

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.

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PERSONAL INFORMATION

Name _____

Last Name(s) _____

Sex: Male ☐ Female ☐

Country of residence: _____

State or province: _____

Mailing Address
(include city and
postal code): _____

Citizenship*: _____

*Please indicate all the countries of which you are a citizen.

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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[illegible]

LANGUAGE ABILITY

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

[illegible]

Please indicate your knowledge of any other language.

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

Name

Signature

Date