#### **PHAP Host Site Application Information**



# PHAP

PUBLIC HEALTH Associate Program

## **Session Objectives**

- Upon completion, participants should be able to:
  - Identify the mission of PHAP
  - Understand what to consider before applying to host an associate
  - Describe the application process
  - Describe the requirements of host sites
  - Describe the requirements of a host site supervisor
  - Be familiar with what to expect in an associate

## **PHAP Mission**

 The mission of PHAP is to train and provide experiential learning to early career public health professionals who will contribute to the public health workforce.

## **PHAP Description**

- Two-year, full time paid position through CDC's Center for State, Tribal, Local and Territorial Support (CSTLTS)
- Competency-based training and service program
- Associates are assigned to public health agencies throughout the US and territories
- Associates gain hands-on experience



## PHAP Description (cont'd)

- Associates hold positions that are functionally indistinguishable from their local colleagues
- After completing the two year program, most associates are eligible to convert to permanent positions with the CDC
- Application process for associates is extremely competitive-less than 5-10% of applicants are selected



## PHAP Description (cont'd)

- Partnership between CDC and other public health agencies
- Opportunity for STLT public health agencies to help develop the next generation of public health professionals, and receive help at their site

- Associates:
  - Entry-level employees
  - At minimum have a bachelor's degree in any discipline
  - Special skills are not guaranteed (e.g., language skills)
  - Full-time CDC employees
  - Term-limited employment

- Host Sites:
  - An "Agreement to Detail" is required and is nonnegotiable
  - Use of federal funds to support associate travel is not permitted
    - Exception: CDC covers travel expenses for associate travel to the three PHAP conferences during the 2-year program
  - Workstation (e.g., computer, desk, phone) is supplied by the host site
  - Host sites are selected based on scoring of their application and CDC's organizational priorities

- Host site supervisors must be:
  - Full-time employees at their organization
  - Able to devote at least 10% of their time to the associate
  - Located near the associate
  - Front line workers
- Host site supervisor requirements are to:
  - Confirm time and attendance of the associate
  - Complete a quarterly activity report (QAR)
  - Provide input into the performance appraisal twice each calendar year

- Associates are required to attend PHAP conference calls and trainings
- Routine teleworking is not permitted
- Associates also have a CDC supervisor
- Problems (although rare) should be reported IMMEDIATELY to the CDC supervisor

Detailed information found at <a href="http://www.cdc.gov/PHAP">www.cdc.gov/PHAP</a>

## **Scoring of Host Site Applications**

- Systematic review, multiple reviewers
- Scores are given for each section, below
  - Workplace Support
  - Public Health Agency Statement
  - Assignment Details\*
  - Training
  - Supervision\*

\*These sections account for 60% of the total application score

**Host Site Application** 

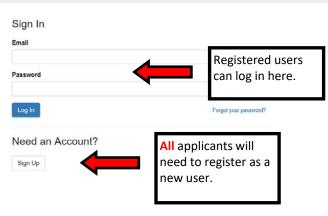
#### Host Site Application – Sign In/Sign Up

#### Step 1: Sign In/Sign Up



Government Warning: This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-automized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

By registering and logging in, you acknowledge that you have read and agree to the government warning conditions above.



#### Host Site Application – Sign In/Sign Up

Step 1 continued: Sign Up



+ Return to Login

Government Warning: This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

By registering and logging in, you acknowledge that you have read and agree to the government warning conditions above.



