Login

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

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PHPS Host Site Application

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Prevention Service

Are you a first-time visitor? Register Now

PHPS is a 3-year training and service fellowship for master's level public health professionals. The fellowship focuses on public health program management and provides experience in program planning, implementation, and evaluation through specialized hands-on training and mentorship at CDC, and in state and local health organizations.

Please read the Application Instructions carefully before applying.

Log In

☑ I have read and understand the **Government Warning**

E-mail: [_____]

Password: [_____]

[Log In]

Forgot your E-mail or Password?

Contact PHPS:

Public Health Prevention Service
Centers for Disease Control and
Prevention
1600 Clifton Rd., NE
Mailstop E-92
Atlanta, GA 30333 USA

☎ (404) 498-6120
✉ fmsteam@cdc.gov

Home   Site Map   Policies   About CDC.gov   Link to Us   All Languages   CDC Mobile   Contact CDC   Privacy Act and Public Burden Information

Centers for Disease Control and Prevention   1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - cdcinfo@cdc.gov

USA.gov
Government Made Easy

Registration

PHPS Host Site Application

Public Health
Prevention Service

Registration

*Indicates a required field

Name

* First Name:

Middle Name:

* Last Name:

E-mail

Your e-mail is also your log-in. We will use your e-mail to communicate with you throughout the application process. Make sure your e-mail is typed correctly.

* E-mail Address:

* Verify E-mail Address:

Telephone Number

Provide your primary phone number, including area code. This information will be used to confirm your identity.

* Primary Phone: (Example: 1234567890)

* Verify Phone:

Public Health Agency

Select the agency for which you are submitting an application. This information will be used throughout the application process.

* Type: -- Select --

Public Health Agency Types:

Public Health Agency

Select the agency for which you are submitting an application. This information will be used throughout the application process.

* Type: -- Select -- ▼

| -- Select -- |
| Community-based organization |
| Indian Health Service area offices |
| Other, Federal Government |
| Private public health organization |
| State |
| Local |
| Territorial |
| Tribal |
| University or other academia |
| Other |

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TISA gov

My home page

Before an application is created

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Welcome Jay Schroeder

Public Health
Prevention Service

My Home Page

This page will display all of the applications you have initiated. Select an Application ID to view a particular application.

> **You currently do not have any applications for the current program year. Click the 'Create New Application' button below to create a new application.**

Create New Assignment Application

After an application is created

CDC Home

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

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PUBLIC HEALTH
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Welcome Jay Schroeder

My Home Page

This page will display all of the applications you have initiated. Select an Application ID to view a particular application.

Application ID	Status	Date Of Submission	App
MO-2013-01	In Progress		N/A

Create New Assignment Application

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Application instructions

Eligibility

Host sites for the Public Health Prevention Service (PHPS)[1] must be public health agencies or organizations engaged in the delivery of public health services at the community level, including state, territorial, city, county and tribal entities as well as CDC Quarantine Stations. Applications will be accepted only from eligible host sites that submit this application to PHPS.

Associates will be assigned to work within the host sites' organizational environments under the terms of PHPS's Agreement to Detail Civil Service Employees (linked on the CDC PHPS website). Consequently, host sites must have a signed copy of this document on file at CDC prior to the start date of the assigned Associate. Questions concerning the Agreement to Detail should be directed to PHPS at phps@cdc.gov

Host Site Requirements

The following program requirements apply to all Associateships:

Associateships should consist of two, one-year job assignments suitable for candidates with a bachelor's degree and little to no public health experience The assignments will involve implementing public health interventions at the community level in the Program Areas listed below:

Program Areas

STD
TB
HIV
Maternal/Child Health
Chronic Disease
Environmental Health
Public Health Preparedness
Global Migration and Quarantine
Injury Prevention
Immunization
Other Communicable Diseases

Other program areas may be suggested to fit the needs of the health department.

Different program areas for Year 1 and Year 2 assignments are strongly encouraged. Sites with a high HIV incidence rate may request to host an associate for HIV-related work for two years and are not required to rotate between programs.

