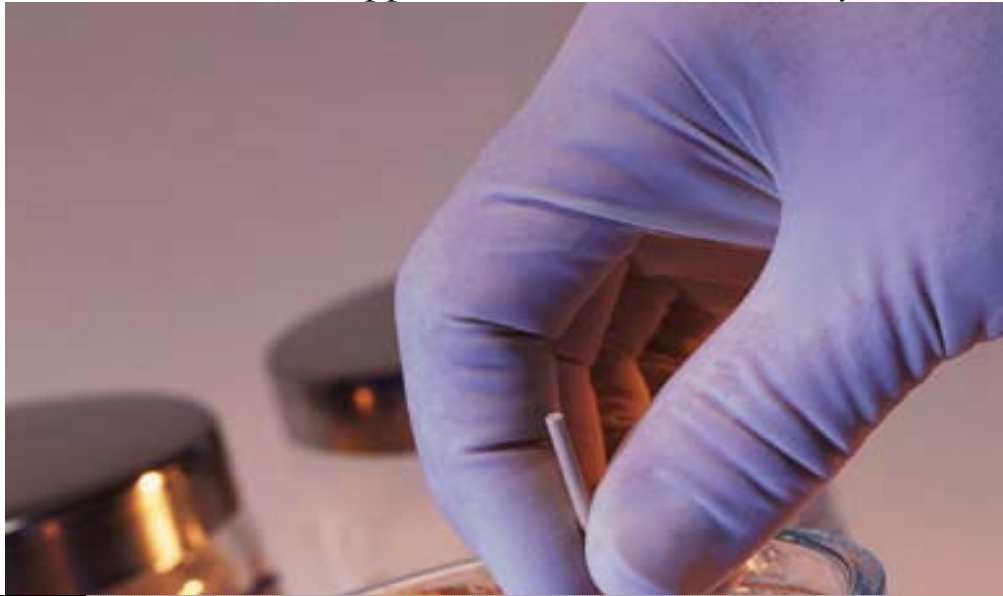
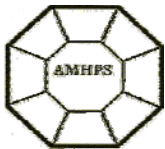


Application Deadline: February 12, 2010



THE  
ASSOCIATION  
OF MINORITY  
HEALTH  
PROFESSIONS  
SCHOOLS,  
INC.

DR. JAMES A. FERGUSON  
EMERGING INFECTIOUS DISEASES  
FELLOWSHIP PROGRAM



In conjunction with the National Center for Preparedness,  
Detection and Control of Infectious Diseases



# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

## **THE ASSOCIATION OF MINORITY HEALTH PROFESSIONS SCHOOLS, INC.**

The Association of Minority Health Professions Schools, Inc. (AMHPS), was established in 1983 as a 501(c) (3) nonprofit, educational, scientific and charitable organization. Through programs and funding, we provide support for professional education, research and prevention programs to member institutions of the Association of Minority Health Professions Schools.

The Association of Minority Health Professions Schools, Inc. (AMHPS) engages the collective resources, scholarship and technology of our member institutions to facilitate and promote optimum health among poor and minority people. AMHPS and its member institutions were founded specifically to improve the health status of medically underserved Black and other ethnic minority groups and to play a critical role in building the nations' health care workforce. Collectively, the member institutions have trained one out of every two African-American physicians, dentists, and pharmacists; and three out of four African American-American veterinarians. Our member institutions have also trained a substantial number of other minority and non-minority health professionals. A primary focus of the Association of Minority Health Profession Schools, Inc. is to promote and support research that contributes to the advancement of knowledge and treatment of diseases, disabilities and adverse health problems that disproportionately affect minority populations. The Association's programs seek to cultivate a new generation of scholars who address the complexity and contextual nature of this issue.

The James A. Ferguson Fellowship introduces fellows to careers addressing infectious diseases and the influence infectious disease research and control has on combating racial and ethnic health disparities. It also increases students' knowledge of public health and public health career paths while exposing racial/ethnic minority medical, veterinary, pharmacy and graduate students to research opportunities at the Coordinating Center for Infectious Disease, Centers for Disease Control and Prevention (CDC).

The fellowship's rigorous program engages fellows in an emerging infectious disease. The ultimate goal of the James A. Ferguson Infectious Diseases Fellowship Program is to influence students to pursue careers in public health and to increase the number of well trained minority scientists at the Center for Disease Control and Prevention.

The Ferguson Fellowship  
Allison Hornbuckle, Program Associate  
[ahornbuckle@minorityhealth.org](mailto:ahornbuckle@minorityhealth.org)

# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

## INSTRUCTIONS

**Read** the entire application before beginning to write your responses. This will help you know what to expect, what to emphasize, and how to avoid redundancies.