Enter an email address and choose a password to create a new account.

| Password                                       | Enter email address and create a password for the |
|--|---|
| <b>_</b>                                       | account.  |
| Your password should be at least 8 characters. |   |
| Confirm password                               |   |
|  |   |
|  |   |
|  |   |
| Sign Up  |   |
| Sign Up  |   |
| Sign Up  |   |

Step 2: Create New Application Profile

| PHAP<br>Public Health<br>Associate Program               |  |  |
|--|--|--|
|  |  | Welcome, and orse 7@miamich.edu Logout |
| PHAP Host Site Application Portal                        |  |  |
| Profile  |  |  |
| Welcome to the Public Health Ass                         | ociate Program Host Site Application Portal! |  |
| Application Deadline:<br>• February 18, 2019             | pplication deadline.                         |  |
| If you have any questions, please contact the PHAP email | box at PHAP@cdc.gov.                         |  |
|  | + Create a Profile to Get Started            | Begin Application Profile              |

Step 2 continued: Primary Application Contact

| PHAP Host Site Profile  |  |
|---|--|
| Primary Application Contact<br>Primary contact will be the first contact for PHAP for any questions concerning this application. Other contacts listed in the ap<br>decisions and updates. The primary contact is considered the "owner" of the application.<br>First Name: * | plication will receive information from PHAP on program          |
| Middle Name:  | Enter contact<br>information for primary<br>application contact. |
| Suffix:   |  |
| Primary Email: *  |  |
| We will use this e-mail to communicate with you throughout the application process. Make sure this e-mail is typed correctly. Alternate Email:  |  |
| Primary Phone: *  |  |
| Provide this primary phone number, including area code. This information will be used to confirm your identity. Ext:  |  |
| Alternate Phone:  |  |
| Ext:  |  |

Step 3: Public Health Agency Details

| Public Health Agency Deta  | ils |  |  |
|--|-----|--|--|
| Select the agency for which you are submitting an application. This information will be used throughout the application process. Type: * |     | Select from the<br>dropdown list the public<br>health agency type (ex: |  |
| Director Information Enter agency<br>Director's First Name: * Director's contact<br>information.   |     | State, Local, Tribal, etc.)  |  |
| Director's Last Name: *  |     |  |  |
| Director's Email: *  |     |  |  |
| Director's Phone: *  |     |  |  |
| Director's Phone Ext:  |     |  |  |

#### Step 4: Supervisor Information

| Supervisor Information  |
|---|
| Is the primary supervisor the same as the primary application contact?              |
| Yes First Name: * Marking yes will auto-fill the Supervisor name, e-mail, and phone |
| number.   |
| Last Name: *  |
| Primary Supervisor Email: *   |
| Primary Supervisor Phone: *   |
| Mailing Address Line 1: * Enter mailing address for Primary Supervisor.             |
| Mailing Address Line 2:   |
|   |
| Mailing Address Line 3:   |
|   |
| Title: * Enter job title and  |
| Degree: * degrees held by primary supervisor.                                       |
| •   |

Step 4 continued: Supervisor Information

|   | Note: Primary supervisors must                       |   |
|---|--|---|
| Is the primary supervisor a full time employee? *             | be full-time employees to be                         |   |
| ○ Yes   | eligible as primary supervisors                      |   |
| ⊖ No  | for PHAP.  |   |
| Primary Supervisor Employed By: *                             |  |   |
|   |  |   |
| Years of Public Health Experience: *                          |  |   |
|   |  |   |
| Years of Supervisory Experience: *                            |  |   |
|   |  |   |
| Current Number of Total Staff Supervised: *                   |  |   |
|   |  |   |
| Describe why the primary supervisor would be a good coach for | r an associate and how the primary supervisor will f | oster growth and development. (500 Word Limit). * |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  | Word Count: 0 / 500                               |

Step 4 continued: Supervisor Information

| Describe the primary supervisor's supervisory and mentoring experience. (250 Word Limit). *   |                     |
|---|---------------------|
|   |                     |
|   |                     |
|   |                     |
|   | Word Count: 0 / 250 |
| Describe how the primary supervisor will provide direct supervision and on-the-job training. (250 Word Limit). *                            |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   | Word Count: 0 / 250 |
| List any other staff that will be providing ongoing guidance and assistance related to the PHAP associate's activities. (250 Word Limit). * |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   | Word Count: 0 / 250 |
|   |                     |

