



**NCSA**  
National Coalition  
of STD Directors

### 2022 Application Form

Name of Participant (First, Last)	Phone Number	Email
<b>Health Department/Agency:</b>		
<b>What is your goal for the Policy Academy? What do you hope to gain?</b>		
<b>Are you a PCHD grantee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Which congenital syphilis policy topic area are you interested in?</b> <input type="checkbox"/> Prenatal syphilis screening <input type="checkbox"/> Bicillin delivery <b>Other congenital syphilis topic (<i>please describe</i>):</b>		
<b>Can you attend the training on July 28<sup>th</sup> and 29<sup>th</sup> in Washington D.C.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
<b>Name of STD Director:</b>	<b>STD Director's Jurisdiction:</b>	
<i>By signing this application, the STD Director is authorizing the applicants above to join the NCSA Policy Academy and work on the policy priority topic listed in the application.</i>		
<b>STD Director Signature:</b>		<b>Date:</b>