

# Public Health Boot Camp: Fostering Future HIV Community Leaders

## Information, Instructions, and Forms

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### Overview:

**Public Health Boot Camp** is an intensive one-week certificate program provided by the AIDS Foundation of Chicago and the DePaul University Master of Public Health Program. The intensive training program is designed to enhance AIDS organizational leaders' professional knowledge of core public health concepts.

All accepted program participants will be required to reside in residential housing (single-room occupancy) at the University Center, 525 South State Street, for the duration of the weeklong training period. The program will begin at **2:00 p.m. on Sunday, December 14, 2008** and **conclude Friday evening, December 19, 2008**, with a recognition reception. Participants will be engaged in program-related activities throughout the day and evening so they should not plan other work or social activities during the full duration of the weeklong program.

Once applicants are selected, they will be required to confirm their enrollment in the program by submitting a non-refundable fee of \$250—which is the full cost of the program for accepted applicants—by **Tuesday, September 30, 2008**. No fee, however, is required with initial application to the program. Applicants must obtain institutional support from their organization's executive director, chief executive, or president to participate in the program. Participants must be available to participate fully in the program from December 14-19, 2008.

The goal of the training program is to increase participants' knowledge and ability to apply concepts of public health science, theory, and practice, and to provide participants with the necessary tools to take what they have learned and implement it to actual HIV/AIDS programmatic activities. To reach this goal, the intensive training program will address the core principles of public health and will provide opportunities for practical application by allowing participants to work beside noted experts in the public health field. The program emphasizes research and professional development in HIV/AIDS and other infectious diseases.

## Required Application Materials (attached):

**To be considered for the program, applicants must submit the following materials to the DePaul University Master of Public Health Program no later than 4:00 p.m. on Thursday, July 31, 2008:**

- Original, signed application form
- Resume or curriculum vitae
- Statement of interest
- Two completed letters of recommendation in sealed envelopes
- Organizational support form
- Demographic information form (optional)
- Letters of recommendation and the organizational support form must be obtained by the applicant and submitted with the application, which is due at the DePaul University Master of Public Health Program no later than **4:00 p.m. on Thursday, July 31, 2008**. **Applications that are incomplete or received after the deadline will not be considered.**

# Applicant Selection Process:

Applications will be reviewed by staff and faculty at the AIDS Foundation of Chicago and the DePaul University Master of Public Health Program to ensure they meet minimal program requirements. Applications will then be evaluated by a selection committee. The most qualified candidates will be invited to interview for final selection. Formal offers will be made shortly after interviews are completed. Once selected, applicants will be provided with specific information about the program agenda, logistics, and other details and required to confirm their enrollment in the program by submitting a non-refundable fee of \$250—which is the full cost of the program for accepted applicants—by Tuesday, September 30, 2008.

Criteria for evaluation include: (a) past and current work experience in HIV/AIDS, (b) the ability to apply learning to HIV/AIDS programs, (c) the ability to facilitate learning to peers and/or community members, and (d) demonstrated leadership potential. Due to the anticipated number of applications received, program organizers will not be able to provide specific feedback to applicants who are not accepted.

### Privacy Statement

Application information will be used solely for the selection and placement of intensive training candidates and will be disclosed only to members of the selection committee responsible for program administration. Aggregated data based on the application materials may be used in management reports designed to evaluate the direction and progress of the program. The AIDS Foundation of Chicago and the DePaul University Master of Public Health Program reserve the right to print and disseminate the names and photographs of program participants for use in program marketing.

### Equal Opportunity

All applicants will be considered on merit and without regard to race, ethnicity, color, religion, sexual orientation, national origin, gender, age, and physical ability. Applicants are encouraged to complete the optional information form included with the application. This information is requested to measure the program's efficacy in reaching and recruiting a diverse population and will not be considered part of the application itself.

### Prior to completing the application, please ensure that you fulfill the following eligibility requirements:

- You are a mid-level professional with direct oversight of HIV prevention activities and possess a minimum of 2-years work experience in HIV/AIDS services.
- You have the ability to apply what you learn in the Boot Camp to a specific HIV community and/or agency endeavor.
- You do not possess any formal or advanced training (MPH or PhD) in public health.
- You are able to participate for the full week of December 14-19, 2008 without exception.
- You agree to accept lodging at the University Center, 525 South State Street for the duration of the program.
- You are willing to obtain two letters of recommendation, complete the institutional support form, and, if accepted, submit the non-refundable \$250 enrollment fee.

