



EMERGING INFECTIOUS DISEASES FELLOWSHIP APPLICATION FORM

1. PERSONAL INFORMATION

Name _____
Last (Family) First Middle Suffix (Jr., Sr., etc.)

Date of Birth ____/____/____ ☐ Male ☐ Female
(mm/dd/yyyy)

Current Address

Street Address Apt #

City/Town State/Province Zip/Postal Country

Phone (____) _____ Email _____

Permanent Address (if different from above)

Street Address Apt #

City/Town State/Province Zip/Postal Country

Phone (____) _____

I am a U.S. Citizen ☐ English is my primary language ☐ My primary language is _____.

2. ACADEMIC BACKGROUND

| Date | Degree | Institution | Location (city, state) | GPA |
|------|--------|-------------|------------------------|-----|
| | | | | |
| | | | | |
| | | | | |

3. ACADEMIC & PROFESSIONAL DISTINCTIONS (List any academic or professional awards and honors you received)

4. EMPLOYMENT INFORMATION (List any work, laboratory experience or skills)

5. ACTIVITY INFORMATION (List extracurricular or volunteer activities)

6. DISCIPLINE INFORMATION

Have you ever been placed on probation, suspended, removed, dismissed or expelled from any school?

☐ Yes ☐ No

Have you ever been charged or convicted of any misdemeanor, felony, or other crime?

☐ Yes ☐ No

If you answer yes to either question, please attach an explanation and the appropriate dates of each incident.

7. SUPPORTING MATERIALS

The following supporting materials are being sent with the completed application form:

A resume (two pages maximum)

☐ Attached

Official undergraduate transcripts

☐ Attached

8. REFERENCES (List name, title and professional address including phone and email of three referees from persons familiar with your academic and/or professional qualifications. Please also attach recommendation letters)

☐ Attached

☐ Attached

☐ Attached

9. NARRATIVE

Attach a typed narrative, up to two pages in single space, addressing each of the following items in order:

- (i) Why are you interested in a career as a public health laboratory scientist?
 - (ii) What are your immediate (3-4 year) plans? What are your long-term career goals?
 - (iii) What unique qualities (skills, knowledge, achievements, etc.) would you bring to this program?
 - (iv) List and describe areas(s) of interest for laboratory training and/or research. Describe why this is of interest to you.
-

10. AUTHORIZATION

Your signature below:

- (i) confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application,
- (ii) authorizes the Wadsworth Center Emerging Infectious Diseases Fellowship Program to circulate your application as part of the candidate selection process.

Signature of applicant _____

Date _____

Reference Letter for Wadsworth Center Emerging Infectious Diseases Fellowship Program

Name of Applicant

Name of Recommender

Title

Recommender's Address

City

State

Zip code

()

()

TELEPHONE

FAX

EMAIL

To the Applicant: Please indicate by signing below that you have waived the right to read the completed letter of recommendation.

Signature

Date

To the Recommender: The person named above is an applicant for the Wadsworth Center Emerging Infectious Diseases Fellowship Program at the New York State Department of Health. We appreciate your honest and objective evaluation of the applicant. Three recommendations are required and will amount to 30% of an applicant's evaluation. Please complete the chart below and a separate narrative. Your careful consideration of the applicant's ability to benefit from the program is greatly appreciated. Thank you.

Please complete the following checklist:

In a group of 100 other individuals of comparable experience, please rate the applicant with respect to the following characteristics:

| | Below Average | Average | Above Average | Outstanding |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Breadth of general laboratory science experience and knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acquired laboratory skill and technique | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to communicate information (written/oral) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Promise as a laboratory scientist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical thinking and problem solving skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation toward a successful, productive career | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional stability and maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self reliance and independence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please attach a narrative comment that addresses the following three items (**NOT TO EXCEED ONE PAGE TOTAL**):

1. How long have you known the applicant and in what capacity?
2. Provide descriptive comments related to the applicant's character, attitude and scientific ability/potential. Please comment on weaknesses as well as strengths.
3. Describe any special attributes in the applicant that would be relevant to his/her candidacy in this program and future career goals.

Return this page with the attached narrative to the applicant in a sealed envelope with your signature across the seal. It will be included in the submitted application.