



## IETA PROGRAM APPLICATION

### PROGRAM OVERVIEW

The IETA program is a 12-month competency-based program offered by CDC's Global Health Center. It is designed to provide HHS federal employees with in-country global public health experience, while providing technical assistance to CDC country and regional offices and partners. Selected applicants participate in several workshops and a 12-week minimum international field assignment in a country where CDC works. Selected participants must attend all workshops and successfully complete their field assignment by September 1, 2025.

### APPLICATION AND ELIGIBILITY

Using the checklist below, confirm your eligibility before beginning the application. Incomplete applications and applications that do not meet the eligibility criteria will not be accepted.

#### **Confirm your eligibility (you must meet all criteria to be eligible):**

1. I am a full-time HHS federal employee (Civil Service or U.S. Public Health Service Commissioned Corps officer).
2. I am at the GS-11 grade or above (Civil Service) or O-3 rank or above (U.S. Public Health Service Commissioned Corps officer).
3. I have been in my current position for 12 or more consecutive months as of **September 1, 2024**.
4. Excluding deployments, I have not worked in a U.S. Embassy as an HHS federal employee.
5. I will be available to travel for a minimum 12-week international field assignment between **January 15 to September 1, 2025**.
6. I have permission from my first-level and second-level supervisors to apply and fully participate in the program. For U.S. Public Health Service Commissioned Corps officers, I have confirmed with my USPHS Agency Liaison that I am basic ready and able to participate in the IETA program.

#### **Confirm your application package is complete:**

1. The IETA program application package includes:
  - a. Application including essay responses
  - b. Evaluation form and signatures (first and second-level supervisors, and if needed, USPHS Agency Liaison)
  - c. Resumé template
2. Application and supporting documents are saved as separate PDF files.
3. E-mail completed application package (as three separate PDFs) to [ieta@cdc.gov](mailto:ieta@cdc.gov) no later than 11:59pm ET on **August 13**. **Late and incomplete applications will not be accepted.** **Any additional materials submitted with the application package will not be reviewed.**



For more information about IETA, visit IETA's website at [www.cdc.gov/globalhealth/ieta/](http://www.cdc.gov/globalhealth/ieta/).





# INTERNATIONAL EXPERIENCE AND TECHNICAL ASSISTANCE PROGRAM

Name of Applicant: \_\_\_\_\_  
Last First Middle Initial

Agency or Office: \_\_\_\_\_

Center/Institute/Office/Division: \_\_\_\_\_

Have you applied to the IETA program previously? Yes No

If Yes, what year(s)? \_\_\_\_\_

The IETA program seeks applicants from a wide variety of professional backgrounds. Select all of your relevant education, training, skills, and experiences for which you are able to provide expert technical assistance.

- Behavioral and Social Science
- Biostatistics
- Clinician, (specify type):  
\_\_\_\_\_
- Communications and Public Affairs
- Compliance
- Contract Management: Current level: \_\_\_\_\_
- Cooperative Agreement/Grant Management
- Economics
- Emergency Preparedness and Response
- Engineer
- Environmental Science
- Epidemiology/Surveillance
- Financial Management
- Global Health
- Health Education/Health Promotion
- Human Resources
- Informatics

- Information Technology
- Instructional Design and Facilitation
- Laboratory Science
- Law
- Management and Operations
- Monitoring and Evaluation
- Partnership Engagement
- Policy
- Program Implementation/Management
- Quality Control
- Research Study Design/Management
- Scientific Review and Clearance
- Scientific Writing
- Strategic Planning
- Workforce Diversity, Equity, Inclusion and Accessibility (DEIA)
- Other:

## ESSAY QUESTIONS

1. Describe your career goals and how the IETA program will help you achieve your professional goals. (8-line maximum, no additional lines will be accepted)



## INTERNATIONAL EXPERIENCE AND TECHNICAL ASSISTANCE PROGRAM

2. Describe the knowledge, skills, and experiences you want to **gain** through participation in the IETA program. (8-line maximum, no additional lines will be accepted)

3. Describe why you are an ideal candidate for the IETA program. Include what knowledge, skills, and experiences you will **contribute** to the program and country office. (8-line maximum, no additional lines will be accepted)

4. Describe how your participation in the IETA program will benefit your home agency. (8-line maximum, no additional lines will be accepted)

I certify that I understand and agree to being matched with a country where CDC has a **global presence** which could be a **high-threat country**. I understand that I will be expected to travel for a minimum 12-week international field assignment that will take place between **January 15 to September 1**.

I certify that I have been in my current position for 12 or more consecutive months as of September 1, 2024.

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## IETA EVALUATION FORM FOR FIRST-LEVEL SUPERVISORS

The IETA participant's home office is responsible for paying the salary and benefits during the IETA program including during the minimum 12-week field assignment. The participant's home office is responsible for paying for travel to Atlanta for the Orientation (November 4-8, 2024) and Closing Workshop (September 15-18, 2025). The CDC country office (receiving office) will pay for all travel costs associated with the international field assignment.

Attendance and participation for all workshops and the international field assignment is mandatory. Failure to attend any portion of the workshops or complete the field assignment will result in the participant being dropped from the program.

Use the spaces below to evaluate the applicant's current level of proficiency for the following four competencies.

- 1. Cultural Humility** (8-line maximum) *Maintains an awareness of one's own behavior and actively considers other worldviews in work products and interactions with colleagues and external collaborators.*

- 2. Flexibility** (8-line maximum) *Willing and able to adapt to change, particularly regarding how and when work gets done. Responds quickly to change and readily considers new approaches.*

- 3. Personal Accountability** (8-line maximum) *Takes ownership of what happens as a result of one's choices and actions. Pays attention to the quality of performance. Addresses identified performance problems promptly.*



# INTERNATIONAL EXPERIENCE AND TECHNICAL ASSISTANCE PROGRAM

**4. Team Player** *Comfortable collaborating with others. Cares more about helping a team to succeed than about individual success*

*Signing this form indicates your full support of, and approval, of the applicant's program participation including the minimum 12-week field assignment. This includes agreeing to continue to pay the applicant's salary and benefits throughout the program and paying for travel to Atlanta for program-related workshops.*

Supervisor's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## SECOND-LEVEL SUPERVISORS

I concur with the evaluation of the applicant's level of proficiency in four competencies: Cultural Humility, Flexibility, Personal Accountability, and Team Player.

I have confirmed the first-level supervisor understands the agency commitments and obligations for this employee to participate in the IETA program.

### Second-Level Supervisor's Comments

*Signing this form indicates your full support of, and approval, of the applicant's program participation including the minimum 12-week field assignment. This includes agreeing to continue to pay the applicant's salary and benefits throughout the program and paying for travel to Atlanta for program-related workshops.*

Second-Level Supervisor's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## USPHS COMMISSIONED CORPS AGENCY LIAISON

I confirm this officer meets the basic level of force readiness at the time of IETA application.

I have confirmed first-level and second-level supervisors understand the agency commitments and obligations for this officer to participate in the IETA program.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_