### Before submitting your application, please check that the following items have been completed:

- Application form
- Resume or curriculum vitae
- Statement of interest
- Two completed letters of recommendation in sealed envelopes
- Institutional support form
- Demographic information form (optional)

# Submit completed applications

with all required accompanying materials to the address below no later than **4:00 p.m. on Thursday, July 31, 2008.**

**Applications that are incomplete or received after the deadline will not be considered.**



**Leah C. Neubauer**  
**Program Manager**  
**DePaul University Master of Public Health Program**  
**2219 N. Kenmore Avenue, Room 420**  
**Chicago, Illinois 60614**

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## I. Application

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Last Name	First Name	Middle Name
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Current Home Address

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City	State	Zip Code
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Telephone	E-mail Address
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Organization/Agency Name

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Supervisor and Title

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Organization Address

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City	State	Zip Code
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Telephone Number

With my signature, I hereby declare that the information provided on this application is accurate.  
If accepted, I agree to all program terms and requirements.

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Signature	Date
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## II. Resume or Curriculum Vitae

Attach separately

## III. Statement of Interest

Attach a typed narrative addressing, in order, each of the following items (4-6 pages)

- Describe why you are interested in participating in this program.
- Describe your related experience and skills.
- Explain a current programmatic challenge that you hope to explore and address through the program.
- Describe how you will disseminate the knowledge and skills that you will gain in your agency and/or community.
- Describe your immediate and long-term career goals (3-5 years).
- Describe any unique qualities (skills, knowledge, achievements, etc.) or experience that may assist in the selection process.

## IV. References

It is the applicant's responsibility to obtain two (2) letters of recommendation addressing the following:

- Comments related to the applicant's character, HIV/AIDS programmatic ability, and potential as a future public health leader. Please describe weaknesses, strengths, and training needs.
- Describe your relationship to the applicant.
- Describe any special attributes that would be relevant to applicant's candidacy in this training program.
- Letters of recommendation should be submitted with the original application in sealed envelopes.

## V. Organizational Support Form

(To be completed by agency director)

Applicant Name	Title	
Name of Agency		
Name of Agency Director	Title – Executive Director/CEO/President	
Agency Address		
City	State Zip Code	
Telephone	Fax	E-mail

### To the Recommender:

The applicant named above is applying to be a candidate for the **Public Health Boot Camp: Fostering Future HIV Prevention Leaders**. We appreciate your honest and objective evaluation and support for the applicant. **To be considered for the program, the applicant must obtain this completed form from his/her employer.** Please complete the chart below and a separate narrative. Your careful consideration of the applicant's ability to benefit from the training program is greatly appreciated.

Please rank each skill in one of the following categories:

Breadth of HIV/AIDS knowledge	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Outstanding
Ability to communicate information (written/oral)	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Outstanding
Promise as a public health leader	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Outstanding
Critical thinking	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Outstanding
Problem solving skills	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Outstanding
Motivation toward a successful, productive career	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Outstanding
Emotional stability	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Outstanding
Maturity	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Outstanding
Ability to work with others	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Outstanding
Dependable manager	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Outstanding
Ability to take initiative	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Outstanding

## V. Organizational Support Form, *continued*

Please answer the questions below in the space provided or in a separate sheet (not to exceed one page):

**How long have you known the applicant and in what capacity?**

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**Provide descriptive comments related to the applicant's character, attitude and scientific ability/potential. Please comment on weaknesses as well as strengths.**

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**Describe any special attributes in the applicant that would be relevant to his/her candidacy in this program.**

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**Confirm that the applicant will be permitted to participate in the weeklong program from December 14-19, 2008.**

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**If selected, state whether the agency or the applicant will cover the non-refundable \$250 enrollment fee.**

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**Please indicate by signing below that you fully support the applicant in the participation in the one-week intensive training program from December 14-19, 2008 and give your highest recommendation.**

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Agency Director Signature

Date

**Thank you!**

# Demographic Information Form (Optional Part):

## Personal History

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Last Name

First Name

Middle Name

## Ethnicity

- African American
- Native American
- Asian/Pacific Islander
- Hispanic/Latino
- White
- Other \_\_\_\_\_

## Disability

- Individual with disabilities

## Gender

- Male
- Female
- Transgender

## Sexual Orientation

- Gay/Lesbian
- Bisexual
- Straight
- Other: \_\_\_\_\_

# Special lodging\* or dietary needs (if any):

\* The University Center is ADA accessible

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