#### Step 5: Organizational Structure

| Organizational Structure   |                                     |                               |  |          |
|--|-------------------------------------|-------------------------------|--|----------|
| Describe the program area, department or organizational unit or<br>computer equipment, clerical and administrative support, peer |                                     |                               | workplace support (e.g., office setting,   |          |
| Organizational Structure (500 word limit): *   |                                     |                               |  |          |
| Is your health department accredited though the Public He  | ealth Accreditation Board (PHAB)? * | in which the a Include the ph | the organizational struc<br>ssociate will be working.<br>sysical work environment<br>er, etc.) to which the ass<br>ed. | : (desk, |
| ○ Yes<br>○ No  | Note: This question is              |                               |  |          |
| <ul> <li>N/A (Not a health department applicant)</li> </ul>  | only collected for                  |                               |  |          |
|  |                                     |                               |  |          |
| Population Served  | informational purposes              |                               |  |          |
| Please identify the population that your associates will serve.  | and is not scored.                  |                               |  |          |
| Race: *  |                                     |                               |  |          |
| White  |                                     |                               |  |          |
| Black or African American  |                                     |                               |  |          |
| American Indian or Alaskan Native Asian  |                                     |                               |  |          |
| Native Hawaiian or Pacific Islander  |                                     |                               |  |          |
| Other  | Multiple boxes can                  |                               |  |          |
| Hispanic / Latino  | be checked for                      |                               |  |          |
| Gender: *  | each category.                      |                               |  |          |
| Female   |                                     |                               |  |          |
| Male   | Select all that                     |                               |  |          |
| Life Stages: *   | apply.                              |                               |  |          |
| Children Adolescent and Teens  |                                     |                               |  |          |
| Adults   |                                     |                               |  |          |
| Seniors (65+)  | <b>* * *</b> Click "Save"           | " to save and                 |  |          |
|  | complete s                          |                               |  |          |
|  |                                     |                               | Save Draft Save  |          |
|  | return to h                         | omepage.                      |  |          |

Step 6: Submit Profile

| PHAP Success!   |                                      |
|---|--------------------------------------|
| PUBLIC HEALTH<br>ASSOCIATE PROGR<br>Vour next step is to start your entry.                  | Application<br>Profile was           |
| Welcome, anders PHAP Host Site Application Portal   | saved. Click<br>"OK" to<br>continue. |
| Profile <u>Welcome to the Public Health Associate Program Host Site Application Portal!</u> | continuer                            |
| Application Deadline:<br>+ February 18, 2019  |                                      |
| If you have any questions, please contact the PHAP email box at PHAP@odc.gov.               |                                      |
| PHAP Host Site Profile  | amplete                              |
| +   |                                      |
| Get Started   |                                      |

#### **Host Site Application – Begin Application**

• Step 7: Begin New Application

| PHAP<br>PUBLIC HEALTH<br>ASSOCIATE PROGRAM               |   |                                      |
|--|---|--------------------------------------|
|  |   | Welcome, and and Temismich of Logout |
| PHAP Host Site Application Portal                        |   |                                      |
| Profile  |   |                                      |
| Welcome to the Public Health Ass                         | ociate Program Host Site Application Portal!              |                                      |
| Application Deadline:<br>• February 18, 2019             |   |                                      |
| If you have any questions, please contact the PHAP email | I box at PHAP@cdc.gov.                                    |                                      |
| PHAP Host Site Profile                                   | Completed profile   | Complete C                           |
| +<br>Get Started   | Click "Get Started" to<br>begin Host Site<br>Application. |                                      |

### **Host Site Application – Application Portal**

Step 8: Application Portal

|  |  | Welcome, and the co |             |
|--|--|---------------------|-------------|
| Host Site Application Portal > Untitled        | Title will auto-populate<br>Agency name.                               | to                  |             |
| AP Host Site Application<br>Assignment Details | Click the "eye" icon<br>to view the section<br>text. Click the "write" | () In Progress      | • • •       |
| Activities                                     | icon to enter<br>information.  | Q Not<br>Started    | Start Now > |
| raining  |  | O Not<br>Started    | Start Now > |
| anguages                                       |  | O Not<br>Started    | Start Now > |