**Type** your answers.

**Answer** each question completely and thoroughly. Please note: Initial evaluation and selections are based solely on the information and accompanying materials you provide in this application. If you need additional space to respond to the questions in this application, use a separate sheet of paper. Include on that sheet (at the top right corner) your last name, first name, initial, and the number of the question that you are answering.

### **Personal Information**

"Permanent Mailing Address," we need to be able to reach you should your current address change. "Citizenship" Fellows must be a US citizen or hold a Student Visa or a Permanent Visa permitting residence in the United States. A copy of your Visa must be provided in the application. If you are a naturalized citizen you will need to provide a copy of your INS number.

### **Education**

Please check all boxes that apply to you; give month and year of completion, or expected date of completion in each case. **Unofficial undergraduate and official graduate transcripts** must be included in the application packet in order to be considered for review.

### **Employment**

List your work history, chronologically starting from your most recent (or current) employer. If you need more space, use a separate sheet of paper (follow the instructions under "general notes" for using additional sheets of paper). Complete Section 3-Employment; do not put "See Resume." Enclose a Curriculum Vitae (CV) or Resume. Include any education and career-related research experience, especially if it is related to the functional area(s) or the mission of the sponsoring company.

# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

## INSTRUCTIONS

### **Skills and Practical Experience**

List all of your relevant skills: Laboratory skills, computer, database, technical and reporting skills.

### **Population Group**

Identify yourself by checking the appropriate category. (This information is optional however, you *MUST* be a member of an under-represented minority group as defined by the federal government to be eligible for this program). For additional information, please feel free to visit the Office of Minority Health & Health Disparities at: <http://www.cdc.gov/omhd/Populations/populations.htm>.

### **Statement of Interest**

Fellows are paired with a CDC mentor and participate in a broad array of public health activities. Your statement of interest will assist us with your mentor and research topic assignment. It is our desire to pair you with your selection, however, assignments and mentors are given based on availability.

### **Personal References**

You are required to provide three references. *Print three copies of the reference form.*

Each referrer should complete the evaluation form along with a formal letter of recommendation, sign his/her name and place it in a sealed envelope and return it to you. The reference should come from someone who is familiar with you; this may be a professor, academic staff member, academic advisor, and/or your current/previous employer. The referrer should be objective and able to attest to your character, knowledge, skills and abilities, academic achievement or professional work ethic.

### **Interview**

If selected as a finalist, you may be required to participate in an interview. This will allow the committee to get to know you and objectively select candidates.

### **Certification**

Please read the Certification Statement carefully. *Unsigned applications will not be considered.*

### **Application Checklist**

Please fill out the checklist and include it with your application.

### **Important Dates to Know**

- |                     |                      |
|---------------------|----------------------|
| • February 12, 2010 | Application Deadline |
| • June 2, 2010      | Fellowship Begins    |
| • July 31, 2010     | Fellowship Ends      |

# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Information: Indicate the telephone number where you can best be reached

Home Telephone: \_\_\_\_\_  Cellular Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Alternate E-Mail Address: \_\_\_\_\_

Gender: Female  Male

Citizenship: Are you a Citizen of the United States?

Yes  No

Dual Citizenship

U.S. Permanent Resident Visa; Citizen of \_\_\_\_\_

Other citizenship \_\_\_\_\_

Do you have a driver's license?  Yes  No

Do you have a car?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes to this question, please explain on a separate sheet of paper. Disclosure of this information does not automatically disqualify applicant.

Ethnicity:

American Indian/Alaskan Native

African American

Asian American

Latino American or Hispanic Descent

Other

**Veteran Status**

Check any of the following which apply:

US Veteran

Disabled Veteran

Handicap or Disability  Disabled or Handicapped (indicate disability/handicap)

# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

## EDUCATION

<b>Graduate Institution:</b>
<b>Degree:</b>
<b>Graduation Date:</b>
<b>Major:</b>
<b>GPA:</b>
<b>Minor Concentration</b>

<b>Graduate Institution:</b>
<b>Degree:</b>
<b>Graduation Date:</b>
<b>Major:</b>
<b>GPA:</b>
<b>Minor Concentration</b>

<b>Graduate Institution:</b>
<b>Degree:</b>
<b>Graduation Date:</b>
<b>Major:</b>
<b>GPA:</b>
<b>Minor Concentration</b>

<b>Undergraduate Institution:</b>
<b>Degree:</b>
<b>Graduation Date:</b>
<b>Major:</b>
<b>GPA:</b>
<b>Minor Concentration</b>

<b>Undergraduate Institution:</b>
<b>Degree:</b>
<b>Graduation Date:</b>
<b>Major:</b>
<b>GPA:</b>
<b>Minor Concentration</b>

## Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

List your previous employment/internship or fellowship starting with the most recent experience. If you need more space, use a separate sheet of paper. Include any relevant experience as it relates to Public Health.

