

The 2026 PHAP Host Site Application Process: eFMS 3.0 Demonstration and Updates



Public Health Associate Program for Recent Graduates (PHAP)

**National Center for State, Tribal, Local, and Territorial Public Health
Infrastructure and Workforce (Public Health Infrastructure Center/PHIC)
Centers for Disease Control and Prevention (CDC)**

January 13, 2026

Welcome



Heidi Davidson, MPH

Team Lead, PHAP Data Management Team (DMT)

Field Services Workforce Branch (FSWB)

Division of Workforce Development (DWD)

National Center for State, Tribal, Local, and Territorial
Public Health Infrastructure and Workforce (Public
Health Infrastructure Center/PHIC)

Centers for Disease Control and Prevention (CDC)



Session Agendas

Webinar #1: Thursday, January 8, 2026, @ 2:00 PM ET

- PHAP Class of 2026 Host Site application timeline
- PHAP program overview
- Characteristics of a quality host site application (CO-STARR model)
- PHAP Host Site application submission and selection process
- Enterprise Fellowship Management System (eFMS) 3.0 and program updates/new requirements for host sites

Webinar #2: Tuesday, January 13, 2026, @ 2:00 PM ET

PHAP Host Site application portal demonstration (eFMS 3.0)

Key Takeaways from Webinar #1

- **Host site application period January 14 – February 13, 2026**
- **New requirements for host sites**
 - Associates must report to the host site on a full-time basis (no telework) – **assignments cannot be 100% remote**
 - Both primary and secondary host site supervisor required, ≥ 1 supervisor must be in office with associate at least 3 days per week.
 - Host site to meet health/safety requirements for associate to perform work
- **Selection process will focus heavily on key program priority areas**
- **Revised host site application portal/questions in eFMS 3.0**
- **Resources available for host sites**
 - Application guidance and tips
 - Preview of application questions (this slide deck)

Enterprise Fellowship Management System (eFMS) 3.0

Host Site Application Portal

eFMS 3.0 Host Site Application Portal



Rafel Jackson

Management Analyst, PHAP Data Management Team
(DMT)

Field Services Workforce Branch (FSWB)
Division of Workforce Development (DWD)

National Center for State, Tribal, Local, and
Territorial Public Health Infrastructure and Workforce
(Public Health Infrastructure Center/PHIC)

Centers for Disease Control and Prevention (CDC)



Accessing the eFMS 3.0 Host Site Application Portal

- The portal link will be posted on PHAP's website at www.cdc.gov/phap/



Associates at CDC Headquarters during a training event.

Register and Sign in

Application Process

Home > Fellowship Programs > Program Details

PHAP - 2026



Public Health Associate Program for Recent Graduates (PHAP) is a competitive, two-year, paid training program with the Centers for Disease Control and Prevention (CDC). PHAP associates are assigned to state, tribal, local, and territorial public health agencies and nongovernmental organizations, and work alongside other professionals across a variety of public health settings.

Throughout the two-year training program, associates gain hands-on experience that will serve as a foundation for their public health careers. After graduating from PHAP, associates are qualified to convert non-competitively to full time positions in CDC centers, institutes, or offices and other HHS operating divisions, or apply for positions with public health agencies and non-governmental organizations.

If you require more information about the program or have any queries, please email Public Health Associate Program for Recent Graduates (PHAP) at phap@cdc.gov.

Form Name	Application Type	Cohort Year	Open Date (ET)	Application Deadline (ET)	Action
PHAP Host Site Application Form - 2026	Host Site	2026			Apply

Register and Sign in Host Site Application

PHAP Host Site Application Form - 2026



PHAP
PUBLIC HEALTH
ASSOCIATE PROGRAM
FOR RECENT GRADUATES



PHAP places early-career public health professionals in state, tribal, local, and territorial public health agencies, and nongovernmental organizations—such as community-based organizations, public health institutes and associations, and academic institutions—to gain broad experience in public health program operations and increase host site agency capacity.

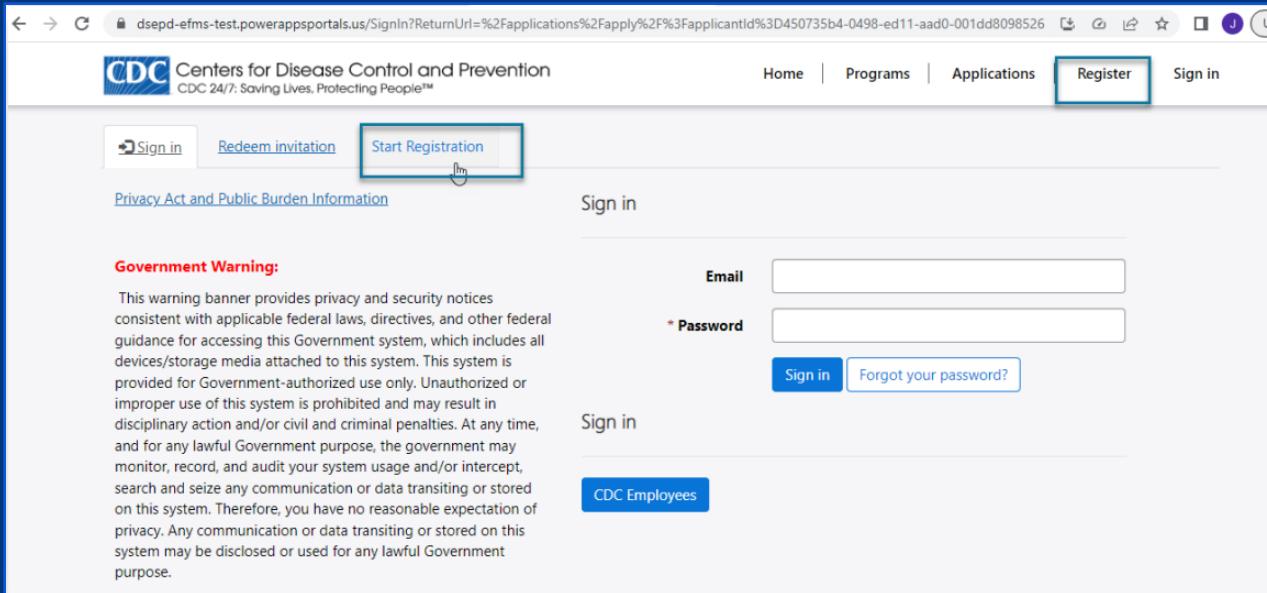
While PHAP offers tremendous benefits to associates through training and support, the host site also receives numerous benefits, including—

- CDC-funded associates who are well-rounded, energetic, flexible, career-minded individuals bringing valuable skills to host agencies
- A unique partnership with CDC to develop the nation's next generation of public health professionals
- Online learning opportunities for host site supervisors and access to CDC resources and subject matter expertise.
- Resources to fill gaps in agencies affected by budget cuts and staffing shortages.

If you require more information about the program or have any queries, please email the Public Health Associate Program for Recent Graduates (PHAP) at phap@cdc.gov.

 [Start Registration](#) [Sign In](#)

Register and Sign in (Non-CDC Employee)



The screenshot shows a web browser window for the CDC Power Apps Portal. The URL in the address bar is `dsepd-efms-test.powerappsportals.us/SignIn?ReturnUrl=%2FApplications%2Fapply%2F%3FapplicantId%3D450735b4-0498-ed11-aad0-001dd8098526`. The page features the CDC logo and the tagline "CDC 24/7: Saving Lives, Protecting People™". The navigation bar includes links for Home, Programs, Applications, Register (which is highlighted with a blue box), and Sign in. Below the navigation, there are three buttons: Sign in, Redeem invitation, and Start Registration (which is also highlighted with a blue box and has a cursor icon pointing to it). A link for "Privacy Act and Public Burden Information" is present. The main content area is titled "Sign in" and contains fields for Email and Password, both marked with asterisks. Below these fields are "Sign in" and "Forgot your password?" buttons. A "Sign in" button is also located in a separate "Sign in" section at the bottom. A "CDC Employees" button is located in the bottom right corner of the main sign-in area. A "Government Warning" banner is displayed on the left side of the page, containing a detailed legal notice about government monitoring and privacy.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Home | Programs | Applications | **Register** | Sign in

[Sign in](#) [Redeem invitation](#) [Start Registration](#)

[Privacy Act and Public Burden Information](#)

Government Warning:

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Sign in

Email

* Password

[Sign in](#) [Forgot your password?](#)

Sign in

[CDC Employees](#)

Register and Sign in (Non-CDC Employee)

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Registration

First name *

Last name *

Email *


[Generate a new image](#)
[Play the audio code](#)

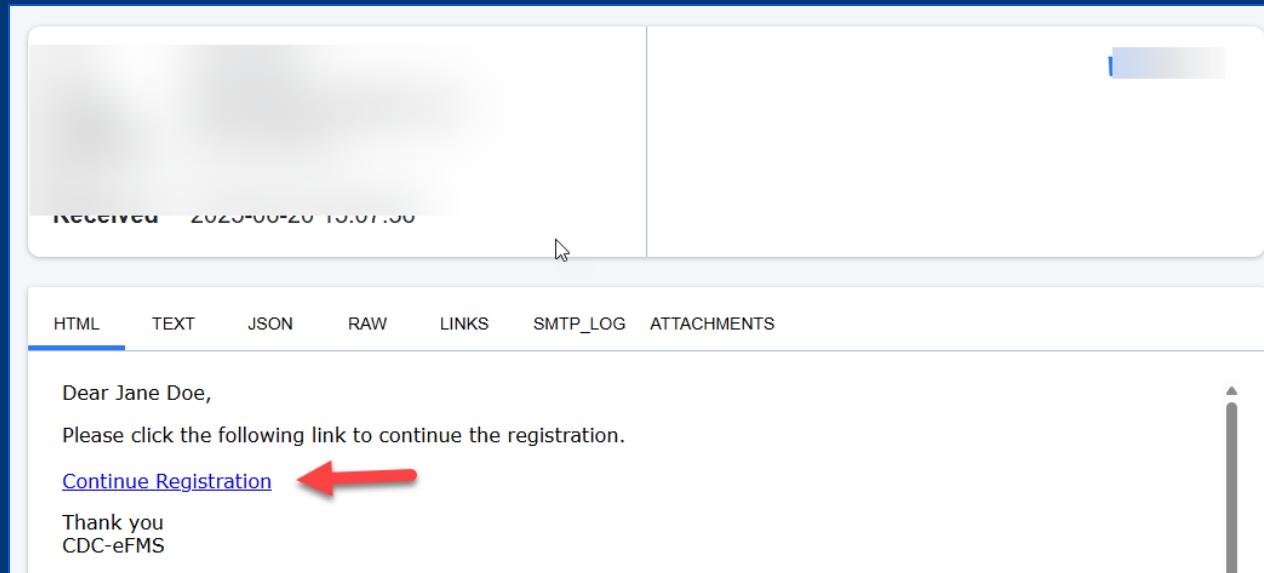
Enter the code from the image

Submit 

Registration Initiated!

Please check your email to continue the registration process.

Register and Sign in (Non-CDC Employee) (cont'd 1)



RECEIVED 2020-06-20 13:07:00

HTML TEXT JSON RAW LINKS SMTP_LOG ATTACHMENTS

Dear Jane Doe,

Please click the following link to continue the registration.

[Continue Registration](#)

Thank you
CDC-eFMS

Register and Sign in (Non-CDC Employee) (cont'd 2)

The screenshot shows a registration page for non-CDC employees. At the top, there are three navigation links: 'Sign in', 'Redeem invitation', and 'Start Registration'. Below these are links for 'Privacy Act and Public Burden Information' and 'Government Warning'. The 'Government Warning' section contains a detailed text about privacy and security notices. Below the warning, a statement says 'By registering and logging in, you acknowledge that you have read and agree to the government warning conditions above.' The main form is divided into two sections: 'Register' on the left and 'Register with CDC Account' on the right. The 'Register' section contains fields for 'Email' (with value 'jaindoetest@gmail.com'), 'Password', and 'Confirm password', each with a red asterisk indicating it is required. The 'Register' button is at the bottom. The 'Register with CDC Account' section contains a blue button labeled 'CDC Employees'.

[Sign in](#) [Redeem invitation](#) [Start Registration](#)

[Privacy Act and Public Burden Information](#)

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By registering and logging in, you acknowledge that you have read and agree to the government warning conditions above.

Register

Register with CDC Account

* Email

* Password

* Confirm password

CDC Employees

Register

Register and Sign in (Non-CDC Employee) (cont'd 3)

Data Use and Access Agreement

The key principles of eFMS Data Use and Access Agreement states that Authorized users:

- Shall only view or edit data to which they have authorized access.
- Understand that fellowship data includes [personally identifying information \(PII\)](#). Therefore, PII must be protected, and limited to only essential functions.
- Shall follow standard [ethical practice](#) for all data-related matters and maintain and protect the confidentiality and privacy of records at all times and use appropriate data management and data analysis methods.
- Will not save copies or extracts of eFMS data outside of authorized secure locations.

