woodcock Blvd. Suite 303
Atlanta, GA 30341

Phone: 770/458-3811
Fax: 770/458-8516
Email: asylvester@cste.org