### **Host Site Application – Assignment Details**

Step 9: Assignment Details

| Assignment Details   |  |   | Injury Prevention  |  |  |
|--|--|---|--|--|--|
|  |  |   | Maternal and Infant Health   |  |  |
|  |  | - | Non-communicable Diseases  |  |  |
| Assignment Information   |  |   | Nutrition/Obesity  |  |  |
| Subject Area(s): *   |  |   | Obesity prevention (built environment, physical activity, nutrition)             |  |  |
| Select the subject area(s) that the associate will be working in for the majority of their assignment. |  |   | Opioid Response  |  |  |
| C Accreditation  |  |   | Oral Health  |  |  |
| Adolescent and school health Asthma and allergies  |  |   | Pest, Vector, and Animal Control   |  |  |
| <ul> <li>Astrinia and allergies</li> <li>Automobile safety (car restraints, crashes, etc.)</li> </ul>  | Select the public                        |   | Public Health Law  |  |  |
| Cancer Prevention and Control  | health subject area                      |   | Public Health Surveillance (General)   |  |  |
| Chronic Diseases   | the associate will                       |   | Quality Improvement  |  |  |
| Community Health Improvement   | be working in for<br>the duration of the |   |  |  |  |
| Community/Population Health  |  |   | Reproductive Health  |  |  |
| Diabetes   |  |   | STD Prevention   |  |  |
| Emergency Response/Disaster Preparedness   | two-year                                 |   | TB Prevention  |  |  |
| Emerging Infectious Disease  | assignment.                              |   | Tobacco Prevention and Cessation   |  |  |
| Environmental Health   | only select one                          |   |  |  |  |
| Food safety  |  |   | Tribal Health  |  |  |
| Genomics   |  |   | <ul> <li>Vaccine Preventable Diseases (surveillance or investigation)</li> </ul> |  |  |
| Health Equity  |  |   | Vector-borne diseases  |  |  |
| Healthcare Associated Infections   |  |   | Viral hepatitis  |  |  |
| Healthy Homes  |  |   |  |  |  |
| Heart Disease and Stroke Prevention  |  |   | Water safety (drownings, boating)  |  |  |
|  |  |   | Waterborne disease   |  |  |
| Immunizations  |  |   | Youth Violence Prevention  |  |  |
| Infectious Diseases (General)  |  |   | _  |  |  |

#### **Host Site Application – Assignment Details**

Step 10: Letter of Support and Physical Address

| "Letter of Support" from the Director Upload: *  |  |  |   |
|--|--|--|---|
| Note: If you do not yet have a letter of support, you may save this section as "Draft" | and continue working on the rest of the PHAP Host Site | e application. However, applications may not be submitted without an attache                                     | d |
| letter of support.   |  |  |   |
| Select a file Physical Address Line 1: *   | 0  | A letter of support for your<br>agency's participation in PHAP<br>written by the Director should<br>be uploaded. |   |
| Physical Address Line 2:   | Provide the physical                                   |  |   |
|  | address of the office the                              |  |   |
| Physical Address Line 3:   | associate will be working in at your host site.        |  |   |
| City: *  |  |  |   |
|  |  |  |   |
| State: *   |  |  |   |
| Type to begin search   |  |  | * |
| Zip: *   |  |  |   |
|  |  |  |   |
|  |  |  |   |

### **Host Site Application – Assignment Details**

Step 11: Public Health Agency Statement

#### Public Health Agency Statement

Provide a narrative that addresses the following:

Describe the public health or program need(s): (e.g. childhood obesity, preparedness planning, infrastructure development) and provide a brief description of the proposed work to be addressed by the PHAP associate.

Public Health Agency Statement (750 word limit):

Test



Provide a narrative that describes the public health needs of the agency.

