Form approved OMB No. 0920-XXXX Expiration date: XX/XX/XX

Public Health Law Fellowship Application

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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 D-74, Atlanta, GA 30333; ATTN: PRA (0920-XXXX).

What is your name?	
What is the best email 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 you most recently completed degree(s).	☐ JD ☐ Master of public health ☐ Master of public administration ☐ Master of public policy ☐ PhD ☐ DrPH ☐ Other
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.	M-D-Y
Please upload a copy of your resume	

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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?	☐ Health equity
	☐ Vaccination
	☐ Emergency preparedness
	Environmental health
	Maternal and child health
	Coroner/medical examiner laws
	Public health data systems
	General legal counsel/clerkship
	Other
	Select all that apply
What is your highest degree of education completed?	Our Later
	High school/GED
	Associate's degree
	O Bachelor's degree
	Master's degree
	O Professional degree (MD, JD)
	O Doctoral degree
	Other, please specify
For each degree attained, please enter the major/concentration, academic institution, and date of graduation below. List your most recent degree attained first and separate degrees with a semicolon.	
Do you identify as having any kind of disability?	○ Yes
	○ No
	O Prefer not to respond
How would you describe your race? Select all that apply.	White
	Black or African American
	Asian
	American Indian or Alaska Native
	Native Hawaiian or other Pacific Islander
	Other (please specify)
	Prefer not to respond
How would you describe your gender identity? Gender identity can be defined as "one's innermost concept of self as male, female, a blend of both, or neither-how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth."	

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Expiration date: XX/XX/XXX Do you consider yourself Hispanic or Latino? O Yes O No O Prefer not to respond Please select the option below that best describes you US Citizen Legal permanent resident of the United States O Neither Which fellowship experience would you prefer? O Field placement in a state or local health department O Placement in a CDC center Please enter your current city, state, and zip code. If you expect to be located somewhere else at the time of the fellowship or intern/externship, please enter your anticipated city, state, and zip code instead. City: State: Zip: Please select your preference. In-person fellowship or intern/externship Remote fellowship or intern/externship O Hybrid fellowship or intern/externship O No preference Are you willing to relocate for a fellowship or intern/extern O Yes opportunity? Please note, we have many remote O No opportunities, so answering "no" to this question does not disqualify you from consideration.

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OMB No. 0920-XXXX Expiration date: XX/XX/XXX Please rank the cohorts you would like to participate in: First choice: Spring Summer O Fall 40 hours/week (full time) 30-39 hours/week 20-29 hours/week 10-19 hours/week Fewer than 10 hours/week Second choice: Spring Summer O Fall O I am not interested in participating in a cohort different from what I selected as my first choice 40 hours/week (full time) 30-39 hours/week 20-29 hours/week 10-19 hours/week fewer than 10 hours/week ☐ I am not interested in participating in a cohort different from what I selected as my first choice Third choice: Spring Summer O Fall \bigcirc I am not interested in participating in a cohort different from what I selected as my first choice 40 hours/week (full time) 30-39 hours/week 20-29 hours/week 10-19 hours/week fewer than 10 hours/week ☐ I am not interested in participating in a cohort different from what I selected as my first choice

Submit

Save & Return Later