THE EDMUNDO GRANDA UGALDE LEADERS IN INTERNATIONAL HEALTH PROGRAM 2018
PAN AMERICAN HEALTH ORGANIZATION

APPLICATION FORM

INSTRUCTIONS FOR COMPLETING THIS FORM

- Application should be typed.
- Answer all questions clearly and accurately and include all pertinent information. Should space be insufficient, please use additional pages. Additional pages should be typed.
- Sign and date the last page, where indicated.
- Please remember to submit all required documents so that your application will be considered complete. Please see Program Description for details on eligibility criteria and documents required. (also see checklist below)
- Please only submit copies of undergraduate, graduate, and postgraduate diplomas. Certificates of participation or attendance at workshops, congresses or short courses, etc., will not be considered in the selection process.

CHECKLIST
(Please submit with application)

Please ensure that ALL of the following required documents are included and the application is complete.

**Required documents:**
- Completed application form
- Curriculum vitae
- Copy of undergraduate diploma(s)*
- Copy of graduate and/or postgraduate diploma(s) (if applicable)*
- Letter of support from place of employment

* Please do not submit original diplomas or certificates as these will not be returned.

**Recommended documents (optional):**
- Letters of reference

**Please ensure that:**
- The application has been signed and dated
- The documents are submitted in the order noted above
- All documents are included. Incomplete applications (in which one or more of the required documents are missing) will not be considered. Optional letters of reference can be submitted separately.

All documents should be submitted to the PAHO/WHO Country Office in your country of residence. Documents should be submitted in electronic format, attaching each document as a separate file. Please contact the country office for more information.
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APPLICATION FORM

I. BACKGROUND INFORMATION

Name

*Print LAST NAME only in capital letters.

Mailing address:

Street or Postal Address:

City: ____________________________ Country: ____________________________ Zip Code: __________

Telephone numbers:

Office: ____________________________

Home: ____________________________

Mobile or Cell phone: ____________________________

Office fax: ____________________________ Home fax: ____________________________

Email: ____________________________

Date of birth (DD/MM/YY): __________

Place of birth: ____________________________

Nationality at birth: ____________________________

Current nationality: ____________________________

Sex:  Male ☐  Female ☐

Indicate how you found out about the Program (check all that apply).

☐ PAHO/WHO Office in country of residence

☐ PAHO/WHO headquarters

☐ Place of employment

☐ PAHO/WHO website

☐ PAHO/WHO Virtual Campus for Public Health

☐ Congress, conference or other event

☐ Former participant

☐ Other (specify): ____________________________

Have you applied previously to the Leaders in International Health Program?  Yes ☐  No ☐

If yes, please note date(s) of application: ____________________________
II. ACADEMIC DEGREES

Highest degree attained (completed):

Graduate and Postgraduate Training (Starting with most recent, list only graduate training leading to a Master’s Degree or its equivalent or a Ph.D.).

1. Institution: ________________________________
   School or Department within institution: ________________________________
   City, State and Country: ________________________________
   Beginning date: ________________________________ Graduation date: ________________________________
   Degree/Title earned: ________________________________ Date granted: ________________________________
   Area of specialization: ________________________________

2. Institution: ________________________________
   School or Department within institution: ________________________________
   City, State and Country: ________________________________
   Beginning date: ________________________________ Graduation date: ________________________________
   Degree/Title earned: ________________________________ Date granted: ________________________________
   Area of specialization: ________________________________

Undergraduate Training (List only training leading to a university degree)

Institution: ________________________________
   School or Department within institution: ________________________________
   City, State and Country: ________________________________
   Beginning date: ________________________________ Graduation date: ________________________________
   Degree/Title earned: ________________________________ Date granted: ________________________________
   Area of specialization: ________________________________

Other Academic Training (List any other specializations, graduate or postgraduate training leading to the granting of a degree. Also use this space to list any medical residency)