Unauthorized disclosure of information will be subject to the HHS/CDC sanction policies and/or governed by the following: [HHS Privacy Policy Notice](#).

By selecting this checkbox and proceeding into this system, you consent to abide by the key principles of eFMS Data Use and Access Agreement.

[Continue](#)

[Click here to continue](#)

Register and Sign in (CDC Employee) (cont'd 4)

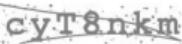
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

Registration

First name *

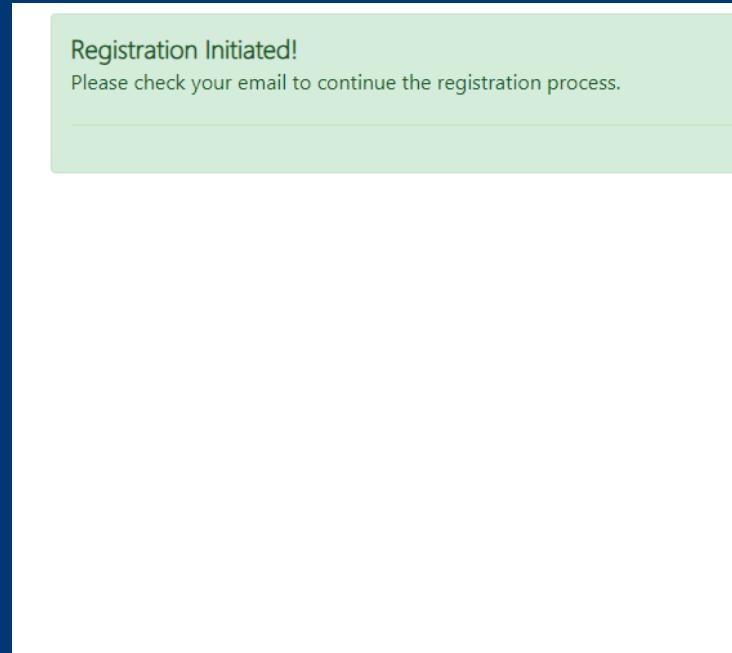
Last name *

Email *

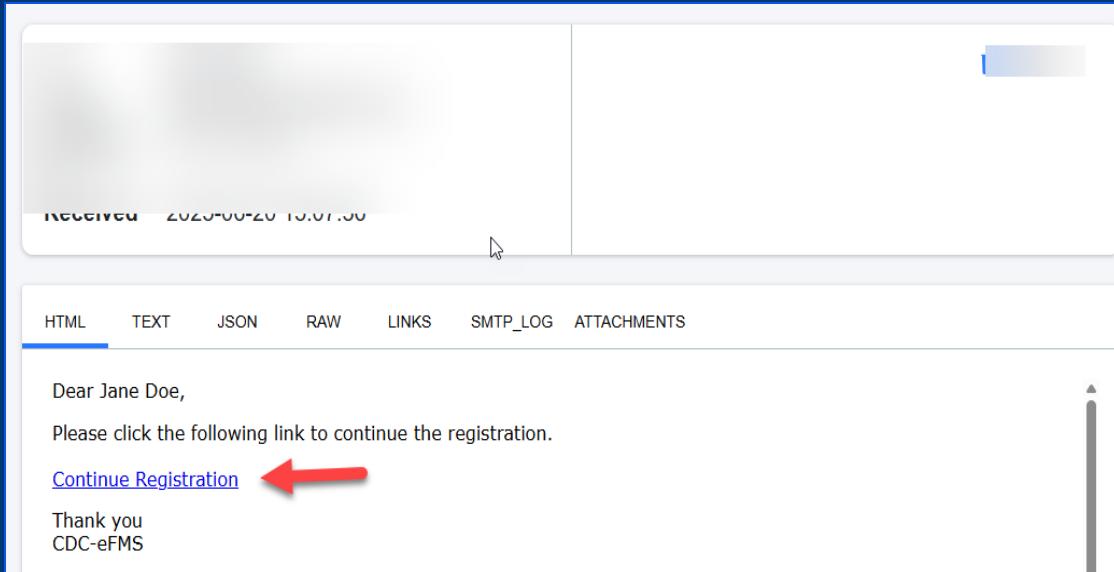

[Generate a new image](#)
[Play the audio code](#)

Enter the code from the image

Submit



Register and Sign in (CDC Employee) (cont'd 5)



RECEIVED 2020-06-20 10:07:00

HTML TEXT JSON RAW LINKS SMTP_LOG ATTACHMENTS

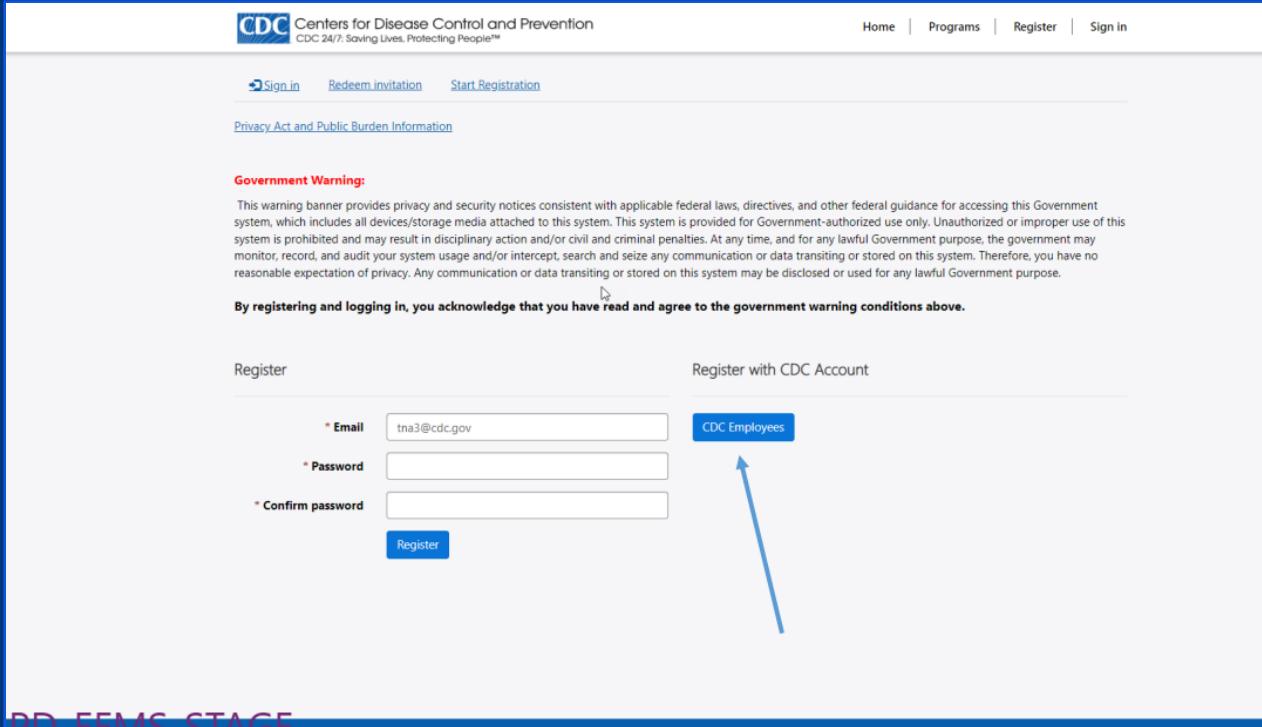
Dear Jane Doe,

Please click the following link to continue the registration.

[Continue Registration](#)

Thank you
CDC-eFMS

Register and Sign in (CDC Employee) (cont'd 6)



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Home | Programs | Register | Sign in

[Sign in](#) [Redeem invitation](#) [Start Registration](#)

[Privacy Act and Public Burden Information](#)

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Register

Register with CDC Account

* Email

* Password

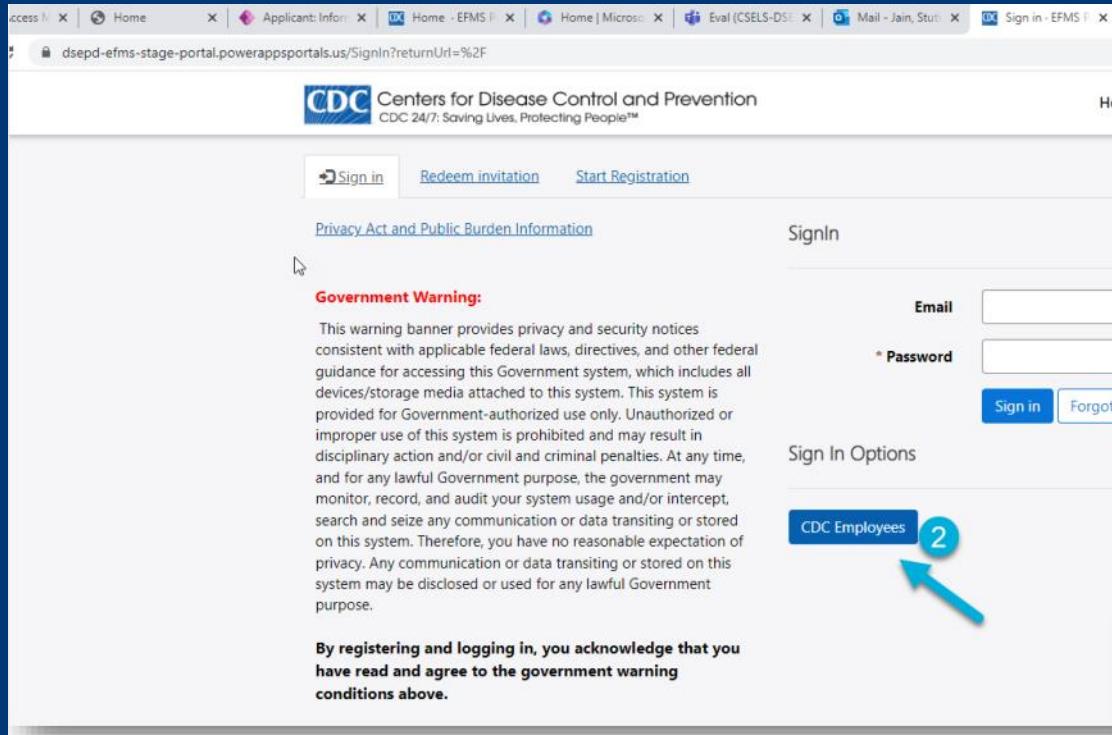
* Confirm password

CDC Employees

Register

DD EEMCS STAGE

Register and Sign in (CDC Employee) (cont'd 7)



Application Process (Organization Details)

Application Process (Organization Details) 2026

PHAP Host Site Application Form - 2026



PHAP
PUBLIC HEALTH
ASSOCIATE PROGRAM
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[Start Application](#)

Application Process (Applicant Profile)

Home > My Applications > Applicant Profile

Contact Information i

Primary Contact Name *
Rinaldo Jackson

The fellowship program will communicate program updates and information on behalf of the fellowship. Your contact can be any individual from your organization.

Primary Contact Email *
rjh2@cdc.gov

Primary Contact Role/Position

Office Phone Number *
404-259-3256

Alternate Email

Mobile Number
 Provide a telephone number

i

Update or Add Your Contact Information

- Your Name and Email are auto-filled.
 - If you wish to change your Email, navigate to the User Profile by clicking your username in the top-right corner and selecting User Profile.
- Enter your Office Phone Number (required).
- Optionally, add or update your Role/Position, Alternate Email, and Mobile Number.
- Click Save and Next to continue.

OK

→ Save and Next

Organization Details

Organization Details

Select your current organization from the list below and continue or click 'Manage Organization' if your organization needs any updates. You can review and add other position assignment locations on the *Manage Organization* page.

If your organization is not listed or your affiliation has changed, choose 'Select an Organization' and then click 'Add New Organization' to add a new organization.

Organization Name 



Organization Details (Cont'd 1)

Organization Details

Please select the category that best describes your organization * 

Organization not listed

Select

CDC/ATSDR

Non-CDC

Organization not listed

Organization Details

Please select the category that best describes your organization * 

Organization not listed

Organization Name * 

Please type the name of your Organization.

Boone County Health Dept.



Organization Details (Cont'd 2)

Organization Physical Address ⓘ

Street Address *
777 Strawberry Lane

Street Address Line 2
777 Strawberry Lane

Street Address Line 3
777 Strawberry Lane

Building
144

Suite/Room

Country *
United States

State/Territory *
Idaho

City *
Bayview

Zip Code *
83803

Organization Mailing Address

Same as Physical Address

Mailing Address *
777 Strawberry Lane

Mailing Address Line 2
777 Strawberry Lane

Mailing Address Line 3
777 Strawberry Lane

Country *
United States

State/Territory *
Idaho

City *
Bayview

Zip Code *
83803

Submit **Cancel**

25

Organization Details (Cont'd 3)

777 Strawberry Lane

Street Address Line 2

777 Strawberry Lane

Street Address Line 3

777 Strawberry Lane

Building

144

Suite/Room

Country *

United States

State/Territory *

Idaho

City *

Bayview

Mailing Address *

777 Strawberry Lane

Mailing Address Line 2

777 Strawberry Lane

Mailing Address Line 3

777 Strawberry Lane

Are you sure you want to confirm your submission? If yes, click 'OK'. A request for approval will be sent to the application admin of your organization.