The proposed associate activities should address the host sites needs and ensure the development of specified competencies. The competencies reflect the program's mission to prepare highly qualified, entry-level professionals who are capable of meeting public health workforce needs through frontline experience in state, tribal, local and territorial public health agencies. Therefore, a detailed plan to develop Associate competencies should be documented and noted in the application. A listing of competencies is provided at the end of this document and is listed in the Host Site Application. An exemplary application links the competencies to specific work products and activities as well as host-site supported training.

Host sites must assure the availability of an on-site Local Supervisor to provide day-to-day direction for the Associate, interact with CDC program managers, participate in the CDC Orientation Seminar[2], conduct Associate performance reviews and develop a detailed Associate Development Plan. The Local Supervisor should have direct responsibility over the functions to be performed by the Associate to ensure that the Associate is provided the level of guidance, direction, performance assessment and training needed to perform the required job functions. If a host site plans to utilize a non-FTE in the supervisory role, a host site FTE must be listed as a secondary supervisor.

Financial support for work-related, in-state travel and training will be provided by the host site (or an appropriate state program) to enable the Associate to carry out assigned work and operate effectively in the local environment. Training provided by host sites will include both employment training (safety, security, information technology, standards of conduct, etc., in accordance with state/local

After all sections of the application are completed, the host site will be able to submit the Application. After an application is submitted, it cannot be updated (but can be withdrawn – see Withdraw Application button).

The application can be printed both while in progress and after submission.

A host site can track their application status (pending, submitted, withdrawn) and the current status of the review in the Track Your Application section.

Application Submission

Applications must be submitted through the website application.

If there is a problem with the website, please contact phps@cdc.gov with your return contact information and a PHPS Team Staff member will contact you to discuss a resolution or alternative arrangements.

Application Deadline

Applications must be submitted no later than 11:59pm (Eastern) on TBD.

Evaluation Criteria

Applications must demonstrate the ability to provide a comprehensive two-year work experience that: (1) is suitable for candidates possessing a recent bachelor's degree but lacking significant work experience; (2) has well-defined activities in the designated activity areas and references the competencies and training required/met by those activities; and (3) occurs as a sequence of two assignments that support the PHPS mission and vision. Proposals that address these critical factors will be evaluated and application forms will be scored based on the following criteria:

Scope of Associate Assignments (40 points)

Demonstrates ability to provide a comprehensive two-year work experience integrating the Associate(s) into the day-to-day work and mission of the host agency.

Addresses the PHPS Competencies and provides qualifying experience for Public Health Advisor positions at the GS-9 level and their functionally equivalent positions at state, tribal, local or territorial health agencies.

Supervision (25 points)

Demonstrates that the host site direct supervisor has expertise in the work to be performed by the Associate.

Ability to provide daily work assignments, communicate performance expectations and monitor work output of the Associate.

Commitment to provide appropriate review, evaluation, guidance and direction.

Training (25 points)

Develops and presents a training plan that will support the Associate gaining knowledge of relevant policies and procedures for the assignment, including policy, procedures and security and safety within the local host organization

Shows skills and expertise that will enable the Associate to quickly become proficient in the assignment.

Demonstrates that all training directly related to the host site application will be provided by and paid for by the host site.

Host Site Information (10 points)

Demonstrations that the host site will support the Associate in building the requisite skills et for the program.

Shows that the Host Site demographics and statement will meet program needs.

Other

CDC may take into consideration other programmatic requirements and equitable distribution across geographic areas and demographic populations served.

[1] CDC will cover the cost of travel if it is required for local supervisors to participate in the Orientation Seminar.

Continue

Application status page

Application Status for Application MO-2013-01　　　　　　　　< Return to Home Page

A new application has been created. Your application ID is: **MO-2013-01**.
Please make a note of this application ID for future reference.

You are required to complete all sections of the online PHPS host site application. Once your application has been submitted, you will only be able to change your contact information in the 'My Profile' section. You will not be able to make any other changes. After submission, you can track receipt of supporting materials and the status of your application by selecting 'View' next to 'Track Your Application.'

