

11. MEMBERSHIP IN PROFESSIONAL OR HONORARY ASSOCIATIONS:	12. HONORS, PRIZES, AWARDS:
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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.

NAME	OCCUPATION AND TITLE	INSTITUTION AND TELEPHONE

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

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:

The information requested on this form is required by the State Department of Public 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."

Signature

Date

Please mail or e-mail this application form to:

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

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 CAL_EIS@cdph.ca.gov. Thank you.