Zip Code *

83803

Organization Details (Cont'd 4)

Organization Details

Select your current organization from the list below and continue or click 'Manage Organization' if your organization needs any updates. You can re-add other position assignment locations on the *Manage Organization* page.

If your organization is not listed or your affiliation has changed, choose 'Select an Organization' and then click 'Add New Organization' to add a new organization.

Organization Name 

Boone County Health Dept.

The organization you selected is currently under review for approval.

Organization Details (Cont'd 5)

Organization Details

Please select the category that best describes your organization

CDC/ATSDR

CDC/ATSDR Category Search i

Choose a Category...

hcadcd

HCACDC/H CDC/ATSDR /HC CDC Centers for Disease Control and Prevention/HCACDC DRSC Division of Regulatory Science and Compliance/HCACDC IITB Innovation and Information Technology Branch/

Organization Physical Address i

Organization Details

Please select the category that best describes your organization i

CDC/ATSDR

CDC/ATSDR Category Search i

HCACDC/H CDC/ATSDR /HC CDC Centers for Disease Control and Prevention/HCA OD Office of the Director/HCACDC DRSC Division of Regulatory Science and Compliance/HCACDC IITB Innovation and Information Technology Branch/

Level 1
H CDC/ATSDR

Level 2
HC CDC Centers for Disease Control and Prevention

Level 3
HCA OD Office of the Director

Level 4
HCACDC DRSC Division of Regulatory Science and Compliance

Level 5
HCACDC DRSC Division of Regulatory Science and Compliance

Level 6
HCACDC IITB Innovation and Information Technology Branch

Level 7

Organization Details (Cont'd 6)

Organization Physical Address <small>?</small>	Organization Mailing Address
Street Address * <input type="text" value="1235 Pecan Lane"/>	<input checked="" type="checkbox"/> Same as Physical Address
Street Address Line 2 <input type="text"/>	Mailing Address * <input type="text" value="1235 Pecan Lane"/>
Street Address Line 3 <input type="text"/>	Mailing Address Line 2 <input type="text"/>
Building <input type="text"/>	Mailing Address Line 3 <input type="text"/>
Suite/Room <input type="text"/>	Country * <input type="text" value="United States"/>
Country * <input type="text" value="United States"/>	State/Territory * <input type="text" value="Georgia"/>
State/Territory * <input type="text" value="Georgia"/>	City * <input type="text" value="Americus"/>
City * <input type="text" value="Americus"/>	Zip Code * <input type="text" value="31719"/>
Zip Code * <input type="text" value="31719"/>	
Submit	Cancel
	<small>[No Title]</small>

Organization Details (Cont'd 7)

Organization Details

Select your current organization from the list below and continue or click 'Manage Organization' if your organization needs any updates. You can review and add other position assignment locations on the *Manage Organization* page.

If your organization is not listed or your affiliation has changed, choose 'Select an Organization' and then click 'Add New Organization' to add a new organization.

Organization Name 

Select an Organization

Select an Organization

HCACCD IITB Innovation and Information Technology Branch 

Boone County Health Dept.

Crater Health District

Adams County Health Department - Indiana

Organization Details (Cont'd 8)

Organization Details

Please select the category that best describes your organization * 

Select

Select

CDC/ATSDR

Non-CDC

Organization not listed



Organization Details

Please select the category that best describes your organization * 

Non-CDC

Non-CDC Organization Search

North Carolina State Laboratory of Public Health - North Carolina (State government)

Nor

North Carolina Medicaid - North Carolina (State government)

North Carolina State Laboratory of Public Health - North Carolina (State government)

North Dakota Department of Health and Human Services - North Dakota (State government)

North Dakota Department of Health Laboratory - North Dakota (State government)

Northern Kentucky Independent District Health Department - Kentucky (Local (City/County) government)

Norton Sound Health Corporation - Alaska (Tribal government or organization)

Organization Details (Cont'd 9)

Organization Details

Please select the category that best describes your organization

Non-CDC

Non-CDC Organization Search *?*

North Carolina State Laboratory of Public Health - North Carolina

Non-CDC Public Health Agency

North Carolina State Laboratory of Public Health

State

North Carolina

Type

State government

Organization Physical Address *?*

Street Address *

Street Address Line 2

Street Address Line 3

Building

Suite/Room

Country * United States

State/Province North Carolina

City *

Zip Code * [No Title]

Same as Physical Address

Organization Mailing Address

Mailing Address *

Mailing Address Line 2

Mailing Address Line 3

Country * United States

State/Province North Carolina

City *

Zip Code *

Submit

Cancel

Organization Details (Cont'd 10)

Organization Physical Address i

Street Address *
Organizational Address
777 Strawberry Lane

Street Address Line 2
777 Strawberry Lane

Street Address Line 3
777 Strawberry Lane

Building
Bldg. H

Suite/Room

Country *
United States

State/Province *
North Carolina

City *
Raleigh

Zip Code *
31070

Organization Mailing Address

Same as Physical Address

Mailing Address *
Organizational Address
777 Strawberry Lane

Mailing Address Line 2
777 Strawberry Lane

Mailing Address Line 3
777 Strawberry Lane

Organization Name i

North Carolina State Laboratory of Public Health

Select an Organization

- North Carolina State Laboratory of Public Health
- HCADCD IITB Innovation and Information Technology Branch
- Boone County Health Dept.
- Crater Health District
- Adams County Health Department - Indiana
- gggg

Submit **Cancel**

Organization Details (Cont'd 11)

Organization Details

Select your current organization from the list below and continue or click 'Manage Organization' if your organization needs any updates. You can review and add other position assignment locations on the *Manage Organization* page.

If your organization is not listed or your affiliation has changed, choose 'Select an Organization' and then click 'Add New Organization' to add a new organization.

Organization Name ⓘ

▼

Manage Organization

Organization Users ⓘ

Click on the "Add User" button to add staff associated with your host site agency. You can add multiple staff if needed. Later in the host site application, you will be prompted to identify the staff who will be most responsible for the fellow(s) you are seeking and be asked to provide more details about their roles (e.g., supervisor, mentor) and experience. Please review guidance from the program to which you are applying to confirm which staff should be entered here. If unsure, start by entering the primary supervisor for the position, and you can add more roles associated with the position later in the application.

Add New User

Full Name	Primary Email	Primary Phone Number	Request status	Created On <small>▼</small>
Rinaldo Jackson	rhj2@cdc.gov	404-259-3256	Org User	12/12/2025 12:33 AM <small>▼</small>

Save & Next

Organization Details (Cont'd 12)

Enter User Details

Primary Email (CDC Staff Must Use CDC Email) *

First Name *

Last Name *

Primary Phone Number

Alternate Phone Number

Is Admin *

-- Select --

-- Select --

Yes

No

Organization Details (Cont'd 13)

Enter User Details

Primary Email (CDC Staff Must Use CDC Email) *

First Name *

Last Name *

Primary Phone Number

Alternate Phone Number

Is Admin *

Organization Users ?

Click on the "Add User" button to add staff associated with your host site agency. You can add multiple staff if needed. Later in the host site application, you will be prompted to identify the staff who will be most responsible for the fellow(s) you are seeking and be asked to provide more details about their roles (e.g., supervisor, mentor) and experience. Please review guidance from the program to which you are applying to confirm which staff should be entered here. If unsure, start by entering the primary supervisor for the position, and you can add more roles associated with the position later in the application.

Add New User

Full Name	Primary Email	Primary Phone Number	Request status	Created On
Bugs Bunny	rjackson704@comcast.net	(770) 555-7777	User invited	12/12/2025 7:24 AM
Rinaldo Jackson	rhj2@cdc.gov	404-259-3256	Org User	12/12/2025 12:33 AM

Add

Organization Details (Cont'd 14)

From: "EFMS-NOTIFY-TEST (CDC)" <efms-notify-test@cdc.gov>

Date: December 12, 2025 at 7:24:40 AM EST

To: Bugs Bunny <rjackson704@comcast.net>

Subject: Register on eFMS3.0 Portal

Dear Bugs Bunny,

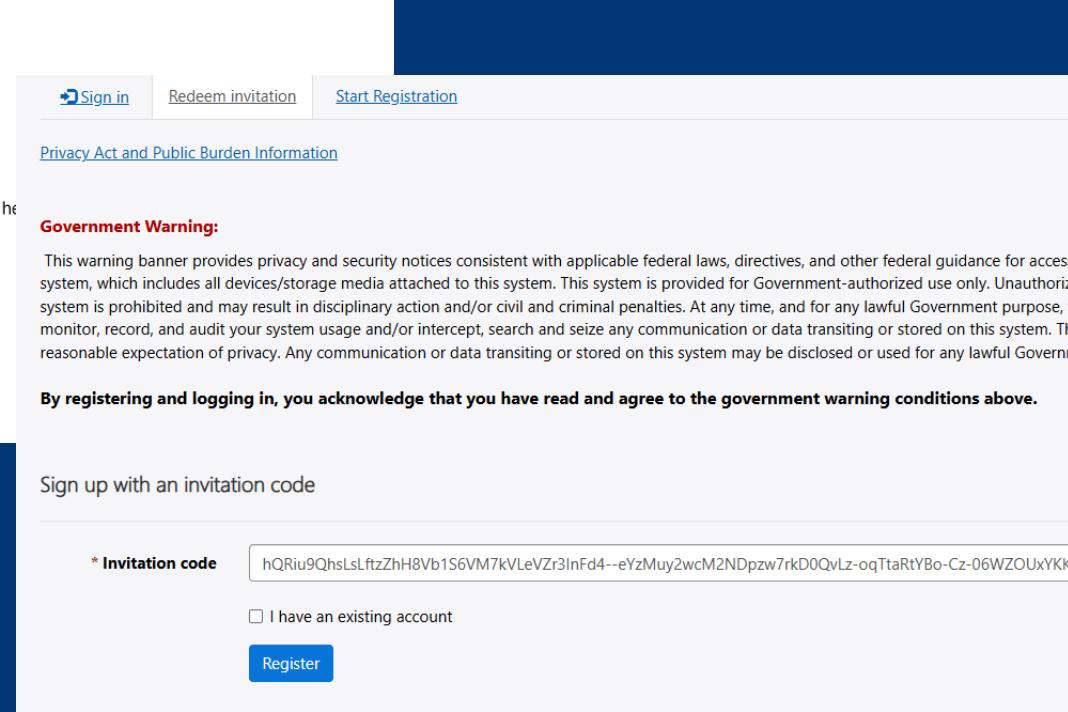
I'm writing to invite you to register on the eFMS 3.0 portal. This platform will help

Please click the link below to get started:

[Click here for portal registration](#)

Let me know if you have any questions.

Best regards,
eFMS 3.0
CDC



The image shows a registration page for the eFMS3.0 Portal. At the top, there are three buttons: 'Sign in' (with a user icon), 'Redeem invitation' (with a key icon), and 'Start Registration' (with a person icon). Below these buttons is a link to 'Privacy Act and Public Burden Information'. A 'Government Warning' section is present, containing a detailed text about privacy and security notices. Below the warning, a bold statement reads: 'By registering and logging in, you acknowledge that you have read and agree to the government warning conditions above.' A red box highlights the 'Let me know if you have any questions.' text in the email. The registration form itself has a header 'Sign up with an invitation code'. It includes a text input field labeled 'Invitation code' with the value 'hQRiu9QhsLsLftzZhH8Vb1S6VM7kVLeVzr3lnFd4--eYzMuy2wcM2NDpzw7rkD0QvLz-oqTtaRtYBo-Cz-06WZOUxYKK'. There is also a checkbox for 'I have an existing account' and a blue 'Register' button.

