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Application for the 2013
International Experience & Technical Assistance (IETA) Program
HHS/CDC/Center for Global Health

IETA Applicants: Please fill out this application electronically, and then print and complete it with your signature (Page 3) and your first- and second-level supervisory signatures (page 4). A complete application will include the following documents:

+ Completed application form with essays and all requisite signatures
+ Current résumé
+ Full-year performance appraisal rating or COER rating (cover sheet with rating official's signature only)
+ SF-50 (non-CDC applicants only)

Scan all items together to create one PDF document and send this document to ieta@cdc.gov.

Incomplete application packages will not be reviewed. The deadline for application submission is close of business, **Friday, October 12, 2012**. If you have questions or would like information, please e-mail ieta@cdc.gov, or call the IETA Program Coordinator at (404) 718-8874.

Date of Application (dd/mm/yyyy): 08/15/2012

Last Name: _____ First Name: _____

HHS OP DIV: _____ Division/Branch/Section: _____

Telephone Number (Work): _____ Email Address (Work): _____

Work Address (include Mailstop):

_____

Are you a Federal career or career conditional employee?
☐ Yes
☐ No (please provide detail): _____

What is your GS Level/Step or Commissioned Corps Rank?: _____

Is there any reason you would have difficulty leaving or re-entering the U.S. on official business?
☐ Yes (please explain): _____
☐ No

Are you currently enrolled in an agency sponsored/endorsed professional development program?
☐ Yes (name of program): _____
☐ No

Do you have a valid government travel Visa credit card?
☐ Yes
☐ No (please explain): _____

What is your current job title?: _____

Of which country or countries are you a citizen?: _____

Length of time with Federal Public Health Agency (years/months): _____

Length of time at present assignment (years/months): _____

Based on your knowledge, skills, and experience, rank the top three skill areas for which you are most qualified from 1 to 3 (1 being highest). Please select only three.

_____ Program Management/Administration
_____ Program Delivery/Implementation
_____ Informatics/Surveillance
_____ Monitoring/Evaluation
_____ Health Education/Health Communication/Training
_____ Other (specify): _____
_____ Epidemiology
_____ Behavioral and Social Science
_____ Policy, Planning, and Analysis
_____ Laboratory

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Provide brief answers to the following questions in the space provided:

1. What are your current job duties?

2. Why are you interested in international public health?

3. Describe any prior international experience in less-developed countries (including purpose and length of stay).

4. What skills do you want to gain by participating in the IETA program?

5. What skills and talents will you contribute to the international public health? (**Include foreign language abilities**)

6. In what ways will your participation in the IETA program enhance your current position and contribute to your professional and personal growth?

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith.

Applicant Signature: _____

Date: 08/15/2012

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Supervisors' Support Form

Note to Supervisors: An IETA participant's home office must pay for all travel to Atlanta for workshops and must continue to pay salary costs during the full period of this program. The receiving office will pay for all travel costs associated with international travel.

All Federal field staff applicants must have field supervisor (local or state) and headquarters branch chief approval to apply. (Please advise program consultants appropriately.)

I understand that my employee, , if accepted into the International Experience and Technical Assistance (IETA) training program, will be asked to complete three 4-5 day workshops in Atlanta and an international field assignment of at least 12 weeks. My signature below indicates that, if applicable and necessary, I have discussed this with appropriate state/local program official(s) and received concurrence. The employee has my permission to participate in this program.

First-Level Supervisor Signature: _____

Supervisor's Name: _____

Supervisor's Title: _____

Address: _____

_____

Phone: _____ Fax: _____

Email Address (Work): _____

Second-Level Supervisor Signature: _____

Supervisor's Name: _____

Supervisor's Title: _____

Address: _____

_____

Phone: _____ Fax: _____

Email Address (Work): _____

If there is a period of time between April 15 and November 30, 2013 that this employee will be **unavailable** for IETA international field assignments, please list dates:

_____

The IETA program involves a supervised international work experience of a minimum of 3 months. Is there a maximum period of time you are willing to support your employee's participation in this international assignment? If so, please indicate.

_____

My office is prepared to cover any travel and per diem costs related to the required workshops in Atlanta for this employee, if selected.

☐ Yes ☐ N/A

I fully understand that my office will cover salary costs for this employee for the duration of this program.

☐ Yes

Please note if this employee is accepted into the program, attendance at workshops is mandatory. Failure to attend any portion of the workshops will result in that participant being dropped from the program.