

LETTER OF INTEREST

Check one and complete the contact information below.

1. _____ After having read the attached benefits and contributions, I am interested in my organization's participating in the Public Health Training Centers project.
2. _____ My agency is unable to participate in the Public Health Training Centers project at this time.

Regardless of your interest, please complete the following.

CONTACT INFORMATION

Name: _____

Position: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Approximate number of full time equivalent (FTE's): _____

Approximate number of minority (American Indian, Alaska Native, Asian, African American, Hispanic or Latino, Native Hawaiian or Pacific Islander) FTE employees: _____

Are there underserved populations (those areas designated as a Health Professional Shortage Area [HPSA] or as Medically Underserved Area [MUA]) in your service area?: Yes _____ No _____

Signature _____

Date _____

WHAT'S NEXT?

Once your "Letter of Interest" is received, we will call you and ask you to answer a few questions regarding a potential training program. This would take approximately 15 – 30 minutes.

Please return this "Letter of Interest" in the envelope provided by _____. Thank you.

For further information please contact:

PA: Joan Haley at 412-383-2231 or jeh96@pitt.edu
OH: Joanne Thompson at 614-293-9747 or thompson.1112@osu.edu