APPLICATION FOR CALIFORNIA EPIDEMIOLOGIC INVESTIGATION SERVICE (Cal-EIS) TRAINING

Please PRINT or TYPE all responses, then sign and date on the next page. In addition, attach a typewritten Statement of Purpose (see item 15) and a curriculum vitae (CV). For items 10-14, if your CV contains the requested information, write "see attached CV" in the blank space(s).

1. NAME:	Last	First	М	iddle					
2. ADDRE	SS: (Street, City	, State, ZIP)							
3. TELEPH Home:	IONE:	4. ARE YOU A	4. ARE YOU A US CITIZE			5. IF NON-US CITIZEN, SPECIFY CITIZENSH OR TYPE OF VISA			
Work:		Yes	🗌 Yes 🗌 No						
Cell:									
E-mail:									
6. IF YOU HOLD A CALIFORNIA PROFESSIONAL LICENSE (e.g., IN NURSING OR IN VETERINARY MEDICINE), PLEASE GIVE THE FOLLOWING INFORMATION.						7. IN WHAT OTHER STATES ARE YOU LICENSED? (INCLUDE DATES)			
LICENSE T	YPE:								
LICENSE NUMBER:EXPIRATION									
8. PLEASE RATE THE FOLLOWING POSSIBLE GEOGRAPHIC LOCATIONS FOR YOUR FELLOWSHIP PLACEMENT USING THIS SCALE: 1. PREFERRED 2. ACCEPTABLE 3. NOT ACCEPTABLE									
SO. CALIFORNIA CENTRAL VALLEY SAN FRANCISCO AREA SACRAMENTO AREA NO. CALIFORNIA									
 EDUCATION, INTERNSHIPS, RESIDENCIES. Have official transcripts of your graduate (post-baccalaureate) education mailed to the program at the address on the next page. Summarize your undergraduate education, graduate education, internships, and residencies here. Attach additional pages if necessary. 									
	AND LOCATIO	NS OF SCHOOLS (MAJOF		DIPLOMA OR	DATE OF		
INSTITUTIONS ATTENDED					DEGREE	COMPLETION			
	ng internship and					e, Epidemiology, Public H appear first. Attach addit			
DA	DATES NAME AND ADDRESS OF			OF EMPLOY	ER	DESCRIPTION OF D	UTIES OR POSTION		
FROM	TO								

The information	requested on	n this form is rea	uired by th	e State Der	partment of Pu

blic Health to determine your eligibility for acceptance into the Department's Cal-EIS program. The information will also be used by the Cal-EIS Advisory Committee to select candidates for inclusion into the training program. Participation in this Fellowship program is voluntary. If you choose to participate, you are required to provide information on these forms. If you do not provide this information, admission into the Fellowship program may be denied.

Any information that you provide may be used by the State Department of Public Health or transferred to the Department of Public Health's Cal-EIS Advisory Committee and institutions formally participating in the training program. Candidates and authorized personnel directly involved in the selection process will be allowed access. If you wish to review these records, contact the Program Coordinator, at the address below. After reviewing your records, you may request in writing that they be corrected or amended to make them accurate, relevant, and complete. Any request for correction or amendment should also be sent to the Program Coordinator.

Authority for this program is found in Health and Safety Code, Section 131085.

I certify that the information I have provided in my application is correct, and that I have read the above "Notice to Applicants."

In addition, please request that official transcripts are sent directly to the appropriate address above. Please e-mail all Letters of

Recommendation to CAL_EIS@cdph.ca.gov. If you have any questions, please contact the Program Coordinator at (916) 552-9920 or e-mail

Signature

Please mail or e-mail this application form to:

CAL_EIS@cdph.ca.gov. Thank you.

Program Coordinator California Department of Public Health California Epidemiologic Investigation Service MS-7213 PO Box 997377 Sacramento, CA 95899-7377 CAL EIS@cdph.ca.gov

For FedEx, UPS, or other courier:

Program Coordinator California Department of Public Health California Epidemiologic Investigation Service MS-7213 1616 Capitol Ave, Suite 74.420 Sacramento, CA 95814

13. PUBLICATIONS:

14. REFERENCES: Request that three persons, including at least one health professional in your field, send a Letter of Recommendation to the program at the address below. (For example, if you are a veterinarian, you must have at least one Letter of Recommendation from another veterinarian). List your references here

least one receiver of recommendation normanomer veterinanan. List your references here.							
NAME	OCCUPATION AND TITLE	INSTITUTION AND TELEPHONE					

outlining why you want to participate in the Cal-EIS Fellowship Program. Describe your interest in public health, epidemiology, and public service, along with any ties to the state of California. Explain what you hope to obtain from the fellowship experience, your career plans and goals, and any other information which may be helpful to the Advisory Committee. The Advisory Committee considers this to be a crucial part of your application.

15. STATEMENT OF PURPOSE: Please attach a one-page, typewritten statement (one-inch margins, Arial 12-point font)

16. NOTE: An interview is required before a final decision can be made. After your application has been reviewed, we will notify you if you are eligible for an interview. NOTICE TO APPLICANTS:

11. MEMBERSHIP IN PROFESSIONAL OR HONORARY ASSOCIATIONS:

12. HONORS, PRIZES, AWARDS:

Date