

**Application for the 2016 - 2017  
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](mailto:IETA@cdc.gov).

Incomplete application packages will not be reviewed. The deadline for application submission is **Friday, July 1, 2016**. If you have questions or would like information, please e-mail [IETA@cdc.gov](mailto:IETA@cdc.gov), or call the IETA Program Manager 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



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 3-4 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 January 2 and August 31, 2017 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.