

THE EDMUNDO GRANDA UGALDE LEADERS IN INTERNATIONAL HEALTH PROGRAM 2016
PAN AMERICAN HEALTH ORGANIZATION

APPLICATION FORM

INSTRUCTIONS FOR COMPLETING THIS FORM

- ❖ Application should be typed.
- ❖ Answer all questions clearly and accurately and include all pertinent information. Should space be insufficient, please use additional pages. Additional pages should be typed.
- ❖ Sign and date the last page, where indicated.
- ❖ Please remember to submit all required documents so that your application will be considered complete. Please see Program Description for details on eligibility criteria and documents required. (also see checklist below)
- ❖ Please only submit copies of undergraduate, graduate, and postgraduate diplomas. Certificates of participation or attendance at workshops, congresses or short courses, etc., will not be considered in the selection process.

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CHECKLIST

(Please submit with application)

Please ensure that ALL of the following required documents are included and the application is complete.

Required documents:

- ☐ Completed application form
- ☐ Curriculum vitae
- ☐ Copy of undergraduate diploma(s)*
- ☐ Copy of graduate and/or postgraduate diploma(s) (if applicable)*
- ☐ Letter of support from place of employment

* Please do not submit original diplomas or certificates as these will not be returned.

Recommended documents (optional):

- ☐ Letters of reference

Please ensure that:

- ☐ The application has been signed and dated
- ☐ The documents are submitted in the order noted above
- ☐ All documents are included. Incomplete applications (in which one or more of the required documents are missing) will not be considered. Optional letters of reference can be submitted separately.

All documents should be submitted to the PAHO/WHO Country Office in your country of residence. Documents should be submitted in electronic format, attaching each document as a separate file. Please contact the country office for more information.

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I. BACKGROUND INFORMATION

Name			
	<i>Last</i> *	<i>First</i>	<i>Middle</i>

*Print LAST NAME only in capital letters.

Mailing address:

Street or Postal

Address: _____

City: _____ Country: _____ Zip Code: _____

Telephone numbers:

Office: ()

Home: () _____

Mobile or Cell phone: () _____

Office fax: () Home fax: ()

Email: _____

Date of birth:

Place of birth:

Nationality at birth:

Current nationality:

Sex: Male ☐ Female ☐

Indicate how you found out about the Program (check all that apply).

- ☐ PAHO/WHO Office in country of residence
- ☐ PAHO/WHO headquarters
- ☐ Place of employment
- ☐ PAHO/WHO website
- ☐ PAHO/WHO Virtual Campus for Public Health
- ☐ Congress, conference or other event
- ☐ Former participant
- ☐ Other (specify):

Have you applied previously to the Leaders in International Health Program? Yes ☐ No ☐

If yes, please note date(s) of application:

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II. ACADEMIC DEGREES

Highest degree attained (completed): _____

Graduate and Postgraduate Training (Starting with most recent, list **only** graduate training leading to a Master's Degree or its equivalent or a Ph.D.).

1. Institution: _____

School or Department within institution: _____

City, State and Country: _____

Beginning date: _____ Graduation date: _____

Degree/Title earned: _____ Date granted: _____

Area of specialization: _____

2. Institution: _____

School or Department within institution: _____

City, State and Country: _____

Beginning date: _____ Graduation date: _____

Degree/Title earned: _____ Date granted: _____

Area of specialization: _____

Undergraduate Training (List only training leading to a university degree)

Institution: _____

School or Department within institution: _____

City, State and Country: _____

Beginning date: _____ Graduation date: _____

Degree/Title earned: _____ Date granted: _____

Area of specialization: _____

Other Academic Training (List any other specializations, graduate or postgraduate training leading to the granting of a degree. Also use this space to list any medical residency)

1. Institution: _____

School or Department within institution: _____

City, State and Country: _____

Beginning date: _____ Graduation date: _____

Degree/Title earned: _____ Date granted: _____

Area of specialization: _____

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III. PROFESSIONAL EXPERIENCE (Start with your current or most recent position)

1. Dates: From: _____ To: _____

Exact title of the position: _____

Name of the institution: _____

Address: _____

City, State and Country: _____

Telephone: (____) _____ Fax: (____) _____

Name of supervisor: _____

Area of activity: _____ (Use the corresponding codes from the attached AREA OF ACTIVITY list , Annex 1)

Level of responsibility: _____ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

Job description: (Include the number of employees supervised and their duties)

2. Dates: From: _____ To: _____

Exact title of the position: _____

Name of the institution: _____

Address: _____

City, State and Country: _____

Telephone: (____) _____ Fax: (____) _____

Name of supervisor: _____

Area of activity: _____ (Use the corresponding codes from the attached AREA OF ACTIVITY list , Annex 1)

Level of responsibility: _____ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

Job description: (Include the number of employees supervised and their duties)

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III. PROFESSIONAL EXPERIENCE (Continued)

3. Dates: From: _____ To: _____

Exact title of the position: _____

Name of the institution: _____

Address: _____

City, State and Country: _____

Telephone: (____) _____ Fax: (____) _____

Name of supervisor: _____

Area of activity: _____ (Use the corresponding codes from the attached AREA OF ACTIVITY list , Annex 1)

Level of responsibility: _____ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

Job description: (Include the number of employees supervised and their duties)

4. Dates: From: _____ To: _____

Exact title of the position: _____

Name of the institution: _____

Address: _____

City, State and Country: _____

Telephone: (____) _____ Fax: (____) _____

Name of supervisor: _____

Area of activity: _____ (Use the corresponding codes from the attached AREA OF ACTIVITY list , Annex 1)

Level of responsibility: _____ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

Job description: (Include the number of employees supervised and their duties)

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IV. LANGUAGE ABILITY

The official languages of the Organization are: English, Spanish, Portuguese and French. Indicate your knowledge in one or more of these languages.