Employers Name, Address and Phone Number	Dates	Job Title and Duties	
1.	From:		
	To:		
2.	From:		
	To:		
3.	From:		
	To:		
4.	From:		
	To:		
5.	From:		
	To:		
6.	From:		
	To:		

# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

*List all applicable skills:*

**Language** (*in addition to English*):

**Spoken Proficiency:**  Poor  Fair  Fluent

**Written Proficiency:**  Poor  Fair  Fluent

**Computer Skills** (*systems, software, programming, database management skills, computer graphics, etc.*)

**Specify :**

**Laboratory Skills** (*equipment, processes, etc.*)

**Specify:**

**Field Skills** (*surveys, analytical assessments, creations of brochures/ literature, community- based participatory health programs, surveillance, etc.*)

**Specify :**

**Other Skills** (*this includes but not limited to: public speaking, report writing, editing and technical writing. You may also list any peer & non peer reviewed publications*)

**Specify :**

# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

## STATEMENT OF INTEREST

*Note: This form is to be submitted along with your Statement of Interest. Your (typed) Statement of Interest should be submitted on another sheet of paper.*

The statement of interest will be used to select the most suitable candidates for the fellowship and assist in placing selected Fellows in appropriate assignments. Each Fellow is paired with a CDC mentor during their assignment. While every attempt will be made to match Fellows with projects that are in line with their interests, there are no guarantees that projects will be available under every area listed below.

1) Please outline why you are interested in the Ferguson Fellowship experience, including how the Fellowship fits with your current academic studies and future career goals (no more than one page single spaced).

2) Please rank the top 3 areas of public health from the list below in which you are most interested in gaining experience during your fellowship. (1=most interested).

- \_\_\_\_\_ Disease surveillance
- \_\_\_\_\_ Epidemiology
- \_\_\_\_\_ Laboratory Practice
- \_\_\_\_\_ Health Disparities
- \_\_\_\_\_ Health Marketing/Communications
- \_\_\_\_\_ Health Economics
- \_\_\_\_\_ Statistics/Data Analyses
- \_\_\_\_\_ Informatics
- \_\_\_\_\_ Behavioral Studies
- \_\_\_\_\_ Environmental Health
- \_\_\_\_\_ Other, please specify\_\_\_\_\_

3) Please check all the topics areas below in which you would be interested in doing your assignment.

- \_\_\_\_\_ Sexually Transmitted Infections
- \_\_\_\_\_ HIV/AIDS
- \_\_\_\_\_ TB
- \_\_\_\_\_ Hepatitis
- \_\_\_\_\_ Respiratory Diseases
- \_\_\_\_\_ Vaccine Preventable Diseases
- \_\_\_\_\_ Foodborne Diseases
- \_\_\_\_\_ Waterborne Diseases
- \_\_\_\_\_ Parasitic Diseases
- \_\_\_\_\_ Vectorborne Diseases
- \_\_\_\_\_ Zoonotic Diseases
- \_\_\_\_\_ Antimicrobial Resistance
- \_\_\_\_\_ Health-care Associated Infections
- \_\_\_\_\_ Migration and Quarantine/Refugee Health
- \_\_\_\_\_ Other \_\_\_\_\_

# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

**This Form Must Be Completed With An Official Letter of Recommendation**

Name:		
Title:		
Phone (    )	School/Organization:	
Address		
City:	State:	Zip Code:

**Please complete this form, place it in a sealed envelope with your signature across the seal and return it to the applicant. The applicant will then forward the evaluation to the Association of Minority Health Professions Schools, Inc.**

**1 a. How long have you known the applicant?**

0-6 months     6 months – 1 year     1 – 3 years     3 or more years

**b. In what capacity are you familiar with the applicant?**

Professor/Instructor     Academic Advisor/Mentor     Employer/Supervisor  
 Classmate/Peer     Friend/Family     other (please explain)

**2. Please rate the applicant in the attribute listed below in comparison with other individuals of the same background and experience with whom you are acquainted.**

	Outstanding	Very Good	Average	Poor	Not Able to Judge
Intellectual Capabilities					
Leadership Potential					
Motivation and Initiative					
Communication Skills					
Research Ability					
Work Habits					
Ability to interact with others					

**3. What is your overall recommendation of this applicant?**

Highly recommend     Recommend     Recommend with reservation  
 Not able to judge     Do not recommend (please explain in the space below)

# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

**This Form Must Be Completed With An Official Letter of Recommendation**

Name:		
Title:		
Phone (    )	School/Organization:	
Address		
City:	State:	Zip Code:

**Please complete this form, place it in a sealed envelope with your signature across the seal and return it to the applicant. The applicant will then forward the evaluation to the Association of Minority Health Professions Schools, Inc.**

