Expiration date: XX/XX/XXXX

## **Public Health Law Fellowship Application**

To apply as a fellow in the Public Health Law Fellowship, please complete the survey below.

To complete this survey, please select the answer that applies to each question posed below. If it is possible to choose more than one answer, the question will have an instruction to select all that apply.

Text-To-Speech functionality is enabled. It is set to off but can be turned on when clicked. This will enable the text to be read out loud. You must have computer speakers turned on.

There is no time limit to complete the survey. All questions will be displayed on one page. You will see two options at the bottom of the page, "Save & Return Later" and "Submit," indicating the end of the survey.

Before submitting your survey, you may save your progress and return later to complete the survey by selecting the "Save & Return Later" option at the bottom of the page. If you select "Save & Return Later," you will be given a return code when leaving a survey. The return code is required to re-enter and finish the survey. We are not able to retrieve lost codes, so if you cannot find your code, you will need to restart the survey. Selecting "Save & Return Later" does not submit your answers.

To submit your answers, you must select "Submit." Your survey responses will be submitted, and you will see a survey completion note thanking you for your submission. You will not be able to edit your responses once your survey is submitted. You will be able to download a PDF of your application responses if you would like to.

Thank you!

Public reporting burden of this collection of information is estimated to average 7 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Information Collection Review Office, 1600 Clifton Rd. NE, MS H21-8, Atlanta, GA 30329; ATTN: PRA (0920-XXXX).

What is your name?		
What is the best ema	ail address to contact you?	

Please select the degree(s) you are currently seeking. If you are not currently seeking a degree, please select the degree(s) you most recently completed.

JD
Master of public health
Master of public administration
Master of public policy
PhD
DrPH
Other

Please select which of the below best describes you. (Note: To qualify for the Public Health Law Fellowship as a law student, you must complete your 2L year by the start of the fellowship.)

- Rising or current 3rd year student at an ABA-accredited law school
- Graduated from an ABA-accredited law school within the past 4 years
- Neither

Please select which best describes you

- Current graduate student in a master's or doctoral program
- Graduated from a master's or doctoral program within the past 4 years
- Neither

Thank you for your interest in the Public Health Law Fellowship and Intern/Extern program. Based on your responses, you are not currently eligible for these programs. To be eligible for the Intern/Extern program, you must be a current law, master's, or PhD student. Law students must have completed their 2L year by the start of the inter/externship. To be eligible for the fellowship program, you must be a current law, master's, or PhD student, or have graduated from one of these programs within the past 4 years. Current law students must have completed their 2L year by the start of the fellowship. We encourage you to apply for one of these positions should you become eligible in the future. If you wish to correct the information above, please do so now. If you do not wish to correct the information above, please select "No" to end the survey now.

- Yes
- No

Based on your responses, you are eligible to apply to the fellowship program and the intern/extern program. Intern/externs will be placed at CDC in an unpaid capacity but may be eligible to receive course credit.

Fellows are paid positions that may be placed at CDC or in field offices.

Please select the program for which you would like to apply.

- Public Health Law Fellowship
- CDC Internships & Externships in Public Health Law

Which internship are you applying for?

- Administrative and Communications
- Public Health Law

Current academic institution, or academic institution you graduated from within the past 4 years, if not currently in school.
If you are a current student, please enter your anticipated graduation date
If you have already graduated, please enter the date you graduated with your most recent degree.
Please upload a copy of your resume
Why are you interested in working as a public health law fellow or intern and how does it fit with your previous experience? (200-word limit)
Which of the public health topics interest you the most? (Select all that apply)
<ul> <li>Vaccination</li> <li>Health equity</li> <li>Emergency preparedness</li> <li>Environmental health</li> <li>Maternal and child health</li> <li>Coroner/medical examiner laws</li> <li>Public health data systems</li> <li>General legal counsel/clerkship</li> <li>Other</li> </ul>
What is your highest degree of education completed?
<ul> <li>High school/GED</li> <li>Associate's degree</li> <li>Bachelor's degree</li> <li>Master's degree</li> <li>Professional degree (MD, JD)</li> <li>Doctoral degree</li> <li>Other, please specify</li> </ul>
For each degree attained, please enter the major/concentration, academic institution, and date of graduation below
Do you identify as having any kind of disability?
<ul><li>Yes</li><li>No</li><li>Prefer not to respond</li></ul>
How would you describe your race? Select all that apply.
<ul> <li>White</li> <li>Black or African American</li> <li>Asian</li> <li>American Indian or Alaska Native</li> </ul>

<b>-</b> (	Native Hawaiian or other Pacific Islander Other (please specify) Prefer not to respond
concept what the	uld you describe your gender identity? Gender identity can be defined as "one's innermost of self as male, female, a blend of both, or neither-how individuals perceive themselves and by call themselves. One's gender identity can be the same or different from their sex assigned at
Do you c	onsider yourself Hispanic or Latino?
• 1	res No Prefer not to respond
Please se	elect the option below that best describes you
• [	JS citizen Legal permanent resident of the United States Neither
Which fe	llowship experience would you prefer?
	Field placement in a state or local health department Placement in a CDC center
	nter your current city, state, and zip code. If you expect to be located somewhere else at the he fellowship or intern/externship, please enter your anticipated city, state, and zip code
City:	
State:	
Zip:	
Please se	elect your preference.
• F	n-person fellowship or intern/externship Remote fellowship or intern/externship Hybrid fellowship or intern/externship No preference
-	willing to relocate for a fellowship or intern/extern opportunity? Please note, we have many opportunities, so answering "no" to this question does not disqualify you from consideration.
	∕es No
Please ra	nk the cohorts you would like to participate in:
First cho	ice:

Second choice:		
Third choice:		
Answer choices are:		
•	Spring	
•	Summer	
•	Fall	
Answer choices are:		
	40 hours/week (full time)	
	30-39 hours/week	
	20-29 hours/week	
	10-19 hours/week	
	Fewer than 10 hours/week	