Status	Section	Last Accessed
Begin	My Profile	
Begin	Public Health Agency Details	
Begin	Assignment Details	
View	Track Your Application	
Print	Print Application (for your records)	

Withdraw Application

[Submit Application]

Public health agency details

Public Health Agency Details

*Indicates a required field

Agency Information

Agency Name:	**Missouri Department of Health and Senior Services**
Agency Type:	**State**
* Mailing Address:	
* City:	
* State/Territory:	Washington, DC
* Zip:	
Website:	
Org. Chart URL:	

Director Information

* Director's First Name:	
* Director's Last Name:	
* Director's E-mail:	
* Director's Phone:	(Example: 1234567890)
Director's Phone Ext:	

*Supervisor Information

Type	Supervisor Name	Title
Primary		
Secondary		

Population Description

* **Primary Topic:** [_____]

* **Winnable Battles?** ○ Yes ● No

Race	
	☐ African/American
	☐ Asian/Pacific Islander
	☐ Caucasian
	☐ Hispanic
	☐ Native American
	☐ Other

Gender	
	☐ Female
	☐ Male
	☐ Other

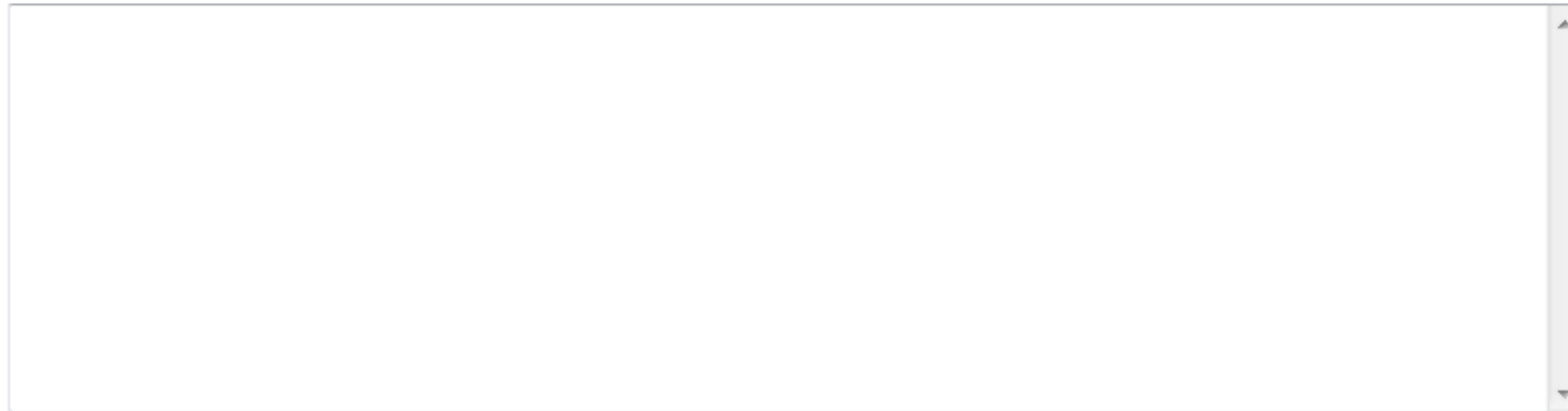| Life Stages	
	☐ Children
	☐ Adolescent and Teens
	☐ Adults
	☐ Seniors (65+)

*Statement of Need

Identify (list) and describe the public health or program management need(s) (e.g., childhood obesity, preparedness planning, infrastructure development) to be addressed by the PHPS fellow.

Describe the populations served (e.g., older adults, infants or children, at-risk populations).

