

**Application for the 2014
International Experience & Technical Assistance (IETA) Program
HHS/CDC/Center for Global Health**

IETA Applicants: Please fill out this application electronically and provide your digital signature (Page 3) as well as the digital signatures of your first- and second-level supervisors (Page 4). If you are unable to digitally sign the document, print it and provide hand-written signatures. 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 **Friday, October 11, 2013**. 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 (dd/mm/yyyy): _____

Last Name: _____ First Name: _____

HHS OP DIV: _____ Center/Institute/Office/Division: _____

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

Work Address (include Mailstop): _____

Are you a Federal career or career conditional employee?

Yes

No (please provide detail): _____

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?: _____

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

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 3 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

Provide brief answers to the following questions:

1. What are your current job duties?

2. Why are you interested in international public health?

3. Do you have any previous experience in less-developed countries? If so, please describe this experience (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: _____

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, 2014 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 12 weeks. 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 (Atlanta duty station)

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.