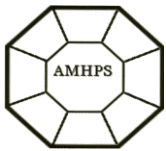


Application Deadline
*February/25/2011



THE
ASSOCIATION
OF MINORITY
HEALTH
PROFESSION
SCHOOLS,
INC.

DR. JAMES A. FERGUSON
EMERGING INFECTIOUS DISEASES
FELLOWSHIP PROGRAM



In conjunction with the National Center for Emerging and
Zoonotic 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 1) introduces fellows to careers addressing infectious diseases and the influence infectious disease research and control has on combating racial and ethnic health disparities; 2) increases students' knowledge of public health and public health career paths; 3) exposes racial/ethnic minority medical, dentistry, veterinary, pharmacy and public health graduate students to research opportunities at the 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 CDC.

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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

Supplying your "permanent mailing address" is very important. We need to be able to reach you should your address change. "Citizenship" Fellows must be a US or a naturalized citizen. 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.

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INSTRUCTIONS

Skills and Practical Experience

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

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 25, 2011 Application Deadline
- June 6, 2011 Fellowship Begins
- July 30, 2011 Fellowship Ends

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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)

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EDUCATION

Graduate Institution:
Degree:
Graduation Date:
Major:
GPA:
Minor Concentration

Graduate Institution:
Degree:
Graduation Date:
Major:
GPA:
Minor Concentration

Graduate Institution:
Degree:
Graduation Date:
Major:
GPA:
Minor Concentration

Undergraduate Institution:
Degree:
Graduation Date:
Major:
GPA:
Minor Concentration

Undergraduate Institution:
Degree:
Graduation Date:
Major:
GPA:
Minor Concentration

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List previous employment, internship, or fellowships starting with the most recent. 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:		

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List all applicable skills:

Language (<i>in addition to English</i>):
Spoken Proficiency: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Fluent
Written Proficiency: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Fluent

Computer Skills (<i>systems, software, programming, database management skills, computer graphics, etc.</i>)
Specify :

Laboratory Skills (<i>equipment, processes, etc.</i>)
Specify:

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

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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 best candidates for the fellowship and assist in placing selected Fellows in appropriate assignments. Each Fellow is paired with a CDC mentor during their assignment. Every attempt will be made to match Fellows with projects that are in line with their interests, however, there are no guarantees that projects will be available under every area listed below.

- 1) Please outline why you are interested in Public Health and the Ferguson Fellowship
- 2) Please state how the Fellowship fits with your current academic studies and future career goals (no more than one page single spaced).
- 3) 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 _____

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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:	
<p>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.</p>					
1. a) How long have you known the applicant?					
<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					
b. In what capacity are you familiar with the applicant?					
<input type="checkbox"/> Professor/Instructor <input type="checkbox"/> Academic Advisor/Mentor <input type="checkbox"/> Employer/Supervisor					
<input type="checkbox"/> Classmate/Peer <input type="checkbox"/> Friend/Family <input type="checkbox"/> 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?					
<input type="checkbox"/> Highly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with reservation					
<input type="checkbox"/> Not able to judge <input type="checkbox"/> 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:	
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.					
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b. In what capacity are you familiar with the applicant?					
<input type="checkbox"/> Professor/Instructor <input type="checkbox"/> Academic Advisor/Mentor <input type="checkbox"/> Employer/Supervisor					
<input type="checkbox"/> Classmate/Peer <input type="checkbox"/> Friend/Family <input type="checkbox"/> 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?					
<input type="checkbox"/> Highly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with reservation					
<input type="checkbox"/> Not able to judge <input type="checkbox"/> Do not recommend (please explain in the space below)					

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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.

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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 25, 2011.

NOTE: The Ferguson Fellowship will begin June 2, 2011 and end July 31, 2011. 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.

SEND COMPLETED APPLICATION TO

Attn: Jamel Slaughter
James A. Ferguson Fellowship
Association of Minority Health Professions Schools, Inc.
P.O. Box 13778
Atlanta, GA 30324