1. Institution: ________________________________
   School or Department within institution: ________________________________
   City, State and Country: ________________________________
   Beginning date: ________________________________ Graduation date: ________________________________
   Degree/Title earned: ________________________________ Date granted: ________________________________
   Area of specialization: ________________________________
III. PROFESSIONAL EXPERIENCE (Start with your current or most recent position)

1. Dates: From: ___________________________ To: ___________________________

   Exact title of the position: ________________________________________________

   Name of the institution: __________________________________________________

   Address: ________________________________________________________________

   City, State and Country: __________________________________________________

   Telephone: (__________) Fax: (__________)

   Name of supervisor: ______________________________________________________

   Area of activity: ________________________ (Use the corresponding codes from the attached AREA OF ACTIVITY list, Annex 1)

   Level of responsibility: ________________________ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

   Job description: (Include the number of employees supervised and their duties)

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

2. Dates: From: ___________________________ To: ___________________________

   Exact title of the position: ________________________________________________

   Name of the institution: __________________________________________________

   Address: ________________________________________________________________

   City, State and Country: __________________________________________________

   Telephone: (__________) Fax: (__________)

   Name of supervisor: ______________________________________________________

   Area of activity: ________________________ (Use the corresponding codes from the attached AREA OF ACTIVITY list, Annex 1)

   Level of responsibility: ________________________ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

   Job description: (Include the number of employees supervised and their duties)

   __________________________________________________
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   __________________________________________________
III. PROFESSIONAL EXPERIENCE (Continued)

3. Dates: From: ___________________________ To: ___________________________

   Exact title of the position: ___________________________

   Name of the institution: ___________________________

   Address: ___________________________

   City, State and Country: ___________________________

   Telephone: (____) ___________________________ Fax: (____) ___________________________

   Name of supervisor: ___________________________

   Area of activity: ___________________________ (Use the corresponding codes from the attached AREA OF ACTIVITY list, Annex 1)

   Level of responsibility: ___________________________ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

   Job description: (Include the number of employees supervised and their duties)

   __________________________________________

   __________________________________________

   __________________________________________

4. Dates: From: ___________________________ To: ___________________________

   Exact title of the position: ___________________________

   Name of the institution: ___________________________

   Address: ___________________________

   City, State and Country: ___________________________

   Telephone: (____) ___________________________ Fax: (____) ___________________________

   Name of supervisor: ___________________________

   Area of activity: ___________________________ (Use the corresponding codes from the attached AREA OF ACTIVITY list, Annex 1)

   Level of responsibility: ___________________________ (Use the corresponding code from the attached LEVEL OF RESPONSIBILITY list, Annex 2)

   Job description: (Include the number of employees supervised and their duties)

   __________________________________________

   __________________________________________

   __________________________________________
IV. LANGUAGE ABILITY

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

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<th>PORTUGUESE</th>
<th>FRENCH</th>
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<td>Without serious difficulty</td>
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<tr>
<td>Limited ability</td>
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<tr>
<td>No knowledge</td>
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Please indicate your knowledge of any other language.

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<th>Write</th>
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<th>Read</th>
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<td>Limited ability</td>
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</tbody>
</table>

V. FELLOWSHIPS AND AWARDS GRANTED

1. Awarding institution: ____________________________
   Dates: From: ____________________________ To: ____________________________
   Objective: ____________________________

2. Awarding institution: ____________________________
   Dates: From: ____________________________ To: ____________________________
   Objective: ____________________________

VI. PROFESSIONAL ASSOCIATIONS (List any post held or other special duties)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

VII. PUBLICATIONS (Articles, papers, books. List the complete bibliographic reference)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
VIII. OPEN QUESTIONS

Please submit an essay in which you specify your reasons for wishing to participate in the Program, how it would contribute to your professional development and the relation to your current work and the development of your institution. Your response should not exceed one (1) page or 500 words.

