



2021 Application Form

Name of participating members (Last, First)	Phone Number	Email
Health Department/Agency:		
What is your/groups goal for the Policy Academy? What do you hope to gain?		
Are you requesting more group members or more than one team participate in Policy Academy: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a (check all that apply): <input type="checkbox"/> PCHD grantee <input type="checkbox"/> DSTDP grantee or sub-grantee		
STD Policy Topic:		
Is this topic from the provided list in the Application Instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this topic from your PCHD grant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>NOTE: If the topic is not on the list but is in your PCHD grant, please send a copy of your PCHD policy objectives. If your chosen policy topic is not on provided list or in your PCHD grant, complete and submit the 'Topic Request Form' in addition to this application.</small>		
Name of STD Director:	STD Director's Jurisdiction:	
<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>		
STD Director Signature:	Date:	