	ENGLISH			SPANISH			PORTUGUESE			FRENCH		
	Speak	Read	Write	Speak	Read	Write	Speak	Read	Write	Speak	Read	Write
Mother tongue												
Nearly as well as mother tongue												
Without serious difficulty												
Limited ability												
No knowledge												

Please indicate your knowledge of any other language.

	Speak	Read	Write	Speak	Read	Write
Mother tongue						
Nearly as well as mother tongue						
Without serious difficulty						
Limited ability						

V. FELLOWSHIPS AND AWARDS GRANTED

- Awarding institution: _____
 Dates: From: _____ To: _____
 Objective: _____
- Awarding institution: _____
 Dates: From: _____ To: _____
 Objective: _____

VI. PROFESSIONAL ASSOCIATIONS (List any post held or other special duties)

VII. PUBLICATIONS (Articles, papers, books. List the complete bibliographic reference)

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VIII. OPEN QUESTIONS

Please submit an essay in which you specify your reasons for wishing to participate in the Program, how it would contribute to your professional development and the relation to your current work and the development of your institution. Your response ***should not exceed*** one (1) page or 500 words.

[illegible]

2. As noted in the LIHP program information, participants are required to develop a project with a national, subregional or regional focus during the Program. Describe briefly one or two areas, situations or challenges that you would be interested in working on and, what your current involvement is with that topic and how the knowledge and competencies you would acquire through this Program will enable you to impact it in a positive manner. Your response ***should not exceed*** 300 words.

[illegible]

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IX. REFERENCES

Indicate the name and address of three public health or international relations professionals who could provide references on your professional performance.

1. Name and title: _____
Institution: _____
Address: _____

Telephone and/or Fax: _____
Email (if available): _____

2. Name and title: _____
Institution: _____
Address: _____

Telephone and/or Fax: _____
Email (if available): _____

3. Name and title: _____
Institution: _____
Address: _____

Telephone and/or Fax: _____
Email (if available): _____

Name

Signature

Date

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ANNEX 1

AREA OF ACTIVITY

Ministry of Health

- (1) Central administration (other than the Office of International Relations)
- (2) Office of International Relations at the Ministry of Health
- (3) Provincial/State administration
- (4) Municipal/Local administration
- (5) Public health services-Management
- (6) Public health services-Direct care
- (7) Public health services-Teaching/research

Other Governmental Agencies

- (8) Scientific and technical
- (9) Other ministries or public agencies
- (10) Congress

Social Security Administration

- (11) Management in social security central administration
- (12) Management in social security decentralized administration
- (13) Management/administration of social security health services
- (14) Social security consultancies

Private Sector

- (15) Private health services-Management
- (16) Private health services-Direct care
- (17) Private consultancies in health sector
- (18) Health industry (development of drugs and technology)

Teaching and Research

- (19) Teaching in public universities
- (20) Teaching in private universities
- (21) Research in public universities
- (22) Research in private universities
- (23) Teaching/Research in public universities
- (24) Teaching/Research in private universities
- (25) Public research institutions
- (26) Research institutions belonging to NGO sector
- (27) Private research institutions

NGOs/Unions/Community Associations

- (28) Project management
- (29) Service delivery
- (30) Consultancies

International Consulting

- (31) PAHO/WHO consultancies
- (32) Consultancies in multilateral technical cooperation agencies other than PAHO/WHO
- (33) Consultancies in multilateral financing agencies
- (34) Consultancies in private international agencies
- (35) Consultancies in bilateral technical and financial cooperation agencies

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ANNEX 2

LEVEL OF RESPONSIBILITY

Health Services (includes public, private, social security and non-governmental)

- Director of Health Services
 - (1) High level of complexity
 - (2) Medium level of complexity
 - (3) Low level of complexity
- Chief of Health Services Development
 - (4) High level of complexity
 - (5) Medium level of complexity
 - (6) Low level of complexity
- Care Services
 - (7) Personal
 - (8) Non-personal

Public Administration or Other Governmental Agencies

- Ministry of National Secretariat
 - (9) Minister or Secretary
 - (10) Assistant Secretary or Director
 - (11) Project or Program Coordinator
 - (12) Professional Staff Member
 - (13) Assistant
- Provincial/State Ministry of Secretariat
 - (14) Minister or Secretary
 - (15) Assistant Secretary or Director
 - (16) Project or Program Coordinator
 - (17) Professional Staff Member
 - (18) Assistant
- Municipal/Local Authority or Secretariat
 - (19) Director or Secretary
 - (20) Assistant Secretary or Assistant Director
 - (21) Professional Staff Member
 - (22) Assistant

University Teaching in Public or Private Universities

- Managerial
 - (23) University Manager
 - (24) Faculty Dean
 - (25) Career Manager
 - (26) Program or Department Head
- Teacher
 - (27) Tenured Professor/Associate Professor/Principal
 - (28) Associate/Joint Professor
 - (29) Graduate Student Supervisor/Assistant

Research

- Managerial
 - (30) Director of institution
 - (31) Program Director
- Researcher
 - (32) Principal Researcher or Project Director
 - (33) Researcher
 - (34) Assistant Researcher

Non-Governmental Organizations (excluding personal and non-personal health services)

- (35) Manager
- (36) Area/Program Coordinator
- (37) Professional Staff Member

National Consultants

- (38) Manager
- (39) Project Consultant
- (40) Temporary Advisor

International Cooperation

- (41) Regular staff
- (42) Long-Term Consultant
- (43) Short-Term Consultant