Describe key partners and their roles in collaborating with your organization on this health problem or concern.
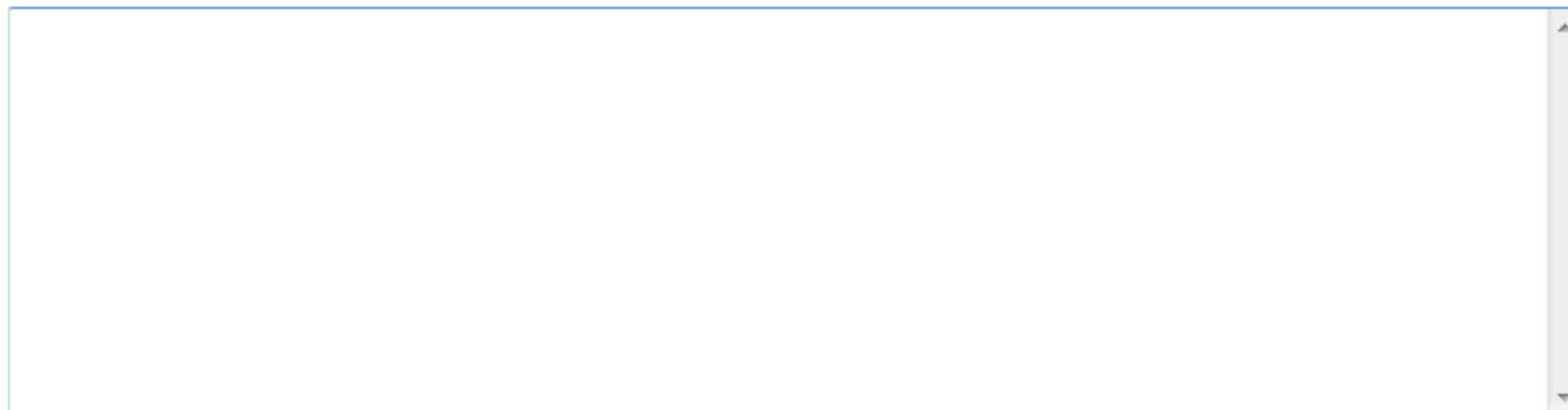
(500 word limit)

Word Count   0

*Summary of Assignment

Provide a brief description of the proposed assignment. (250 word limit)

Word Count   0

*Organizational Structure

Describe the program area, department, or organizational unit within the health organization where the assignment will be based.

Describe the workplace support (e.g., office setting, computer equipment, clerical and administrative support, peer support, dedicated resources) that will be provided to the PHPS fellow.

Describe opportunities available to the PHPS fellow for professional development (e.g., supported training, site visits, job shadowing, participation in meetings).

Identify potential travel requirements for the PHPS fellow in support of assignment activities. This should include procedures for reimbursement to the PHPS fellow.

(500 word limit)

Word Count   0

Section Status

Is this section complete?   ○ Yes   ⦿ No

[Update]   [Cancel]

Primary supervisor information

Primary Supervisor Information

* Title: [   ]
* First Name: [   ]
* Last Name: [   ]
* Mailing Address: [   ]
[   ]
[   ]
* City: [   ]
* State/Territory: [-- Select -- ▼]
* Zip: [   ]
  E-mail: [   ]
  Phone: [   ] (Example: 1234567890)
* Fax: [   ]
* Degree: [   ]
* Are you a full time employee?   ○ Yes ● No

Describe supervisor's supervisory and mentoring experience. (250 word limit)

[   ]

[Word Count] 0

Describe how supervisor will provide direct supervision and on-the-job training. (250 word limit)

[   ]

[Word Count] 0

List the primary duties and responsibilities of the supervisor. (250 word limit)

[   ]

[Word Count] 0

List any other staff that will be providing ongoing guidance and assistance related to the PHPS fellow's activities. (250 word limit)

[   ]

[Word Count] 0

[Update]   [Cancel]

Secondary supervisor information

Secondary Supervisor Information

* Title:

* First Name:

* Last Name:

Mailing Address:

City:

State/Territory: -- Select -- ▼

Zip:

E-mail:

Phone: (Example: 1234567890)

* Fax:

* Degree:

* Are you a full time employee? ○ Yes ◉ No

Describe supervisor's supervisory and mentoring experience. (250 word limit)

Word Count   0

Describe how supervisor will provide direct supervision and on-the-job training. (250 word limit)

Word Count   0

List the primary duties and responsibilities of the supervisor. (250 word limit)

Word Count   0

List any other staff that will be providing ongoing guidance and assistance related to the PHPS fellow's activities. (250 word limit)

Word Count   0

Update   Cancel

Assignment details

Assignment Details

Assignment Information

* Location (office name): [_____]

Click here if the physical address for this project is the same as the public health agency location information.