Sign up with an invitation code

* **Invitation code** hQRiu9QhsLsLftzZhH8Vb1S6VM7kVLeVzr3lnFd4--eYzMuy2wcM2NDpzw7rkD0QvLz-oqTtaRtYBo-Cz-06WZOUxYKK

I have an existing account

Register

Organization Details (Cont'd 15)

Choose a Registration Option

<p>Register for External Users</p> <p>* Email <input type="text" value="rjackson704@comcast.net"/></p> <p>* Password <input type="password"/></p> <p>* Confirm password <input type="password"/></p> <p>Register</p>	<p>Register for CDC Employees</p> <p>CDC Employees</p> <p>For all CDC staff including Operating Divisions (CDC, NIH, FDA, etc.)</p>
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Organization Details (Cont'd 16)

Organization Users 

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[Add New User](#)

Full Name	Primary Email	Primary Phone Number	Request status	Created On	
Bugs Bunny	rjackson704@comcast.net	(770) 555-7777	User invited	12/12/2025 7:24 AM	
Rinaldo Jackson	rhj2@cdc.gov	404-259-3256	Org User	12/12/2025 12:33 AM	

 [Edit](#)
 [Remove](#)
 [View](#)

 [Save & Next](#)

Application Process Host Site

Recent Applications

Applicant Number	Submission Status	Cohort	Date Created (ET)
APP-005432	Draft	PHAP - 2026	12/9/2025, 8:03:41 PM
APP-005440	Draft	PHAP - 2026	12/11/2025, 2:57:35 PM

[+ Create another application](#)

PHAP Host Site Application Form - 2026



PHAP places early-career public health professionals in state, tribal, local, and territorial public health agencies, and nongovernmental organizations—such as community-based organizations, public health institutes and associations, and academic institutions—to gain broad experience in public health program operations and increase host site agency capacity.

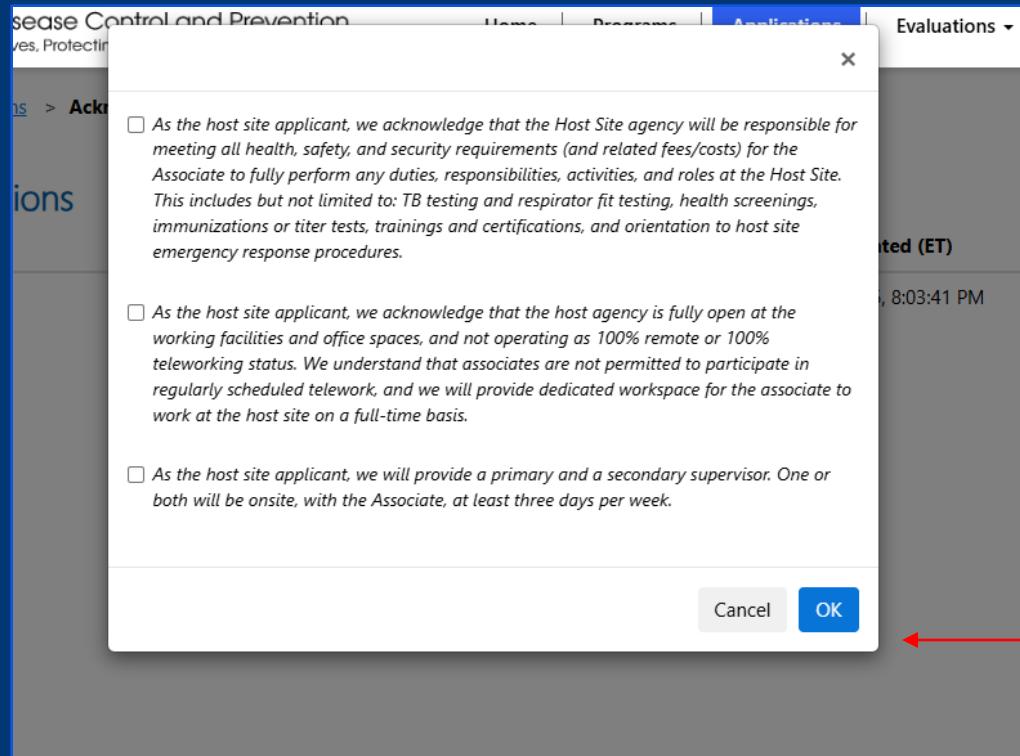
While PHAP offers tremendous benefits to associates through training and support, the host site also receives numerous benefits, including—

- CDC-funded associates who are well-rounded, energetic, flexible, career-minded individuals bringing valuable skills to host agencies
- A unique partnership with CDC to develop the nation's next generation of public health professionals
- Online learning opportunities for host site supervisors and access to CDC resources and subject matter expertise.
- Resources to fill gaps in agencies affected by budget cuts and staffing shortages.

If you require more information about the program or have any queries, please email the Public Health Associate Program for Recent Graduates (PHAP) at php@cdc.gov.

[Start Application](#)

Application Process (Cont'd 1)



Application Process (Part 1: Assignment Details)

Part 1: Assignment Details

Position Assignment Description

***Position Description:** Please briefly describe the need and proposed assignment for the associate (This will be shared with the associate after selection.)

***Describe how the associate will primarily work with others as part of a team, independently, coordinating or leading activities, or with external stakeholders.**

***If the associate was not a CDC employee, but was an employee of your organization, their position title would be:**

Subject Area of Proposed Assignment

***Select the subject area the associate will be working in for the majority of their assignment:**

Only one subject area can be selected.

----- select -----

----- select -----

Assign	Access to Care
PHAP ca	Adolescent & School Health (non-STI)
	Adolescent/School-based Sexually Transmitted Disease Prevention
*Dri	Chronic Disease: Cancer Prevention and Control
	Chronic Disease: Diabetes
*Per	Chronic Disease: General
	Chronic Disease: Heart disease and stroke prevention
	Chronic Disease: Nutrition/Obesity Prevention/Physical Activity Promotion
	Community Health Improvement Planning (CHIP)/Community Health Assessments (CHA)
	Emergency/Disaster Preparedness and Response
	Environmental Health: Foodborne/waterborne disease (controls, HACCP, food/water safety programs)

Application Process (Part 1: Assignment Details) (Cont'd 1)

Assignment Requests

PHAP cannot guarantee associates will be matched with any of the host agency requests.

***Driver's License required :**

----- select -----

***Personal vehicle required :**

----- select -----

***Please describe any additional administrative requirements (i.e. background check) for accepting a federal assignee.**

Application Process (Part 1: Assignment Details) (Cont'd 2)

Language

Other than English, would another language and fluency level be useful to complete activities and assignments?
Please note that secondary language fluency should not be a requirement for the work to be performed.

Language

Minimum: 0 Required

+ Add Language

Add Language Details

***Language:**

Other than English, would another language and fluency level be useful to complete activities and assignments? Please note that secondary language fluency should not be a requirement for the work to be performed.

----- select -----

***Fluency:**

----- select -----

----- select -----

Conversational Only

Fluent (proficient in speaking, reading and writing)

Americans with Disabilities Act (ADA):

Application Process (Part 1: Assignment Details) (Cont'd 3)

Other Public Health Agency Details

*Does the building in which the associate will be working meet the requirements under the Americans with Disabilities Act (ADA)?

[ADA for state and local governments](#)
[Federal government sites and the Rehabilitative Act of 1973](#)
[General ADA requirements](#)

----- select -----

*Is the location of the public health agency considered rural?

----- select -----

*Is the public health agency located on Tribal lands?

----- select -----

*Please provide your normal business hours and expected scheduling?

Population Information

Population impacted by the Associate's work.

*Level of Population Served:

----- select -----

----- select -----

State
County/Parish/Borough
Local/Municipal
Tribal
National
Other
 white

Application Process (Part 1: Assignment Details) (Cont'd 4)

***Racial Category:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

***Ethnicity:**

- Hispanic or Latino
- Non Hispanic or Latino

***Age:**

- Under 5 years
- 5 - 17 years
- 18 - 24 years
- 25 - 44 years
- 45 - 64 years
- 65 years and over

***Sex:**

- Female
- Male

***Is the population served by the Associate's work considered rural?**

Please refer to [Office of Rural Health](#).

----- select -----

***Is this a tribal-focused assignment or does it serve a predominately tribal population?**

----- select -----

Application Process (Part 1: Assignment Details) (Cont'd 5)

*Is this a tribal-focused assignment or does it serve a predominately tribal population?

Yes

*Select the best option to classify this assignment using the above criteria as tribal or tribally-focused serving a predominately tribal population.

Application Process (Part 1: Ass...

Using the options below, please select from one or more of the following mutually-exclusive criteria to classify this assignment as a tribal or tribally-focused assignment. An assignment would be considered "tribally focused PHAP assignment" if any one (1) of the following criteria are met.

1. **Tribe**: An Indian or Alaska Native tribe, band, pueblo, village, or community that the Interior acknowledges to exist as an Indian tribe pursuant to the Federally Recognized Indian Tribe Act of 1994, 25 USC 5130 reclassified.

2. **Tribal organizations include the following**:

- a. Regional Intertribal Organizations such as All Indian Pueblo Council, Great Lakes and United South and Eastern Tribes
- b. National Indian Organizations such as National Indian Health Board, National Native American Prevention Center, etc.
- c. Tribal Epidemiology Centers (TECs)

3. **Federal agency with a tribal focus**: Any agency within the federal government that is responsible for providing services to American Indians and Alaska Natives including but not limited to the following:

- a. Indian Health Service (IHS)
- b. Environmental Protection Agency (EPA)
- c. Bureau of Indian Affairs (BIA)

4. **Assignment working with elected American Indian/Alaska Native (AI/AN) tribal leaders**: This includes any PHAP assignment in a state health department, local health department, nongovernmental organization (NGO), university, or non-federally recognized state tribal organization with associate work activities actively engaged with elected American Indian/Alaska Native (AI/AN) tribal leaders.

Position

----- select -----

----- select -----

Tribe

Tribal Organization

Federal agency with a tribal focus

Assignment working with AI/AN tribal leaders

Application Process (Part 1: Assignment Details) (Cont'd 6)

Position Assignment Environment

***Describe program area, department, or organization unit within the host agency where the position assignment will be based. Include information/description of number of employees and the resources available to support the associate.**

Application Process (Par

***Describe workplace setting and equipment provided for Associate to perform the work.**

***What recent changes or upcoming reorganizations may impact the assignment(s) or supervisor assigned to the candidate?**

Response should also indicate the remote work status and telework schedule of relevant host site staff.

***Host site can provide access around host agency IT firewall or provide alternate means of access to CDC intranet systems and administrative services at least twice during the business day.**

----- select -----

Application Process (Part 1: Assignment Details) (Cont'd 7)

***Please attach a PDF of the current organizational chart for the public health agency:**

File size accepted 10MB or lower.

No file chosen

***Please describe the availability of safe and affordable housing in a commutable distance (i.e. < 50 miles). Please include any special arrangements for staff or previous Associates.**

Letter of Support

***Please attach a pdf of a letter of support on your agency's letterhead. The letter must be written and signed by the agency Director or a senior leader.**

File size accepted 10MB or lower.

No file chosen

***Director or Leader Name :**

***Director or Leader Email :**

***Director or Leader Phone :**

Director or Leader Phone Ext :

Application Process (Part 1: Assignment Details) (Cont'd 8)

Host Site Related Travel

Please note that, regardless of travel distance, the host agency will not use federally sourced funds for any aspect of the Associate's travel or training.

***Will the Associate be expected to travel over 100 miles from Host Site jurisdiction for Host Site related work or training?**

----- select -----



Application Process (Part 2: Activity)

Part 2: Activity

Activity Details

Please list each activity that the associate will be performing related to the statement of need for the proposed assignment. There is no limit to the number of activities that can be entered, however, most successful applications contain between 6 and 10 activities. The associate's level of responsibility and skills should build over time and increase from year 1 to year 2 of the program, and their activities should reflect this progression. Subject area for majority of work must be the same for both years.

PHAP Host - Activities

Minimum: 2 Required

+ Add Activity

Application Process (Part 2: Activity) (Cont'd 1)

Add Activity Details

***Activity/Project Name:**
Enter a detailed description of what the fellow will perform during the assignment, including responsibilities, timeline, key milestones, and deliverables

***Please select the year(s) of the activity: picklist options**

----- select -----

----- select -----

***Activity/Project Description:**

***Activity/Project Phase:**

----- select -----

----- select -----

***Level:** Conception
Initiation
Planning
Implementation
Evaluation

***Lead:** Planning
Implementation
Evaluation

***Project Type:** Planning
Implementation
Evaluation

Application Process (Part 2: Activity) (Cont'd 2)

***Level of Responsibility / Role:**
"Lead" role should not be assigned until associate's skillset is assessed.

----- select -----

----- select -----

***Project Start Date:**
Associates generally start in October. Please ensure dates are not before October of the first year.

mm/dd/yyyy

***Project End Date:**

mm/dd/yyyy

***Is the Project/Activity address different from the assignment address?**

----- select -----

Application Process (Part 2: Activity) (Cont'd 3)

***Activities and Tasks:**

***Deliverable/Products/Outcomes:**

Application Process (Part 2: Activity) (Cont'd 4)

Domain 1: Analytic and Assessment Skills

Please check all related competencies. Be advised that at least one competency from each domain must be checked over the entire application (all proposed activities) in order to submit.

- 1.1 Uses quantitative and qualitative data to assess the health of a community.
- 1.2 Uses various sources of information to inform, evaluate, or improve programs and services.

Domain 2: Public Health Systems and Services

Please check all related competencies. Be advised that at least one competency from each domain must be checked over the entire application (all proposed activities) in order to submit.