#### Special Requirements

Please select any special requirements the associate must have to perform the duties or activities described in the proposal.

Driver's License: \*

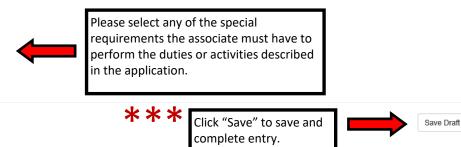
Yes

O No

Personally Owned Vehicle: \*

Yes

 $\bigcirc$  No

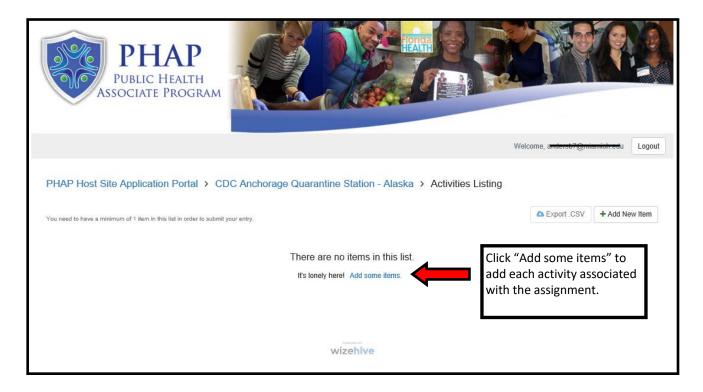


Save

Step 12: Add Activities

| PUBLIC HEAL<br>PUBLIC HEAL<br>ASSOCIATE PROC | гн            | Eratti Alta  |   |                           |                            |
|--|---------------|--|---|---------------------------|----------------------------|
|  |               |  | Welcome   | ), <del>anderek</del> 7@m | <del>ianich ed</del> u Log |
| AP Host Site Application Port                | Sections will | show "Complete"<br>uired fields are                  |   | Complete                  | • 3                        |
| Activities                                   |               | Click " Start Now" t<br>begin Activities<br>section. | :0  | started                   | Start Now >                |
| Training                                     |               | Section.   |   | O Not<br>Started          | Start Now >                |
| Languages                                    |               |  |   | O Not<br>Started          | Start Now >                |
| PHAP Host Site Application St                | ubmission     |  | There are 28<br>days remaining<br>to submit this. |                           | Submit                     |

Step 12 continued: Add Activities



• Step 12 continued: Add Activity

| Activities  |  |
|---|--|
| Activity Description<br>Enter a detailed description of the ar<br>Activity: * | tivity the associate will perform during the assignment, including associate responsibilities, timeline, and deliverables. (250 Word Limit)  |
| Description: *  | Ex: Home lead inspections. The associate will<br>inspect homes in which children with high blood<br>lead levels have been identified and take<br>measurements using appropriate instruments. |
| Level of Responsibility: * O Team Member O Coordinator Lead                   | Select the level of responsibility (e.g. Team<br>Lead, member, etc.) of the associate during the<br>completion of this activity.   |
| Activity Dates<br>Start Date: *<br>End Date: *                                | Specify the timeframe for the activity.  |

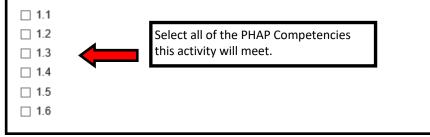
Step 12 continued: Activity Competencies

#### Competencies

1.0 Analytic and Assessment

- · 1.1 Monitors health risks and factors affecting the community
- · 1.2 Uses data that are valid and reliable for assessing the health of a community
- · 1.3 Synthesizes public health information to accurately assess problems
- 1.4 Applies ethical principles in using (e.g., accessing, analyzing, using, maintaining, and disseminating) public health data and information
- 1.5 Uses information technology in accessing, collecting, analyzing, using maintaining, and disseminating data and information
- · 1.6 Defends decisions using logic as well as qualitative and quantitative data

