

**Application Form**

**Environmental Microbiology: Control of Foodborne & Waterborne Diseases**

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First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

**Home Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Information:**

Mobile: \_\_\_\_\_

Home/Other: \_\_\_\_\_

Email: \_\_\_\_\_

**Work Information**

Employer: \_\_\_\_\_

Division/Department (if applicable): \_\_\_\_\_

Position: \_\_\_\_\_

Length of time in position: \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

*Brief description of your present (or expected) position:*

\_\_\_\_\_  
\_\_\_\_\_

*Brief description of your past experiences in public health and surveillance:*

\_\_\_\_\_  
\_\_\_\_\_

*Educational Background (List degrees and any previous courses in epidemiology):*

\_\_\_\_\_  
\_\_\_\_\_

Reasons for requesting this course \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

Date

**Please fax form to: 404-727-4590 or email to kpeter5@emory.edu**