- 2.1 Describes public health as part of a larger inter-related system of organizations that influence population health at local, state, and national levels.
- 2.2 Develops plans for programs and services that protect and promote health.
- 2.3 Implements the organization's programs and services in support of public health priorities.

Domain 3: Communication Skills

Please check all related competencies. Be advised that at least one competency from each domain must be checked over the entire application (all proposed activities) in order to submit.

- 3.1 Uses clear communication and plain language in all written communication with colleagues and partners.
- 3.2 Communicates clearly and proficiently in discussions and meetings (e.g., uses active listening).
- 3.3 Presents information tailored to the intended audience using appropriate communication methods (e.g., reports, presentations, infographics).

Domain 4: Community Engagement and Partnerships

Please check all related competencies. Be advised that at least one competency from each domain must be checked over the entire application (all proposed activities) in order to submit.

- 4.1 Uses knowledge about local community health priorities and perspectives to enhance program or service delivery.
- 4.2 Builds and maintains strategic relationships with community partners to achieve common goals.

Domain 5: Public Health Emergency Preparedness and Response

Please check all related competencies. Be advised that at least one competency from each domain must be checked over the entire application (all proposed activities) in order to submit.

- 5.1 Explains the roles and responsibilities of governmental entities (federal, state, tribal, local, and territorial) and other partners in public health preparedness, response, and recovery.
- 5.2 Supports emergency preparedness or response activities to protect health at the local, state, or national level.

Domain 6: Professional Practice

Please check all related competencies. Be advised that at least one competency from each domain must be checked over the entire application (all proposed activities) in order to submit.

- 6.1 Continually assesses personal strengths and opportunities for growth and uses constructive feedback to enhance professional practice.
- 6.2 Uses critical thinking skills (e.g., identifies credible sources of information, solves problems, and makes informed decisions) when engaging in the practice of public health.
- 6.3 Demonstrates interpersonal skills, emotional intelligence, and ethical behavior when interacting with colleagues and partners.

Application Process (Part 2: Activity) (Cont'd 5)

!Please enter valid responses for the required questions listed below.

Activity/Project Name:

Please select the year(s) of the activity: [picklist options](#)

Activity/Project Description:

Activity/Project Phase:

Level of Responsibility / Role:

Project Start Date:

Project End Date:

Is the Project/Activity address different from the assignment address?

Activities and Tasks:

Deliverable/Products/Outcomes:

Save

PHAP Host - Activities

Minimum: 2 Required

Your responses have been saved.

Activity Details

Please list each activity that the associate will be performing related to the statement of need for the proposed assignment. There is no limit to the number of activities that can be entered, however, most successful applications contain between 6 and 10 activities. The associate's level of responsibility and skills should build over time and increase from year 1 to year 2 of the program, and their activities should reflect this progression. Subject area for majority of work must be the same for both years.

PHAP Host - Activities

Minimum: 2 Required

+ Add Activity

test



Application Process (Part 3: Training)

Part 3: Training

Training

Please list proposed training for the associate related to the assignment. Please note that, regardless of travel distance, the host agency will not use federally sourced funds for any aspect of the Associate's travel or training.

Associates generally start in October. Please ensure dates are not before October of the first year.

PHAP Host - Trainings

Minimum: 1 Required

[+ Add Training](#)

Add Training Details

***Training Name/Subject:**

Please list proposed training for the associate related to the assignment. Associates generally start in October. Please ensure dates are not before October of the first year.

***Training Type:**

- Classroom: Host Site
- Classroom: Outside Sponsor
- E-learning
- E-Learning CDC
- One-on-One
- Other

***Brief Description:**

Application Process (Part 3: Training) (Cont'd 1)

*Relation to proposed activity:

*Date of Training:

mm/dd/yyyy

*Target Completion Date:

mm/dd/yyyy

Save

Please list proposed training for the associate related to the assignment. Please note that, regardless of travel distance, the host agency will not use federally sourced funds for any aspect of the Associate's travel or training.

Associates generally start in O

PHAP Host -

Your responses have been saved.

Minimum: 1 Required

+ Add Training

test

trash

PHAP Host - Trainings

Minimum: 1 Required

+ Add Training

test

trash

Application Process (Part 3: Training) (Cont'd 2)

Orientation

A clear orientation plan should be described for the first 3-6 months of the associate's assignment and should include the standard orientation for any new host site employee.

Orientation

Minimum: 1 Required

[+ Add Orientation](#)

Add Details

*Describe the associate's orientation to the host site, including any standard orientation for new employees that would be relevant to the Associate.

Orientation

A clear orientation plan should be described for the first 3-6 months of the associate's assignment and should include the standard orientation for any new host site employee.

Orientation

Minimum: 1 Required

[+ Add Orientation](#)

Your responses have been saved.

test

Save

Application Process (Part 4: Host Site Supervisors)

Part 4: Host Site Supervisors

Host Site Supervisors

The Primary Supervisor should be a front-line public health professional. They must be a full-time employee (at least 35 hours per week), willing to devote at least 10% (i.e. 4hrs/week) with associate, preferably in person. Supervisors should have two or more years of experience as a supervisor.

The secondary host site supervisor should be available during the times the primary supervisor is out (eg., vacation/illness). The secondary host site supervisor should not be directing the associate except in the absence of the primary supervisor to avoid conflicting priorities.

PHAP requires that both a primary and secondary host site supervisor be identified. One or both supervisors should be onsite, with the associate, at least three days per week.

PHAP Host - Supervisors

Minimum: 2 Required

[+ Add Supervisor](#)

[Save Application](#)

[Save & Next](#)

Application Process (Part 4: Host Site Supervisors) (Cont'd 1)

Add Host Site Staff Details

***Supervisor Role**

----- select -----

***Full Name:**

----- select -----

***Full Name:**

Primary Supervisor

Secondary Supervisor

Add

- If you cannot find your individual in the lookup field below, add them to the Supervisors List by clicking "Click Here to Update the Supervisors List" and then "Add Supervisor."
- After you have added your individual, click the refresh icon and the name will appear in the lookup field below.

----- select -----

[Click Here To Update Supervisors List](#)

***Full Name:**

Add Missing Individual:

- If you cannot find your individual in the lookup field below, add them to the Supervisors List by clicking "Click Here to Update the Supervisors List" and then "Add Supervisor."
- After you have added your individual, click the refresh icon and the name will appear in the lookup field below.

----- select -----

***CDC Employee**

----- select -----

Bugs Bunny

Rinaldo Jackson

----- select -----

Application Process (Part 4: Host Site Supervisors) (Cont'd 2)

*Full Name:

Add Missing Individual:

- If you cannot find your individual in the lookup field below, add them to the Supervisors List by clicking "Click Here to Update the Supervisors List" and then "Add Supervisor."
- After you have added your individual, click the refresh icon and the name will appear in the lookup field below.

The screenshot shows a user interface for managing host site supervisors. On the left, there is a text input field with the placeholder "----- select -----" and a red box highlighting the link "Click Here To Update Supervisors List". On the right, a modal window titled "Supervisors" displays a list of two individuals: Bugs Bunny and Rinaldo Jackson. The modal includes a "Add Host Site Staff" button with a red arrow pointing to it. The table in the modal has columns for Full Name, Primary Email, Primary Phone Number, Request status, and Created On. The "Created On" column is sorted by date.

Full Name	Primary Email	Primary Phone Number	Request status	Created On
Bugs Bunny	rjackson704@comcast.net	(770) 555-7777	User invited	12/12/2025 7:24 AM
Rinaldo Jackson	rhj2@cdc.gov	404-259-3256	Org User	12/12/2025 12:33 AM

Supervisors

----- select -----

[Click Here To Update Supervisors List](#)

Add Host Site Staff

Full Name Primary Email Primary Phone Number Request status Created On

Bugs Bunny rjackson704@comcast.net (770) 555-7777 User invited 12/12/2025 7:24 AM

Rinaldo Jackson rhj2@cdc.gov 404-259-3256 Org User 12/12/2025 12:33 AM

Update

Application Process (Part 4: Host Site Supervisors) (Cont'd 3)

Create

Primary Email (CDC Staff Must Use CDC Email) *

First Name *

Last Name *

Primary Phone Number

Alternate Phone Number

Is Admin

No Yes

Create

Add Host Site Staff

Full Name	Primary Email	Primary Phone Number	Request status	Created On	
Wile Coyote	wilec@acme.com	123-456-7890	User invited	12/12/2025 11:35 AM	<input type="checkbox"/>
Bugs Bunny	rjackson704@comcast.net	(770) 555-7777	User invited	12/12/2025 7:24 AM	<input type="checkbox"/>
Rinaldo Jackson	rhj2@cdc.gov	404-259-3256	Org User	12/12/2025 12:33 AM	<input type="checkbox"/>

Update

Application Process (Part 4: Host Site Supervisors) (Cont'd 4)

Supervisors

Full Name	Primary Email	Primary Phone Number	Request status	Created On
Wile Coyote	wilec@acme.com	123-456-7890	User invited	12/12/2025
Bugs Bunny	rjackson704@comcast.net	(770) 555-7777	User invit	<div>EditDelete</div>
Rinaldo Jackson	rhj2@cdc.gov	404-259-3256	Org User	12/12/2025 12:33 AM

[Add Host Site Staff](#)

[Update](#)

Add Host Site Staff Details

***Supervisor Role:**
Primary Supervisor

***Full Name:**

Add Missing Individual:

- If you cannot find your individual in the lookup field below, add them to the Supervisors List by clicking "Click Here to Update the Supervisors List" and then "Add Supervisor."
- After you have added your individual, click the refresh icon and the name will appear in the lookup field below.

[Click Here to Update the Supervisors List](#)

***CDC:**

----- select -----

----- select -----

Bugs Bunny

Rinaldo Jackson

----- select -----

Application Process (Part 4: Host Site Supervisors) (Cont'd 5)

Add Host Site Staff Details

***Supervisor Role**

Primary Supervisor

***Full Name:**

Add Missing Individual:

- If you cannot find your individual in the lookup field below, add them to the Supervisor's List and then "Add Supervisor."
- After you have added your individual, click the refresh icon and the name will appear

----- select -----

----- select -----

***CDC Employee?**

No

***Job Title:**

----- select -----

----- select -----

***Unit:**

Team Lead
Branch Chief
Division Director

***Department:**

CIO Director
Epidemiologist
Medical Epidemiologist

***Is this supervisor:**

Medical Officer
Health Scientist
Public Health Advisor

***Category:**

Other

***CDC Employee?**

***Job Title:**

***Unit:**

***Department:**

***Is this supervisor:**

***Category:**

Application Process (Part 4: Host Site Supervisors) (Cont'd 6)

***Job Title:**

Other

***Specify Job Title:**

Application Process(Part 4: Ho...

***Unit:**

Cancer Prevention

***Degrees:**

MPH

***Is the supervisor a full-time employee at the organization where the fellow will spend most of their time?**

Yes

***Can the primary host supervisor devote minimum of 10% of time (i.e. 4hrs), in person, each week to supervise Associate?**

Yes

***If the Primary Supervisor is unable to continue supervision, can the Secondary Supervisor step in?**

Yes

Application Process (Part 4: Host Site Supervisors) (Cont'd 7)

***Is the supervisor an alumnus of any CDC fellowship or training program?**

Yes

Which of the following CDC fellowship(s)/program(s) is the Supervisor an alumnus of:

- APHL-CDC Antimicrobial Laboratory Resistance Fellowship
- APHL-CDC Career Pathways in Public Health Laboratory Science: Public Health
- APHL-CDC Environmental Public Health Fellowship
- APHL-CDC Infectious Diseases Bioinformatics Fellowship Program
- APHL-CDC Infectious Diseases Laboratory Fellowship
- APHL-CDC Newborn Screening Bioinformatics and Data Analytics Fellowship
- Applied Public Health Informatics Fellowship (APHIF)
- ASA/NCHS Research Fellowship Program
- ASPPH/CDC Public Health Fellowship Program
- ASPPH/CDC--Health Education Track
- Biochemical Markers Fellowship
- CDC Data Science Upskilling (DSU) Program
- CDC eLearning Institute (ELI) Fellowship
- CDC Evaluation Fellowship Program
- CDC John R. Lewis Undergraduate Public Health Scholars (formerly CUPS)

***Years of public health experience:**

8.5

***Describe the public health experience of the supervisor (or additional staff) relevant to the associate's assignment:**

TEST

***Does the Supervisor have supervisory experience?**

No

***Has the Supervisor had formal supervisory experience?**



PHAP requires each supervisor has a minimum 2 years of supervisory experience.

***Current number of total staff supervised:**

OK

Application Process (Part 4: Host Site Supervisors) (Cont'd 8)

***Does the Supervisor have supervisory experience?**

Yes

***Supervisory Experience (Select all that apply):**

- I have supervised fellows/associates in other fellowships/programs.
- I have supervised fellows/associates in this fellowship/program.
- I have supervised staff within my organization.

