

# Epi Info: A Course for Developing Public Health Computer Applications

## Application Form for: (check all that apply)

- Basic/Introductory Level course  
 Intermediate/Advanced Level Course

### 1. NAME AND ADDRESS OF APPLICANT (Please type or print)

(Dr., Mr., Mrs., Ms., or Miss) (Last) (First) (Middle Initial)

Home (or Office) Address Applicant's Phone Number

( )

City State Zip Code or Country and Postal Code

### 2. EMPLOYER

Organization Applicant's Office Phone

( )

Division/Unit Applicant's FAX Number

( )

Local Address Email (Important)

City State Zip Code or Country and Postal Code

### 3. PROFESSIONAL STATUS

Occupation

Position Title

Length of Time in Position

Brief Description of Your Present (or Expected) Position

### 4. EDUCATIONAL BACKGROUND (List Degrees)

### 5. MICROCOMPUTER EXPERIENCE (Software you have used and programming experience if any)

### 6. EPIDEMIOLOGIC TRAINING AND EXPERIENCE

### 7. PUBLIC HEALTH COMPUTING APPLICATIONS IN PROGRESS OR PROPOSED FOR EPI INFO

### 8. YOUR GOALS FOR THIS COURSE (What you hope to gain from the experience)

Signature of Applicant

Date