**1 a. How long have you known the applicant?**

- 0-6 months   
  6 months – 1 year   
  1 – 3 years   
  3 or more years

**b. In what capacity are you familiar with the applicant?**

- Professor/Instructor   
  Academic Advisor/Mentor   
  Employer/Supervisor  
 Classmate/Peer   
  Friend/Family   
  other (please explain)

**Please rate the applicant in the attribute listed below in comparison with other individuals of the same background and experience with whom you are acquainted.      2.**

	Outstanding	Very Good	Average	Poor	Not Able to Judge
Intellectual Capabilities					
Leadership Potential					
Motivation and Initiative					
Communication Skills					
Research Ability					
Work Habits					
Ability to interact with others					

**3. What is your overall recommendation of this applicant?**

- Highly recommend   
  Recommend   
  Recommend with reservation  
 Not able to judge   
  Do not recommend (please explain in the space below)

# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

Name					
Title:					
Phone (    )			School/Organization:		
Address					
City:		State:		Zip Code:	
<p><b>Please complete this form, place it in a sealed envelope with your signature across the seal and return it to the applicant. The applicant will then forward the evaluation to the Association of Minority Health Professions Schools, Inc.</b></p>					
<p><b>1 a. How long have you known the applicant?</b></p>					
<p style="text-align: center;"><input type="checkbox"/> 0-6 months    <input type="checkbox"/> 6 months – 1 year    <input type="checkbox"/> 1 – 3 years    <input type="checkbox"/> 3 or more years</p>					
<p><b>b. In what capacity are you familiar with the applicant?</b></p>					
<p><input type="checkbox"/> Professor/Instructor    <input type="checkbox"/> Academic Advisor/Mentor    <input type="checkbox"/> Employer/Supervisor</p>					
<p><input type="checkbox"/> Classmate/Peer    <input type="checkbox"/> Friend/Family    <input type="checkbox"/> other (please explain)</p>					
<p><b>Please rate the applicant in the attribute listed below in comparison with other individuals of the same background and experience with whom you are acquainted.</b></p>					
	<b>Outstanding</b>	<b>Very Good</b>	<b>Average</b>	<b>Poor</b>	<b>Not Able to Judge</b>
Intellectual Capabilities					
Leadership Potential					
Motivation and Initiative					
Communication Skills					
Research Ability					
Work Habits					
Ability to interact with others					
<p><b>3. What is your overall recommendation of this applicant?</b></p>					
<p><input type="checkbox"/> Highly recommend    <input type="checkbox"/> Recommend    <input type="checkbox"/> Recommend with reservation</p>					
<p><input type="checkbox"/> Not able to judge    <input type="checkbox"/> Do not recommend (please explain in the space below)</p>					

# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

I, \_\_\_\_\_ hereby certify that the information in this application is true and correct to and the best of my knowledge. I understand that any misinformation or omission of information could result in an unfavorable consideration, the removal of my application from AMHPS's Applicant Pool, or immediate termination if I have been placed as a fellow. I allow release of this information for evaluation and verification purposes.

**IN WITNESS WHEREOF** I hereunto signed this form this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
(Name of Releaser)

\_\_\_\_\_  
(Signature of Releaser)

**NOTARY** \_\_\_\_\_

**MY COMMISSION EXPIRES** \_\_\_\_\_ **DATE** \_\_\_\_\_

**This form must be notarized. Failure to do so will result in an incomplete application and removal from the application process.**

**NOTE: FAX COPIES WILL NOT BE ACCEPTED.**

# Dr. James A. Ferguson Emerging Infectious Diseases Fellowship

## APPLICATION CHECKLIST

CHECK WHEN COMPLETED	ITEM
A.	Applicant Information (pgs. 4-11)
B.	Unofficial Undergraduate Transcript
C.	Official Graduate Transcript
D.	Resume or Curriculum Vitae
E.	Statement of Interest
F.	3 Reference Evaluation Forms
G.	3 Official Recommendation Letters

**NO APPLICATIONS WILL BE ACCEPTED AFTER FEBRUARY 12, 2010.**

*NOTE:* The Ferguson Fellowship will begin June 2, 2010 and end July 31, 2010. Your availability must be consistent with these dates in order to be accepted into the program.

*Privacy Act Notice:* The information in this package will be used to process your application) for the Dr. James A. Ferguson Emerging Infectious Disease Fellowship. It will not be disclosed outside the program or government without your express written permission. Providing the information below is mandatory, failure to do so will result in your ineligibility for the fellowship.

**SEND COMPLETED APPLICATION TO**  
**Attn: Allison Hornbuckle**  
**James A. Ferguson Fellowship**  
**Association of Minority Health Professions Schools, Inc.**  
**1190 West Druid Hills Drive, Suite T-50**  
**Atlanta, GA 30329**