



**CDC Southeastern
Center of Excellence in
Vector Borne Diseases**
The Gateway Program

**Florida Mosquito Control
Dodd Short Course 2019
Training Fellowship
Application**

Applicant Information

Full Name (surname, first, initial)	
Street Address (Home)	
City ST ZIP Code	
Home Phone	
Street Address (Work)	
City ST ZIP Code	
Work Phone	
E-Mail Address	
Mosquito Control Program/District	
Occupation/Position Title(s) with respect to mosquito/vector control	
Public Health Pest Control License Holder	Yes <input type="checkbox"/> No <input type="checkbox"/> Check box. If yes, what year was it issued:
Membership in a Mosquito Control Association? If Yes, indicate association name.	

Application Type *(Maximum award amount is \$1,000 per applicant)*

Indicate if the requested training fellowship is intended for (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Course tuition | <input type="checkbox"/> Hotel/Accommodations (including Airbnb) |
| <input type="checkbox"/> Travel (mileage only) | <input type="checkbox"/> Travel (flight/bus/other) |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Certification exam review |

Current Job Title(s):

-
-
-

Major Duties/Responsibilities for position(s) listed above:

Briefly describe (2-3 sentences) two goals (one personal and one related to building mosquito control program capacity) that you hope to achieve by attending the DODD Short Courses:

1.

2.

Training Interests

Please list at least 3 DODD Short Courses you are interested in taking in priority order and provide a sentence or two describing how the course will support your goals.

1.

Why?

2.

Why?

3.

Why?

(extra space if needed, delete this text if using this space)

Previous Dodd Short Course (or other) Training Experience

Within the past 3 years, have you attended any previous DODD Short Courses?

If so, please list course titles and year attended.

Within the past 3 years, have you attended any other mosquito control training workshops or conferences? If so, please list by title of workshop attended and year attended. If none, please write N/A.

Reference/Supervisor Support: *Name of mosquito control director/manager (if self, provide the name of another reference from a major state government agency or institution (FDACS personnel excluded) who can act as a referee). Instructions for referee/manager/supervisor: Please address a confidential letter in support (reference letter) to the Dodd Training Fellowship Committee. This letter needs to address the current resources available for the trainee in your program (or your knowledge of it). The letter needs to be specific to the applicant. The letter can either be in the form of a signed PDF form on official letterhead or an email correspondence with a complete signature block. The letter should be sent with a subject heading with the "Applicant's name_Dodd Training Fellowship" to training@cdcsercoevbd-flgateway.org*

NOTE: If this letter of support is REQUIRED. If a letter is not provided this would result in an incomplete submission and the application will not be considered.

Name of Supervisor or individual providing a reference letter	
Street Address (Work)	
City ST ZIP Code	
Mobile Phone	
Work Phone	
E-Mail Address	
Job Title	
Signature <i>(Indicating approval of this application submission by the applicant and your agreement to provide a recommendation letter)</i>	
Date	

Agreement and Applicant Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a training fellow, any false statements, omissions, or other misrepresentations made by me on this application may result in the loss of the award.

Name (printed)	
Signature (electronic signatures accepted)*	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in the Dodd Short Course offered by the Florida Mosquito Control Association and the training fellowship through the Center.

The application due date is **Friday, November 2, 2018**.

Please submit the application through the center website: <http://cdcsercoevbd-flgateway.org/>

*If printing, please sign the form, scan/save as a pdf and email it to: training@cdcsercoevbd-flgateway.org