***How many years as a Primary Supervisor for this fellowship/program?**

0

***How many years as a Secondary Supervisor for this fellowship/program?**

0

***How many years as a Supervisor overall?**

5

***Has the Supervisor had formal supervisor training?**

Yes

***Current number of total staff supervised:**

4

Please provide the full name and class year of Fellows/associates from this fellowship program supervised over the past five years.

N/A

***Describe the Supervisor's supervisory experience and style:**

TEST

***Please outline a brief supervision plan that will ensure appropriate on-the-job training, management of the associate's workload and performance, and support for the associate's professional and personal growth.**

This plan should include

- 1) each supervisor's role on the team;
- 2) communication methods and meeting frequency with the associate, and
- 3) how the team will facilitate the engagement of the associate with others in the host site

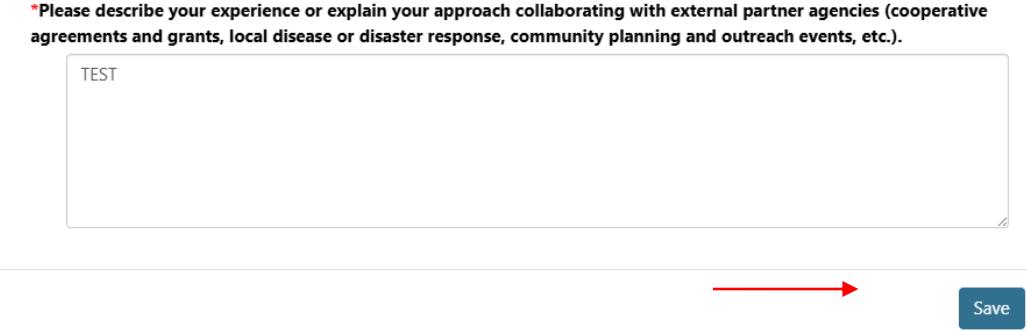
TEST

Application Process (Part 4: Host Site Supervisors) (Cont'd 9)

*Please describe your experience or explain your approach collaborating with external partner agencies (cooperative agreements and grants, local disease or disaster response, community planning and outreach events, etc.).

TEST

→ Save

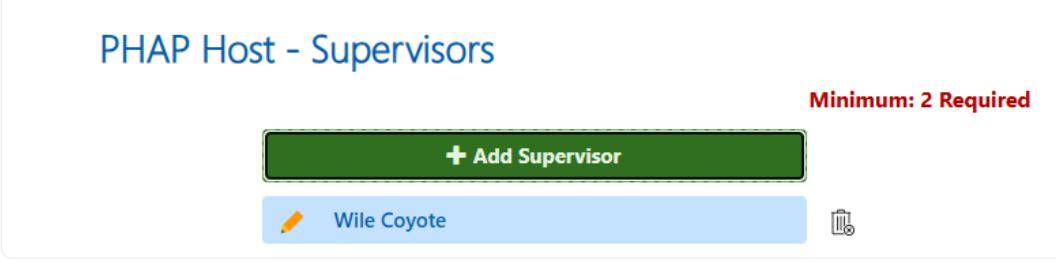


PHAP Host - Supervisors

Minimum: 2 Required

+ Add Supervisor

Wile Coyote



Application Process (Part 4: Host Site Supervisors) (Cont'd 10)

PHAP Host - Supervisors

Minimum: 2 Required

+ Add Supervisor

Wile Coyote

Bugs Bunny

Save Application Save & Next

Please enter valid responses for the required questions listed below.

[Describe program area, department, or organization unit within the host agency where the position assignment will be based. Include information/description of number of employees and the resources available to support the associate.](#)

Select the subject area the associate will be working in for the majority of their assignment:

Driver's License required :

Does the building in which the associate will be working meet the requirements under the Americans with Disabilities Act (ADA)?

Please attach a pdf of a letter of support on your agency's letterhead. The letter must be written and signed by the agency Director or a senior leader.

Level of Population Served:

Position Description: Please briefly describe the need and proposed assignment for the associate. (This will be shared with the associate after selection.)

Personal vehicle required :

Is the location of the public health agency considered rural?

Director or Leader Name :

Describe workplace setting and equipment provided for Associate to perform the work.

Application Process (Manage Assignment Location)

[Is the population served by the Associate's work considered rural?](#)

[Is this a tribal-focused assignment or does it serve a predominately tribal population?](#)

[Will the Associate be expected to travel over 100 miles from Host Site jurisdiction for Host Site related work or training?](#)

[Host site can provide access around host agency IT firewall or provide alternate means of access to CDC intranet systems and administrative services at least twice during the business day.](#)

[Please attach a PDF of the current organizational chart for the public health agency.](#)

[Please describe the availability of safe and affordable housing in a commutable distance \(i.e. < 50 miles\). Please include any special arrangements for staff or previous Associates.](#)

Save Application

Save & Next

Application Details (Manage Assignment Location) (cont'd 1)

PHAP - 2026 Application Details

App ID: APP-005440 Status: Draft

[Create Applicant Profile](#)

[Complete Application](#) Optional question that were skipped: 1

[Assignment Location Confirmation](#) Click the Confirm button under the Manage Assignment Location section to confirm the location assignment for this application.

[Submit Application](#) Your application must be submitted by 1/31/2026 5:00 PM (ET).

Application Process

Your application must be submitted by 1/31/2026 5:00 PM (ET).

[Edit Application](#) [Submit Application](#)

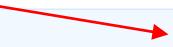
Manage Assignment Location i

Please review the Assignment Location for this application.

- If the assignment location is different from the one shown below, click **Change** and follow these steps:
 - Use the **Assignment Location** field to select a different location from the list or enter details for a new location.
 - Click **Save** at the bottom of the page to update the assignment location.

Your current Assignment Location is:

Organization Physical Address
Test
Arden, North Carolina United States 28704

 [Change](#) [Confirm](#)

Application Details (Manage Assignment Location) (cont'd 2)

Manage Assignment Location i

Please review the Assignment Location for this application.

- If the assignment location is different from the one shown below, click **Change** and follow these steps:
 - Use the **Assignment Location** field to select a different location from the list or enter details for a new location.
 - Click **Save** at the bottom of the page to update the assignment location.

Your current Assignment Location is:

Organization Physical Address
Test
Arden, North Carolina United States 28704

[Cancel Change](#) [Confirm](#)

Assignment Location

[Organization Physical Address](#)

Select an assignment location

Available Locations

Alternate

[Organization Physical Address](#)

Location 1 SJ

[+ Add a new location](#)

Assignment Location

Location 1 SJ

Location Name *

Location 1 SJ

Account

Crater Health District

Applicant

Crater Health District Rinaldo Jackson

Street Address *

2201 Cooperative Way

Country *

United States

State/Territory

North Carolina

City

Archdale

Zip Code

27263

[Save](#)

Application Details (Manage Assignment Location) (cont'd 3)

Assignment Location

Location 1 SJ

Select an assignment location

Available Locations

- Alternate
- Organization Physical Address
- Location 1 SJ

[+ Add a new location](#)

Add Assignment Location

Location Name *

Street Address *

City *

Country *
 Select a Country

State/Province *

Zip Code *

Cancel **Save** 

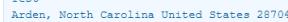
Application Details (Manage Assignment Location) (cont'd 4)

Manage Assignment Location 

Please review the Assignment Location for this application.

- If the assignment location is different from the one shown below, click **Change** and follow these steps:
 - Use the **Assignment Location** field to select a different location from the list or enter details for a new location.
 - Click **Save** at the bottom of the page to update the assignment location.

Your current Assignment Location is:

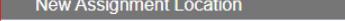
Organization Physical Address	 Change	Confirm
Test	 Arden, North Carolina United States 28704	

Assignment Location

Organization Physical Address

Select an assignment location

Available Locations

New Assignment Location 

Alternate

Organization Physical Address

Location 1 SJ

 **Add a new location**

Application Details (Manage Assignment Location) (cont'd 5)

Assignment Location

New Assignment Location 

Location Name *

New Assignment Location

Account

Crater Health District

Applicant

Crater Health District Rinaldo Jackson

Street Address *

234 Rubber Lane

Country *

United States

State/Territory

North Carolina

City

Arden

Zip Code

31070

 Save

Application Details (Manage Assignment Location) (cont'd 6)

Assignment Location

New Assignment Location

Location Name *
New Assignment Location

Account
Crater Health District

Street Address *
234 Rubber Lane

?

Are you sure?

Do you want to submit the selected assignment location?

Rinaldo Jackson

Yes, submit it! Cancel

Manage Assignment Location ⓘ

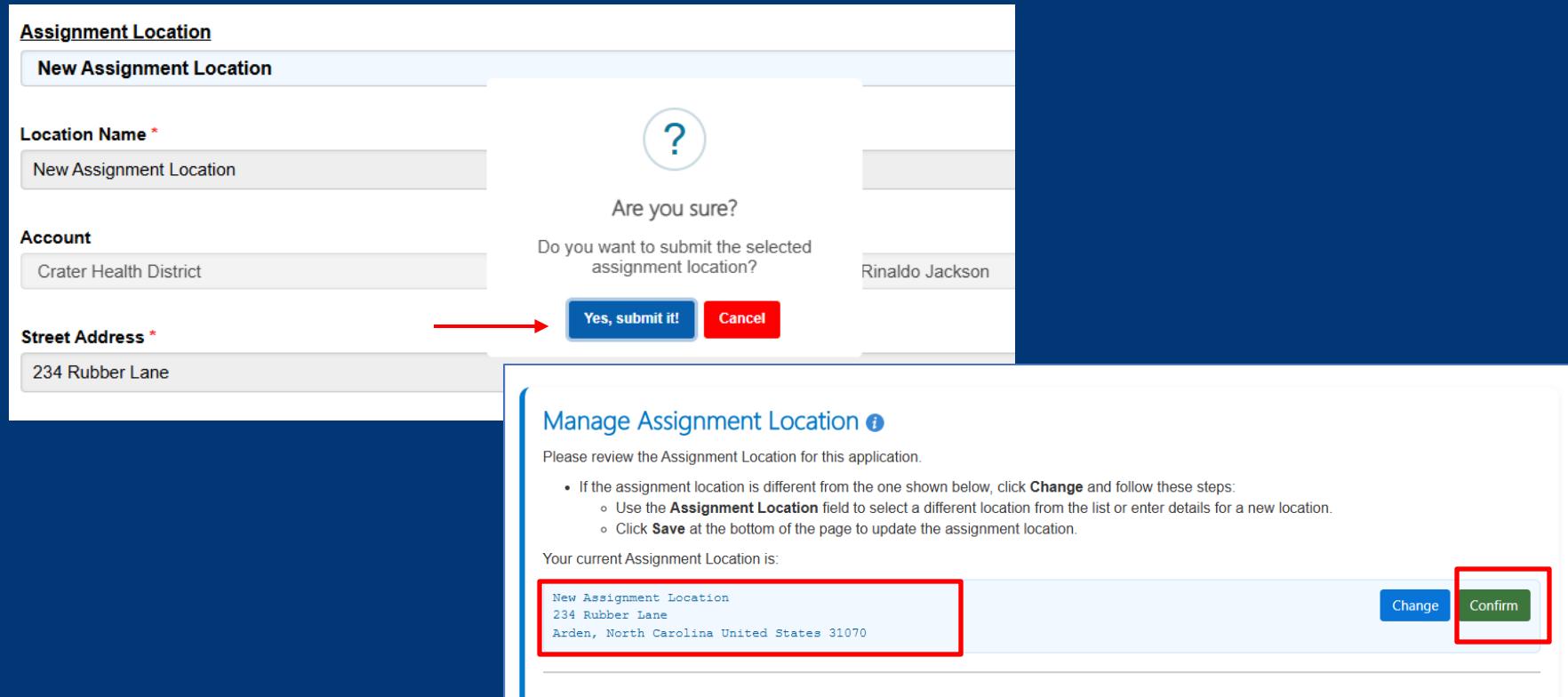
Please review the Assignment Location for this application.

- If the assignment location is different from the one shown below, click **Change** and follow these steps:
 - Use the **Assignment Location** field to select a different location from the list or enter details for a new location.
 - Click **Save** at the bottom of the page to update the assignment location.

Your current Assignment Location is:

New Assignment Location
234 Rubber Lane
Arden, North Carolina United States 31070

Change Confirm



Application Details (Manage Assignment Location) (cont'd 7)

Manage Assignment Location i

Please review the Assignment Location for this application.

- If the assignment location is different from the one listed:
 - Use the **Assignment Location** field to select a new location.
 - Click **Save** at the bottom of the page to update the location.

Your current Assignment Location is:

New Assignment Location
234 Rubber Lane
Arden, North Carolina United States 31070

Yes, confirmCancel



Manage Assignment Location i

Please review the Assignment Location for this application.