#### 1.0 Analytic and Assessment (See list above):

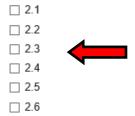


Step 12 continued: Activity Competencies

#### 2.0 Public Health Science

- 2.1 Applies knowledge of various approaches to improving population-based health
- 2.2 Describes the basic public health sciences (i.e., laboratory, epidemiology, surveillance, and informatics)
- 2.3 Describes how public health sciences are used in the delivery of the 10 Essential Public Health services
- · 2.4 Incorporates public health informatics practices and procedures
- 2.5 Defines the roles, responsibilities and contributions of various organizations and agencies to specific federal, state, tribal, local, and territorial public health programs
- 2.6 Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels

2.0 Public Health Science (See list above):



Select all of the PHAP Competencies this activity will meet.

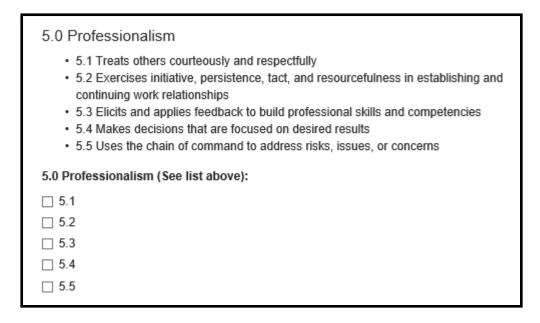
Step 12 continued: Activity Competencies

| <ul> <li>3.0 Program Planning, Management, and Improvement</li> <li>3.1 Identifies information required in the program planning process</li> <li>3.2 Gathers information for evaluating policies, programs, and services</li> <li>3.3 Contributes to the implementation of an organizational strategic plan</li> <li>3.4 Contributes to state/tribal/community health improvement planning</li> </ul> |
|---|
| 3.0 Program Planning, Management, and Improvement (See list above):   |
| □ 3.1   |
| 3.2   |
| 3.3   |
| 3.4   |
|   |

Step 12 continued: Activity Competencies



Step 12 continued: Activity Competencies

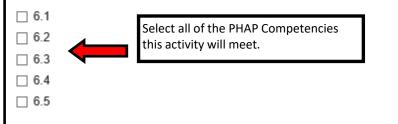


Step 12 continued: Activity Competencies

#### 6.0 Communication

- 6.1 Communicates in writing and orally with linguistic and cultural proficiency to target audience
- 6.2 Communicates information that is clear, timely, accurate and uses plain language
- 6.3 Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases)
- 6.4 Applies communication and group dynamic strategies in interactions with individuals and groups
- · 6.5 Demonstrates active listening skills

#### 6.0 Communication (See list above):



## **Host Site Application – Activities**

Step 12 continued: Activity Competencies



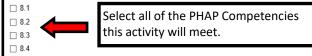
### **Host Site Application – Activities**

Step 12 continued: Activity Competencies

#### 8.0 Community Dimensions of Public Health

- 8.1 Establishes relationships to improve health in a community (e.g., partnerships, academic, colleagues, customers, others)
- · 8.2 Collaborates with community partners to improve health in a community
- · 8.3 Serves as a public health ambassador
- 8.4 Identifies policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)

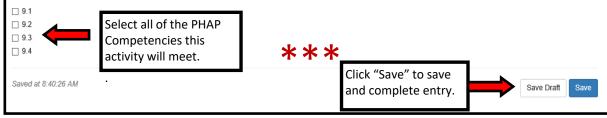
8.0 Community Dimensions of Public Health (See list above):