Physical Address where fellow will work:

* Address: [_____]
[_____]
[_____]

* State: [-- Select -- ▼]
* City: [_____]
* Zip: [_____]

Fellow Activities, Responsibilities, and Deliverables

Click the "Add Activity" button below to enter activity information. You will be prompted to provide an activity description, specify outcomes, and select performance requirements.

You must add at least one activity. There is no limit to the number of activities that may be listed; the number should depend on the actual tasks required during the assignment and relevant for the fellow to complete the actual planned tasks and assignments.

[Add Activity]

Professional Development/Training

Click the "Add Training" button below to enter planned professional development/training information. You will be prompted to provide a description. Enter trainings that will be supported by the host site for the development of the fellow, including a list of all training required for employment at a host site.

You must add at least one training. Each training should be listed separately. There is no limit to the number of trainings that may be entered.

[Add Training]

Section Status

Is this section complete?   ○ Yes   ◉ No

[Update]   [Cancel]

Add activity

Add Activity

* Activity Description:

Enter a detailed description of the activity the fellow will perform during the assignment, including fellow responsibilities, timeline, and key milestones. (250 Word Limit).

[Word Count] **0**

* End Products:

Enter a detailed description of the end product. (250 Word Limit).

[Word Count] **0**

* Performance Requirements:

Select all performance requirements that apply. You must select at least one performance requirement.

☐ Conduct a public health assessment

☐ Develop a plan for a public health program or initiative

☐ Implement a public health program plan or initiative

☐ Evaluate a public health program or initiative

☐ Analyze a public health policy related issue and prepare a written response

☐ Communicate public health information to a lay audience using a variety of media

☐ Communicate public health information to professional audiences

☐ Participate in various aspects of the funding process

* Level of Responsibility: -- Select --

* Start Month/Year: -- Select --   -- Select --

* End Month/Year: -- Select --   -- Select --

* Dedicated Resources:
Enter a detailed description of the dedicated resources. (250 Word Limit).

Word Count   0

Update   Cancel

Add training

Welcome Jay Schroeder

Add Training

* Indicates a required field

* Training:

* Brief Description:

* Target Completion Date: -- Select --   -- Select --

* Dedicated Resources:

Update   Cancel

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Welcome Jay Schroeder

Application Status for Application MO-2013-01   < Return to Home Page

You are required to complete all sections of the online PHPS host site application. Once your application has been submitted, you will only be able to change your contact information in the 'My Profile' section. You will not be able to make any other changes. After submission, you can track receipt of supporting materials and the status of your application by selecting 'View' next to 'Track Your Application.'

Status	Section	Last Accessed
Completed	My Profile	02/05/2013 10:52 AM
Completed	Public Health Agency Details	02/05/2013 11:04 AM
Completed	Assignment Details	02/05/2013 10:59 AM
View	Track Your Application	
Print	Print Application (for your records)	

Submit Application

Withdraw Application

This will remove your host site application from consideration.

* Provide reason for withdrawal.

[   ]

Confirm Withdrawal   Cancel

Public Health
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Submit Application

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Completed	Assignment Details	02/05/2013 10:59 AM
View	Track Your Application	
Print	Print Application (for your records)	

Withdraw Application

Submit Confirmation

After you submit your application, you **will not** be able to make changes. You may track receipt of your supporting materials by using the **Track Your Application** function. By submitting this application, I confirm that this is a 2 year program with funding support and activities to cover at least 2 years.

[Submit Application]   [Cancel]

Submit Application

Public Health
Prevention Service

You are required to complete all sections of the online PHPS host site application. Once your application has been submitted, you will only be able to change your contact information in the 'My Profile' section. You will not be able to make any other changes. After submission, you can track receipt of supporting materials and the status of your application by selecting 'View' next to 'Track Your Application.'

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Completed	Public Health Agency Details	02/05/2013 11:04 AM
Completed	Assignment Details	02/05/2013 10:59 AM
View	Track Your Application	
Print	Print Application (for your records)	

Withdraw Application

Authorization

I certify that all information submitted in this online PHPS Host Site application and any supporting materials are complete and accurate. I understand that my application will be rejected if the information I have provided is deemed to be false.

○ I agree   ○ I do not agree

[Confirm]   [Cancel]