



## CDC Evaluation Fellowship Program: 2016-17 Centers for Disease Control and Prevention, Atlanta, GA



The Centers for Disease Control and Prevention (CDC) seeks applicants for the 2016-17 class of the CDC Evaluation Fellowship Program. This is the 6<sup>th</sup> year of this initiative, and represents a major commitment by CDC to program evaluation and program improvement. Fellows will work under the leadership of CDC's Chief Evaluation Officer; they will be matched with CDC host programs to work on program evaluation activities for/with those programs.

Details about the Fellowship are available at the link below. Brief information is as follows:

- The ideal candidate has a Doctoral degree in evaluation, social sciences, public health, or another STEM discipline, and with significant coursework in program evaluation and measurement. Master's-level candidates from these same disciplines and with significant experience in applied evaluation projects are also encouraged to apply.
- Fellowship is intended to be a two year program, with second year contingent on satisfactory performance and availability of funds.
- Fellows receive a monthly stipend depending on education level and experience.
- Fellows receive substantial financial support for their training and professional development, and a supplement to offset health insurance costs.
- Candidates must have received their qualifying degree within the past five years.
- Qualifying degree must be completed by Spring semester 2016.
- Appointments will be full-time at CDC, typically in the Atlanta, Georgia area.
- Fellows are brought on through the Oak Ridge Institute for Science and Education (ORISE): <http://orise.orau.gov/cdc/>. Fellows do not become employees of CDC.
- Non-U.S. citizens are eligible to apply. For more information: <http://orise.orau.gov/cdc/sponsor-mentor/immigration.html>
- We expect to select approximately 10 Fellows for this cohort.

### **To apply, submit the following by April 15, 2016:**

- **Create a profile and upload CV/resume:** <https://www.zintellect.com/Posting/details/1964>
- **Brief survey** ([https://www.surveymonkey.com/r/Eval\\_Fellow\\_Appl\\_2016](https://www.surveymonkey.com/r/Eval_Fellow_Appl_2016)) including the following information:  
**See following pages for full list of survey questions.**
  1. Brief (<200 words) info on your formal training where all or part of the focus was on program evaluation approaches, methods, techniques, etc.
  2. Essay (<450 words) on your qualifications for the Evaluation Fellowship and what you would like to get out of the Fellowship.
  3. Information on up to 3 recent evaluation projects or experiences (<150 words each).

### **Timeline**

- Mid-April: We will select and notify semi-finalist Fellows.
- May 1: Semi-finalists must submit additional information to ORISE.
- May 1-30: Host programs will interview potential Fellows.
- Early June: Fellow selection and notification.
- August 29: Fellows must start by this date.

**For questions:** email [CDCEval@cdc.gov](mailto:CDCEval@cdc.gov)

**Information about program evaluation at CDC:** <http://www.cdc.gov/eval/>

**ORISE information:** <http://orise.orau.gov/cdc/>

## Fellowship Application Questions

[https://www.surveymonkey.com/r/Eval\\_Fellow\\_Appl\\_2016](https://www.surveymonkey.com/r/Eval_Fellow_Appl_2016)

**Thank you for applying for the CDC Evaluation Fellowship Program. ALL INFORMATION IN THIS SURVEY MUST BE SUBMITTED BY APRIL 15, 2016.**

**Please respond to the items below.**

**1. Your contact information:**

First Name:

Last Name:

Email Address:

Phone Number:

Country of Citizenship:

Country of Residence:

**2. How did you first hear about the CDC Evaluation Fellowship? (Just for our information)**

- CDC website
- School job board (please specify which below)
- Online job board (please specify which below)
- Professor
- CDC employee
- Friend/colleague
- Current or past CDC Evaluation Fellow

Other (please specify)

**3. What is your most recently COMPLETED degree? (ie, already on your transcript)**

- Master's degree
- Doctoral degree

**4. What date was your degree was conferred? (ie, date on your transcript)**

Date MM / DD / YYYY

**5. Are you CURRENTLY completing a degree program?**

- No
- Yes (specify MONTH/YEAR of completion and degree). Note: Qualifying degree must be completed by Spring semester 2016.

**6. What is your immigration/citizenship status?**

**[NOTE: You do NOT need to be a US citizen to participate in this program]**

- U.S. citizen
- Permanent resident or green card
- J-1 visa
- H-1 visa
- Other (please specify)

**7. If you have a visa, what is your visa expiration date?**

Expiration Date: MM / DD / YYYY

**8. If selected, you MUST be able to begin the program in Atlanta no later than 29 August 2016. Will you be able to start by this date?**

- Yes
- No (Please specify why you are not able to start at this time)

**9. How would you assess your current level of knowledge/skill related to program evaluation?**

- Beginner
- Advanced Beginner
- Intermediate
- Advanced
- Other (please specify)

**10. BRIEFLY (<200 words) provide some info on your formal training (classroom or otherwise) where all or part of the focus was on program evaluation approaches, methods, techniques, etc.**

-- Be specific, although course titles for all courses are not necessary.

-- Bulleted/numbered list is fine.

**Briefly describe each of UP TO THREE program evaluation projects you worked on. What was the project about and what was your role in it?**

**11. PROJECT 1: What was the project about and what was your role in it? (<150 words)**

**12. PROJECT 2: What was the project about and what was your role in it? (<150 words)**

**13. PROJECT 3: What was the project about and what was your role in it? (<150 words)**

**14. Please provide a short essay (<450 words) on your qualifications for the Evaluation Fellowship and what you would like to get out of it.**

**15. If selected, are there specific areas of public health in which you have a particular interest or expertise?**

**[NOTE: This is for our information -- we cannot guarantee placement in a specific program]**

**16. Please provide name, title, and contact information (phone and e-mail are fine) for TWO individuals who will serve as references for you.**