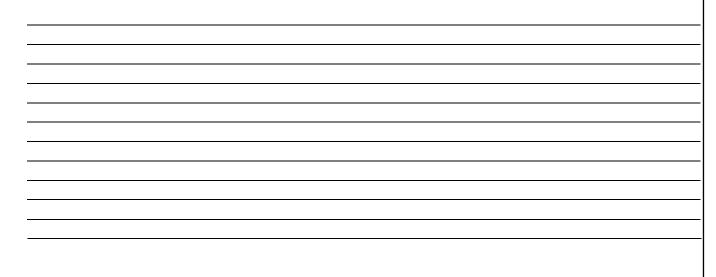
THE EDMUNDO GRANDA UGALDE LEADERS IN INTERNATIONAL HEALTH PROGRAM 2020 PAN AMERICAN HEALTH ORGANIZATION

APPLICATION FORM
INSTRUCTIONS
 Application must be typed. Answer all questions clearly and accurately and include all pertinent information. Sign and date the last page, where indicated. Application must be submitted with all required documents as noted on the website.
PERSONAL INFORMATION
Name
Sex: Male Female
Country of residence:
State or province:
Mailing Address (include city and postal code):
Citizenship*:
CONTACT INFORMATION
E-mail 1: E-mail 2:
Preferred contact number (cell phone or other):
Other contact numbers (indicate type):

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PROFESSIONAL AND WORK INFORMATION
Profession:
Number of years professional experience in health:
Highest educational level obtained (completed):
Work institution:
Department or Unit:
Current position:
Responsibilities of the position related to the LIHP objectives. How will your participation contribute to your institution?
OTHER INFORMATION
How did you find out about the Program? (check all that apply)
PAHO/WHO office
Official communication from your institution
Social networks
Conference/event
Virtual Campus for Public Health
Colleagues/friends
Other
What are your expectations for the program? (150 words maximum)
LIHP participants are required to develop a project with a national, subregional or regional focus during the Program. Describe briefly one or two areas, situations or challenges that you would be interested in working on, what your current involvement is with that topic, and how the knowledge and competencies you would acquire
through this Program will enable you to impact it in a positive manner. (300 words maximum)

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LANGUAGE ABILITY

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

	English		SPANISH			Portuguese			French			
	Speak	Read	Write	Speak	Read	Write	Speak	Read	Write	Speak	Read	Write
Mother tongue												
Nearly as well as mother tongue												
Without serious difficulty												
Limited ability												
Noknowledge												

Please indicate your knowledge of any other language.

<u>.</u>	Speak	Read	Write	Speak	Read	Write	
Mother tongue							
Nearly as well as mother tongue							
Without serious difficulty							
Limited ability							

Name

Signature

Date