9.0 Financial Planning and Management

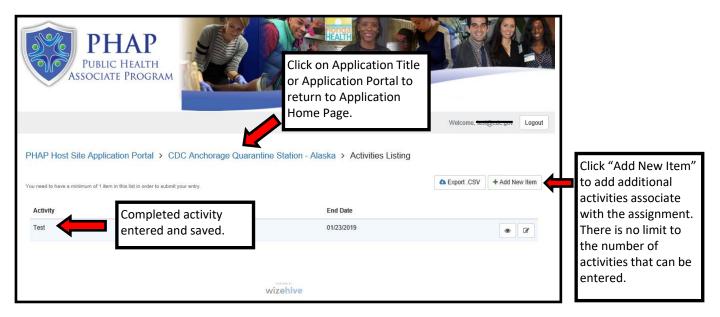
- · 9.1 Describes public health funding mechanisms
- 9.2 Provides assistance on grants, cooperative agreements, contracts, and other awards
- · 9.3 Describes components of a budget
- · 9.4 Tracks program spending to current and forecasted budget constraints

9.0 Financial Planning and Management (See list above):



#### **Host Site Application – Activities**

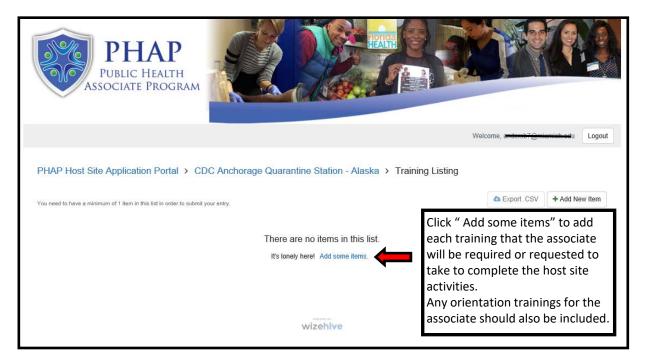
Step 13: Add Additional Activities



Step 14: Add Training

|                                |  | Welcome, and the grant | inton colu  |
|--------------------------------|--|------------------------|-------------|
| Host Site Application Portal > | CDC Anchorage Quarantine Station - Alaska                        |                        |             |
| AP Host Site Application       |  |                        |             |
| Assignment Details             | Sections will show<br>"Complete" when all<br>required fields are | © Complete             | • 2         |
| Activities                     | complete and saved.  | ⊘ Complete             | >           |
| raining                        | Click "Start No<br>to begin Train<br>section.                    |                        | Start Now > |
| anguages                       | Section  | O Not<br>Started       | Start Now > |

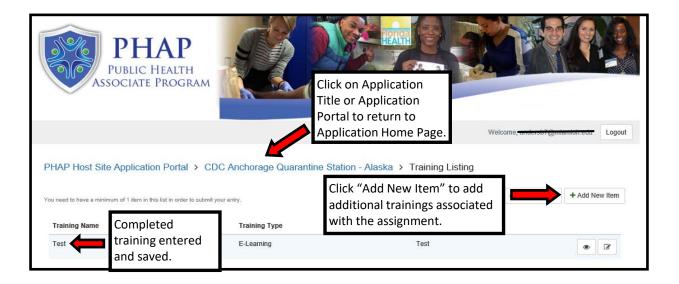
Step 14 continued: Add Training



Step 14 continued: Add Training

| Training                                       |  |
|--|--|
| Training Name/Subject: *                       |  |
| Training Type: *                               |  |
| ⊖ One-on-One                                   | Enter information for                    |
| <ul> <li>E-Learning</li> </ul>                 | Enter information for                    |
| <ul> <li>Classroom: HD</li> </ul>              | each training.                           |
| <ul> <li>Classroom: Outside Sponsor</li> </ul> |  |
| E-Learning CDC                                 |  |
| ⊖ Other  |  |
| Brief Description: *                           |  |
|  |  |
| Target Completion Date: *                      |  |
|  |  |
|  | ***                                      |
|  | Click "Save" to save                     |
|  | Click "Save" to save and complete entry. |
|  |  |