- If the assignment location is different from the one listed:
 - Use the **Assignment Location** field to select a new location.
 - Click **Save** at the bottom of the page to update the location.

Your current Assignment Location is:

New Assignment Location
234 Rubber Lane
Arden, North Carolina United States 31070

OK



Success

Assignment Location confirmed. Page will reload.

Your current Assignment Location is:

New Assignment Location
234 Rubber Lane
Arden, North Carolina United States 31070

ChangeAssignment Location Confirmed.

2026 Application Details

PHAP - 2026 Application Details

App ID: APP-005440 Status: Draft

✓ Create Applicant Profile

✓ Complete Application

Optional question that were skipped: 1

✓ Assignment Location Confirmation

Click the Confirm button under the Manage Assignment Location section to confirm the location assignment for this application.

✗ Submit Application

Your application must be submitted by 1/31/2026 5:00 PM (ET).

Your application must be submitted by 1/31/2026 5:00 PM (ET).

Edit Application

Submit Application

PHAP - 2026 Application Details

App ID: APP-005440 Status:

✓ Create Applicant Profile

✓ Complete Application

Optional question that were skipped: 1

✓ Assignment Location Confirmation

Click the Confirm button under the Manage Assignment Location section to confirm the location assignment for this application.

✗ Submit Application

Your application must be submitted by 1/31/2026 5:00 PM (ET).

Your application must be submitted by 1/31/2026 5:00 PM (ET).

Edit Application

Submit Application



Are you sure you want to submit the application?

Submit Cancel

2026 Application Details (cont'd)

PHAP - 2026 Application Details

App ID: APP-005440 Status: Submitted

✓ [Create Applicant Profile](#)

✓ [Complete Application](#)

Optional question that were skipped: 1

✓ [Assignment Location Confirmation](#)

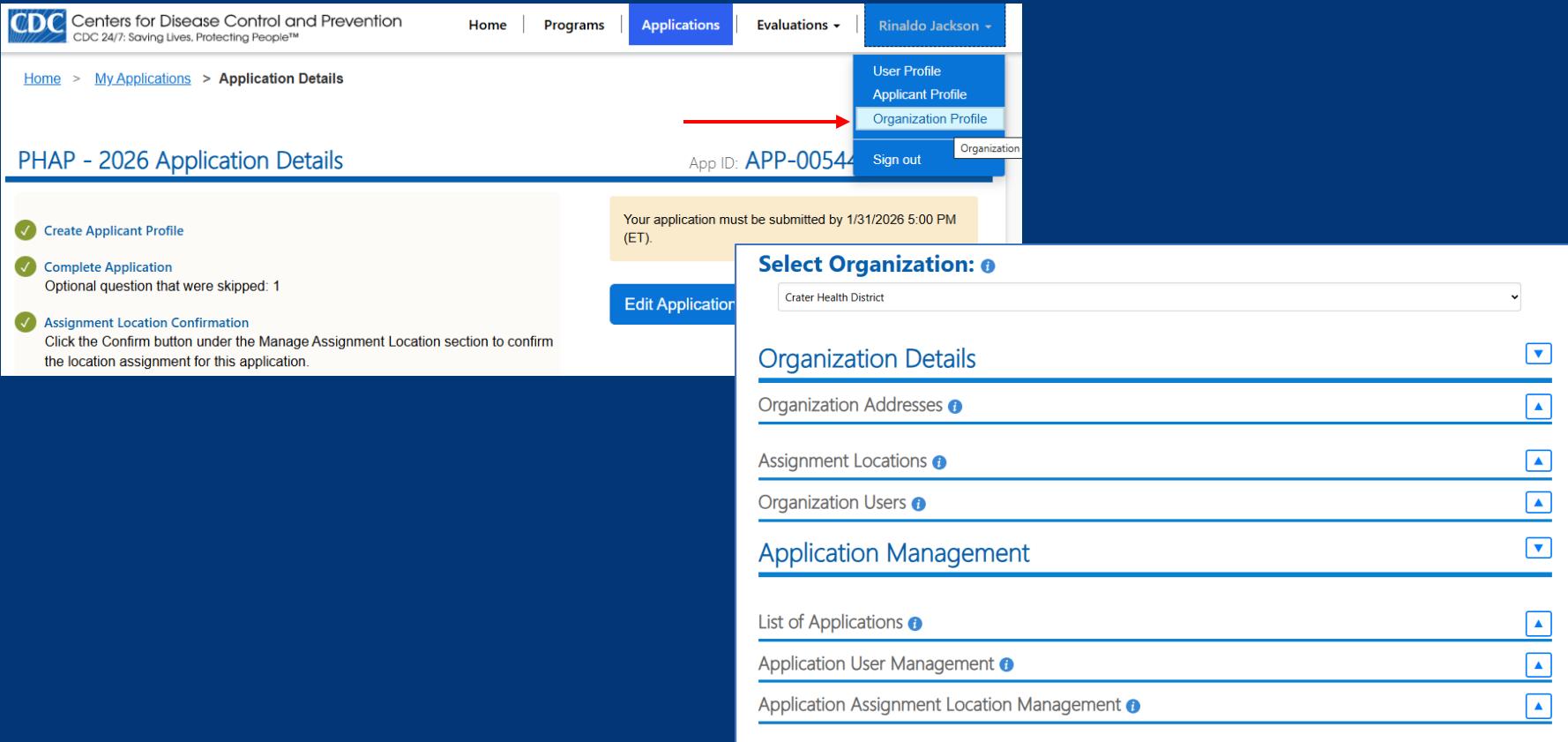
Click the Confirm button under the Manage Assignment Location section to confirm the location assignment for this application.

✓ [Submit Application](#)

Your application has been submitted and will be reviewed by the program team

[A printer friendly version of your application can be viewed here](#)

Account Admin Role



Home | Programs | **Applications** | Evaluations | Rinaldo Jackson | [User Profile](#) | [Applicant Profile](#) | [Organization Profile](#) | [Sign out](#) | [Organization](#)

Home > [My Applications](#) > Application Details

PHAP - 2026 Application Details

App ID: APP-0054

Your application must be submitted by 1/31/2026 5:00 PM (ET).

✓ Create Applicant Profile

✓ Complete Application
Optional question that were skipped: 1

✓ Assignment Location Confirmation
Click the Confirm button under the Manage Assignment Location section to confirm the location assignment for this application.

[Edit Application](#)

Select Organization: [Crater Health District](#)

Organization Details

Organization Addresses [i](#)

Assignment Locations [i](#)

Organization Users [i](#)

Application Management

List of Applications [i](#)

Application User Management [i](#)

Application Assignment Location Management [i](#)

Account Admin Role (Organization Addresses)

Organization Addresses 



Organization Physical Address

Street Address *

Street Address Line 2

Street Address Line 3

Building

Suite/Room

Country *

State/Territory *

City *

Zip Code *

Organization Mailing Address

Admins

- Account Admins can update both the Organization Physical Address and the Organization Mailing Address from the Organization Details section.
 - Organization Physical Address
 - Enter or update the organization's physical location by filling in the required fields
 - Organization Mailing Address
 - If the mailing address is the same as the physical address, simply check the box "Same as Physical Address."
 - To enter a different mailing address, uncheck the box and complete the fields manually.
 - After updating the necessary fields, click the Submit button to save changes.

Non-Admins

Non-Admins will not be able to edit these addresses. They will see the address fields in read-only mode.

If any of the information appears incorrect, please reach out to your Account Admin to request updates. To see which users have Account Admin permissions, refer to the **Organization Users** grid below.

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Account Admin Role (Assignment Locations)

Assignment Locations

List of Assignment Locations for the Host Site Organization

Location Name	Created On
New Assignment Location	12/12/2025, 12:33 PM
Alternate	12/8/2025, 2:35 PM
Organization Physical Address	12/8/2025, 2:31 PM
Location 1 SJ	12/8/2025, 2:30 PM

i All Host Site Staff associated with the Organization Profile can view the complete list of Assignment Locations for the Organization.

Account Admins or Application Points of Contact (PoCs) can designate which assignment locations are associated with specific applications using the Application Assignment Location Management grid at the bottom of this page.

Application PoCs are users who submitted the application.

OK

Account Admin Role (Assignment Locations) (cont'd)

Assignment Locations i ▼

List of Assignment Locations for the Host Site Organization

Location Name	Street Address	City	State/Province	Zip Code	Added By	Created On	Actions
New Assignment Location	234 Rubber Lane	Arden	North Carolina	31070	Rinaldo Jackson	12/12/2025, 12:33 PM	View Address Edit Address Remove
Alternate	Test with Rafel	Cary	North Carolina	27523	Jane D Doe	12/8/2025, 2:35 PM	View Address Edit Address Remove
Organization Physical Address	Test	Arden	North Carolina	28704		12/8/2025, 2:31 PM	View Address Edit Address Remove
Location 1 SJ	22						View Address Edit Address Remove

i OK

Account Admins can add new assignment locations using the Add Assignment Location button. They also have full access to view, edit, or remove any assignment location, including those added by other Host Site Staff.

Non-Admins can also add new assignment locations using the same button. However, they can only edit or remove the locations they have personally added. They cannot modify or delete locations added by other Host Site Staff.

Add Assignment Location

Assignment Locations i ▼

List of Assignment Locations for the Host Site Organization

Location Name	Street Address	City	State/Province	Zip Code	Added By	Created On	Actions
New Assignment Location	234 Rubber Lane	Arden	North Carolina	31070	Rinaldo Jackson	12/12/2025, 12:33 PM	View Address Edit Address Remove
Alternate	Test with Rafel	Cary	North Carolina	27523	Jane D Doe	12/8/2025, 2:35 PM	View Address Edit Address Remove
Organization Physical Address	Test	Arden	North Carolina	28704		12/8/2025, 2:31 PM	View Address Edit Address Remove

Add Assignment Location

Account Admin Role (Organization Users)

Organization Users 

Full Name	Primary Email
Rinaldo Jackson	rhj2@cdc.gov
Jane D Doe	phap_jane@mailinator.com

 All Users (Host Site Staff) associated with this Organization Profile are listed in this grid. Each user's role is indicated, including whether they have Account Admin privileges.

 **Created On**

Created On
12/8/2025, 2:18 PM
12/8/2025, 2:11 PM

 **Application Mana** 

Organization Users 

Full Name	Primary Email
Rinaldo Jackson	rhj2@cdc.gov
Jane D Doe	phap_jane@mailinator.com

 **Account Admins** can add new users to the Organization Profile and have full permission to view, edit, or remove any user. They can also assign Account Admin permissions to other users.

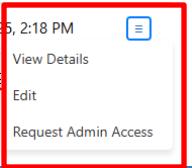
Non-Admins can add new users and view details of other Host Site Staff, but they cannot assign Account Admin permissions. They are only allowed to edit their own user record.

 **Created On** 

Created On
12/8/2025, 2:18 PM
12/8/2025, 2:11 PM

 **Organization Users** 

Full Name	Primary Email	Primary Phone Number	Is Admin	Request Status	Created On
Rinaldo Jackson	rhj2@cdc.gov		No	User invited	12/8/2025, 2:18 PM 
Jane D Doe	phap_jane@mailinator.com	4564564567	Yes	Org User	12/8/2025, 2:11 PM 

 **Created On** 

Created On
12/8/2025, 2:18 PM
12/8/2025, 2:11 PM

 **Organization Users** 

Full Name	Primary Email	Primary Phone Number	Is Admin	Request Status	Created On
Rinaldo Jackson	rhj2@cdc.gov		No	User invited	12/8/2025, 2:18 PM 
Jane D Doe	phap_jane@mailinator.com	4564564567	Yes	Org User	12/8/2025, 2:11 PM 

 **Created On** 

Created On
12/8/2025, 2:18 PM
12/8/2025, 2:11 PM

Account Admin Role (List of Applications)

Following is a list of all applications associated with the Organization. Account Admin can update the Point of Contact (PoC) by selecting from the dropdown menu and clicking 'Change PoC'.

Applicant Number	Primary Email	Cohort ID	PoC	Submission Status	Created On	Actions
APP-002864	rhj2@cdc.gov	PHAP - 2024	Rinaldo Jackson	Submitted	1/16/2024, 2:02 PM	View details
APP-002858	rhj2@cdc.gov	PHAP - 2024	Rinaldo Jackson	Draft	1/11/2024, 3:56 PM	View details
APP-002458	rhj2@cdc.gov	PHAP - 2023	Rinaldo Jackson	Submitted	1/11/2023, 3:56 PM	View details
APP-001263	rhj2@cdc.gov	PHAP - 2023	Rinaldo Jackson	Submitted	1/11/2023, 3:56 PM	View details

This grid displays all applications associated with the selected organization. All host site users can view the list of applications and their designated Points of Contact, but they cannot open or access applications submitted by others.

Following is a list of all applications associated with the organization. Account Admin can update the Point of Contact (PoC) by selecting from the dropdown menu and clicking 'Change PoC'.