_________________________________________________________________________________________
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2. As noted in the LIHP program information, 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 and, 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. Your response should not exceed 300 words.
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IX. REFERENCES
Indicate the name and address of three public health or international relations professionals who could provide references on your professional performance.

1. Name and title: ____________________________
   Institution: ____________________________
   Address: ____________________________
   Telephone and/or Fax: ____________________________
   Email (if available): ____________________________

2. Name and title: ____________________________
   Institution: ____________________________
   Address: ____________________________
   Telephone and/or Fax: ____________________________
   Email (if available): ____________________________

3. Name and title: ____________________________
   Institution: ____________________________
   Address: ____________________________
   Telephone and/or Fax: ____________________________
   Email (if available): ____________________________

________________________________________
Name

________________________________________  ________________
Signature          Date
## ANNEX 1
### AREA OF ACTIVITY

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<tr>
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<td>(2) Office of International Relations at the</td>
<td>(21) Research in public universities</td>
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<tr>
<td>Ministry of Health</td>
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<td>(3) Provincial/State administration</td>
<td>(23) Teaching/Research in public</td>
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<td>(4) Municipal/Local administration</td>
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<td>(5) Public health services-Management</td>
<td>(24) Teaching/Research in private</td>
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<td>(6) Public health services-Direct care</td>
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<td>(7) Public health services-</td>
<td>(25) Public research institutions</td>
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<td>Teaching/research</td>
<td>(26) Research institutions belonging to</td>
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<td>(9) Other ministries or public agencies</td>
<td>(29) Service delivery</td>
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<td>(10) Congress</td>
<td>(30) Consultancies</td>
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<td>(35) Consultancies in bilateral</td>
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<td>(17) Private consultancies in health sector</td>
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<td>(18) Health industry (development of drugs</td>
<td></td>
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<td>and technology)</td>
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</table>
## ANNEX 2
### LEVEL OF RESPONSIBILITY

**Health Services** (includes public, private, social security and non-governmental)
- **Director of Health Services**
  - (1) High level of complexity
  - (2) Medium level of complexity
  - (3) Low level of complexity
- **Chief of Health Services Development**
  - (4) High level of complexity
  - (5) Medium level of complexity
  - (6) Low level of complexity
- **Care Services**
  - (7) Personal
  - (8) Non-personal

**Public Administration or Other Governmental Agencies**
- **Ministry of National Secretariat**
  - (9) Minister or Secretary
  - (10) Assistant Secretary or Director
  - (11) Project or Program Coordinator
  - (12) Professional Staff Member
  - (13) Assistant
- **Provincial/State Ministry of Secretariat**
  - (14) Minister or Secretary
  - (15) Assistant Secretary or Director
  - (16) Project or Program Coordinator
  - (17) Professional Staff Member
  - (18) Assistant
- **Municipal/Local Authority or Secretariat**
  - (19) Director or Secretary
  - (20) Assistant Secretary or Assistant Director
  - (21) Professional Staff Member
  - (22) Assistant

**University Teaching in Public or Private Universities**
- **Managerial**
  - (23) University Manager
  - (24) Faculty Dean
  - (25) Career Manager
  - (26) Program or Department Head
- **Teacher**
  - (27) Tenured Professor/Associate Professor/Principal
  - (28) Associate/Joint Professor
  - (29) Graduate Student Supervisor/Assistant

**Research**
- **Managerial**
  - (30) Director of institution
  - (31) Program Director
- **Researcher**
  - (32) Principal Researcher or Project Director
  - (33) Researcher
  - (34) Assistant Researcher

**Non-Governmental Organizations** (excluding personal and non-personal health services)
- (35) Manager
- (36) Area/Program Coordinator
- (37) Professional Staff Member

**National Consultants**
- (38) Manager
- (39) Project Consultant
- (40) Temporary Advisor

**International Cooperation**
- (41) Regular staff
- (42) Long-Term Consultant
- (43) Short-Term Consultant