Step 15: Add Additional Trainings



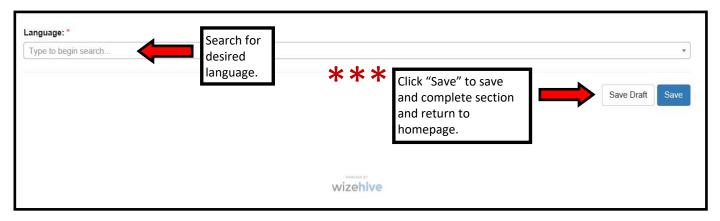
#### **Host Site Application – Languages**

Step 16: Add Language Requirements

| ASSOCIATE PROGRAM                    | PROPAGE R                                  |  |
|--------------------------------------|--|--|
|                                      |  | Welcome, a <del>ndered generated</del> a |
| P Host Site Application Portal > CDC | Anchorage Quarantine Station - Alaska      |  |
| AP Host Site Application             |  |  |
| Assignment Details                   |  | ⊘ Complete ≉ Ø                           |
|                                      | Sections will show                         |  |
| Activities                           | "Complete" when all<br>required fields are | ⊘ Complete >                             |
|                                      | complete and saved.                        |  |
| Training                             |  | ⊘ Complete >                             |
|                                      | Click "Start No                            | w″                                       |
| Languages                            | to begin Langu                             |  |
|                                      | section.                                   |  |

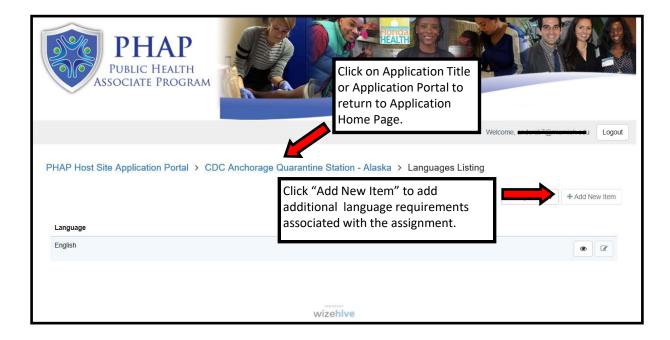
## **Host Site Application – Languages**

Step 16 continued: Add Language Requirements



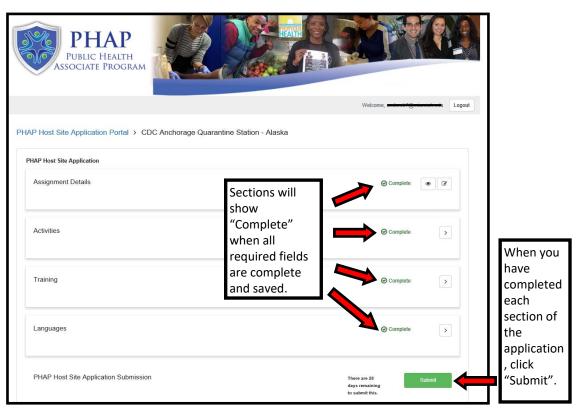
#### **Host Site Application – Languages**

Step 17: Add Additional Language Requirements



#### **Host Site Application – Submit Application**

Step 18: Submit Application



#### **Host Site Application – Submit Application**

Step 18 continued: Submit Application

| AP Host Site Application              |                             |
|---------------------------------------|-----------------------------|
| Assignment Details                    | ۲                           |
| Activities                            | >                           |
| raining                               | >                           |
| Languages                             | >                           |
| PHAP Host Site Application Submission | This has been<br>submitted. |

#### **Summary:**

- Link to eFMS can be found on <u>www.cdc.gov/PHAP</u>
- Host Site Application period is February 4-18, 2019
- Contact PHAP with any questions at <a href="mailto:phap@cdc.gov">phap@cdc.gov</a>

# **Thank You!**

Thank you for your interest in hosting an associate!

For more information, please contact CDC's Public Health Associate Program:

4770 Buford HWY NE

Atlanta, GA 30341

Telephone: 404-498-0030

Email: <u>PHAP@cdc.gov</u>

Website: www.cdc.gov/PHAP

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