Applicant Number	Primary Email	Cohort ID	PoC	Submission Status	Created On	Actions
APP-002864	rhj2@cdc.gov	PHAP - 2024	Rinaldo Jackson	Submitted	1/16/2024, 2:02 PM	View details
APP-002858	rhj2@cdc.gov	PHAP - 2024	Rinaldo Jackson	Draft	1/11/2024, 3:56 PM	View details
APP-002458	rhj2@cdc.gov	PHAP - 2023	Rinaldo Jackson	Submitted	1/11/2023, 3:56 PM	View details
APP-001263	rhj2@cdc.gov	PHAP - 2023	Rinaldo Jackson	Submitted	1/11/2023, 3:56 PM	View details

Following is a list of all applications associated with the organization. Account Admin can update the Point of Contact (PoC) by selecting from the dropdown menu and clicking 'Change PoC'.

Applicant Number	Primary Email	Cohort ID	PoC	Submission Status	Created On	Actions
APP-002864	rhj2@cdc.gov	PHAP - 2024	Rinaldo Jackson	Submitted	1/16/2024, 2:02 PM	View details
APP-002858	rhj2@cdc.gov	PHAP - 2024	Rinaldo Jackson	Draft	1/11/2024, 3:56 PM	View details
APP-002458	rhj2@cdc.gov	PHAP - 2023	Rinaldo Jackson	Submitted	1/11/2023, 3:56 PM	View details
APP-001263	rhj2@cdc.gov	PHAP - 2023	Rinaldo Jackson	Submitted	1/11/2023, 3:56 PM	View details

Account Admin Role (Application User Management)

The **Application User Management** grid displays all users and their assigned roles for a given application. For example, if an application includes both a primary and secondary supervisor, each will appear as a separate row in the grid. Additional roles, such as Host Site Action Owner (for matching) and more, can be assigned by Account Admins. These roles may also be provisioned by the support team from the backend, and those will appear here as well. For details about additional roles and their capabilities, contact qtv0@cdc.gov.

Applicant Number	Application User
APP-001263	Rinaldo

The drop-down and clicking the 'Change Application User' option.

Manage application users for the respective application. The Account Admin can change the application user by selecting the drop-down and clicking the 'Change Application User' option.

Applicant Number	Application User	HSP Number	Role Type	Cohort	Created On	View details
APP-001263	Rinaldo Jackson		HS Viewer - AT	PHAP - 2023	12/11/2025, 1:08 PM	View details Change Application User

Account Admin Role (Assignment Location Management)

Application Assignment Location Management  

Manage assignment location for the respective application. To add an assignment location, select the 'Add Assignment Location' button.

Applicant Number	HSP Name	Placement Number
APP-005440		
APP-005432		

 The Application Assignment Location Management grid displays all applications linked to the organization and their designated assignment locations. Account Admins can update assignment locations if needed.



Application Assignment Location Management 

Manage assignment location for the respective application. To add an assignment location, select the 'Add Assignment Location' button.

Applicant Number	HSP Name	Placement Number	Location Name	Street Address	State/Province	Zip Code
APP-005440			New Assignment Location	234 Rubber Lane	North Carolina	Arden 31070
APP-005432			Organization Physical Address	Test	North Carolina	Arden 28704

 Account Admins can view and manage all assignment locations associated with the selected application. They can add, edit, or remove any assignment location.

 Non-Admins can view all applications and their assignment locations within the selected organization. They can edit only the assignment locations they created. They cannot edit or remove assignment locations added by other staff members.

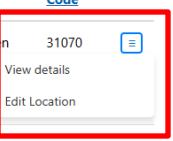


Application Assignment Location Management 

Manage assignment location for the respective application. To add an assignment location, select the 'Add Assignment Location' button.

Applicant Number	HSP Name	Placement Number	Location Name	Street Address	State/Province	Zip Code
APP-005440			New Assignment Location	234 Rubber Lane	North Carolina	Arden 31070
APP-005432			Organization Physical Address	Test	North Carolina	Arden 28704



Non-Admin Role (Organization Addresses)

Organization Addresses [i](#) [▼](#)

Organization Physical Address

Street Address *

Street Address Line 2

Street Address Line 3

Building

Suite/Room

Country *

State/Territory *

City *

Zip Code *

Organization Mailing Address

Same as Physical Address

Mailing Address *

Mailing Address Line 2

Mailing Address Line 3

Country *

State/Territory *

City *

Zip Code *

Non-Admin Role (Assignment Locations)

Assignment Locations [i](#)

List of Assignment Locations for the Host Site Organization

[Account Admin Role \(Assign...\)](#)

Location Name	Street Address	City	State/Province	Zip Code	Added By	Created On
New Assignment Location	234 Rubber Lane	Arden	North Carolina	31070	Rinaldo Jackson	12/12/2025, 12:33 PM
Alternate	Test with Rafael	Cary	North Carolina	27523	Jane D Doe	12/8/2025, 2:35 PM
Organization Physical Address	Test	Arden	North Carolina	28704		12/8/2025, 2:31 PM
Location 1 SJ						12/8/2025, 2:30 PM

[Add Assignment Location](#)

Account Admins can add new assignment locations using the Add Assignment Location button. They also have full access to view, edit, or remove any assignment location, including those added by other Host Site Staff.

Non-Admins can also add new assignment locations using the same button. However, they can only edit or remove the locations they have personally added. They cannot modify or delete locations added by other Host Site Staff.

Assignment Locations [i](#)

List of Assignment Locations for the Host Site Organization

[Add Assignment Location](#)

Location Name	Street Address	City	State/Province	Zip Code	Added By	Created On
New Assignment Location	234 Rubber Lane	Arden	North Carolina	31070	Rinaldo Jackson	12/12/2025, 12:33 PM
Alternate	Test with Rafael	Cary	North Carolina	27523	Jane D Doe	12/8/2025, 2:35 PM
Organization Physical Address	Test	Arden	North Carolina	28704		12/8/2025, 2:31 PM

[View Address](#)

[Edit Address](#)

[Remove](#)

Non-Admin Role (Organization Users)

Organization Users [i](#)

Full Name	Primary Email
Rinaldo Jackson	rhj2@cdc.gov
Jane D Doe	phap_jane@mailinator.com

All Users (Host Site Staff) associated with this Organization Profile are listed in this grid. Each user's role is indicated, including whether they have Account Admin privileges.

< **1** >

Account Admins can view, edit, and remove any user in the list, as well as assign or revoke admin permissions.

Non-Admins can view all users but can only edit their own user record. They do not have permission to manage roles or remove users.

Application Mana

List of Applications [i](#)

ok

Organization Users [i](#)

Full Name	Primary Email	Primary Phone Number	Is Admin	Request Status	Created On	i
Rinaldo Jackson	rhj2@cdc.gov		No	User invited	12/8/2025, 2:18 PM	e
Jane D Doe	phap_jane@mailinator.com	4564564567	Yes	Org User	12/8/2025, 2:11 PM	e

View Details

Non-Admin Role (List of Applications)

List of Applications [?](#)

Following is a list of all applications associated with the Organization. Account Admin can update the Point of Contact (PoC) by selecting from the dropdown menu and clicking 'Change PoC'.

Applicant Number	Primary Email	Cohort ID	PoC	Submission Status	Created On	i
APP-005440	rhj2@cdc.gov	PHAP - 2026	Rinaldo Jackson	Draft	12/11/2025, 2:57 PM	≡
APP-005432	rhj2@cdc.gov	PHAP - 2026	Rinaldo Jackson	Draft	12/9/2025, 8:03 PM	≡
APP-005429	phap_jane@mailinator.com	PHAP - 2026	Jane D Doe	Draft	12/8/2025, 7:32 PM	≡
APP-005428	phap_jane@mailinator.com	PHIPP - 2026	Jane D Doe	Draft	12/8/2025, 7:31 PM	≡

[View details](#)

Applicant Details

Applicant Number: APP-005429

Applicant Name: Crater Health District Jane D Doe

Primary Email: phap_jane@mailinator.com

Cohort ID: PHAP - 2026

PoC (Point of Contact): Jane D Doe

Submission Status: Draft

Created On: 12/8/2025 7:32:50 PM

[Close](#)

Non-Admin Role (Application User Management)

Application User Management [i](#)

Manage application users for the respective application. The Account Admin can change the application user by selecting the drop-down and clicking the 'Change Application User' option.

Applicant Number	Applicati
APP-005440	Bugs Bun
APP-005440	Wile Coy

< 1 >

Account Admins can view all applications associated with the selected organization. They have full permission to update the PoC for any application by selecting Change PoC from the dropdown menu next to the record.

Non-Admins can view the complete list of all applications created by Host Site Staff within their organization. However, they cannot update the Point of Contact (PoC) for applications submitted by other users. They may change the PoC only for applications they have submitted themselves.

[OK](#)

Created On [i](#)

2/12/2025, 11:58 AM	≡
2/12/2025, 11:23 AM	≡

[Search](#)

Non-Admin Role (Assignment Location Management)

Application Assignment Location Management 

Manage assignment location for the respective application. To add an assignment location, select the 'Add Assignment Location' button.

Account Admins can view and manage all assignment locations associated with the selected application. They can add, edit, or remove any assignment location.

Non-Admins can view all applications and their assignment locations within the selected organization. They can edit only the assignment locations they created. They cannot edit or remove assignment locations added by other staff members.

OK

Applicant Number	HSP Name	Placement Number	Location Name	Street Address	State/Province	City	Zip Code
APP-005440			New Assignment Location	234 Rubber Lane	North Carolina	Arden	31070
APP-005432			Organization Physical Address	Test	North Carolina	Arden	28704
APP-005429			Location 1 SJ	2201 Cooperative Way	North Carolina	Archdale	27263
APP-005428	Organization Physical Address		Organization Physical Address	Test	North Carolina	Arden	28704

View details 

1

Non-Admin Role (Application User Management) (cont'd)

Application User Management 

Manage application users for the respective application. The Account Admin can change the application user by selecting the drop-down and clicking the 'Change Application User' option.

Applicant Number	Application User	HSP Number	Role Type	Cohort	Created On	
APP-005440	Bugs Bunny		Secondary Supervisor	PHAP - 2026	12/12/2025, 11:58 AM	  
APP-005440	Wile Coyote		Primary Supervisor	PHAP - 2026	12/12/2025, 11:58 AM	  

 **Search**

View Application User

Applicant Number: APP-005440

Applicant: Crater Health District Rinaldo Jackson

Application User: Bugs Bunny

Host Site Placement:

Role Type: Secondary Supervisor

Cohort: PHAP - 2026

Account: Crater Health District



Non-Admin Role (Assignment Location Management) (cont'd 2)

Applicant Number	HSP Name	Placement Number	Location Name	Street Address	State/Province	City	Zip Code	
APP-005440			New Assignment Location	234 Rubber Lane	North Carolina	Arden	31070	
APP-005432			Organization Physical Address	Test	North Carolina	Arden	28704	
APP-005429			Location 1 SJ	2201 Cooperative Way	North Carolina	Archdale	27263	
APP-005428			Organization Physical Address	Test	North Carolina	Arden	28704	

<  >

View Location

Applicant Number
APP-005428

HSP Name

Placement Number

Location Name
Organization Physical Address

Street Address
Test

Country
United States

State/Territory
North Carolina

City
Arden

Zip Code
28704



Application Reminders

- All users must create an account and profile
- Create a new application for each associate's assignment
- All three PHAP requirements to host an associate must be checked to proceed with application
- Complete all sections of the application
- Include enough activities to address the PHAP competencies
- **Save your work often by clicking “Save”**
- Click the “Submit” button on the application page by the deadline of 5:00 PM ET Friday, February 13, 2026.

Once you submit your application, you will no longer be able to make changes.

Wrap-Up

Resources for PHAP Host Site Applicants

Coming soon to the PHAP website:

- Host Site Application Guidance – **new!**
 - Tips and advice for creating a quality host site application
 - Organized in same layout as application in eFMS 3.0
- Host Site Application Questions – **new!**
 - Included in slides from today's webinar
- Agreement to Detail
 - Binding agreement signed by the Host Site and CDC
 - **Cannot be revised**

Highlights

- Host site application period opens January 14 at 8:00AM (ET), closes February 13 at 5:00PM (ET)
- The link to eFMS 3.0 will be found on www.cdc.gov/PHAP
- For technical issues or questions about eFMS, email the PHAP Helpdesk at phap@cdc.gov
- Contact PHAP with any general questions at phap@cdc.gov

For more information, please contact
CDC's Public Health Associate Program for Recent Graduates

Email: PHAP@cdc.gov
Website: www.cdc.gov/PHAP

Thank you for your interest in hosting an associate!

Questions?

For more information, contact CDC

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 cdc.gov atsdr.cdc.gov

Follow us on X (Twitter) @CDCgov & @CDCEnvironment

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.