New application 🞏 Renewal 🞏

1. Provide the following demographic information (for information purposes, not scored):
   1. Name of Public Health Laboratory:
   2. Size of population served:
   3. Number of employees in your Public Health Laboratory:
   4. Total number of tests your Public Health Laboratory performs per year (including CLIA, ELAP, animal, food, other):
   5. Laboratory networks your Public Health Laboratory participates in (e.g. LRN, PulseNet, FoodNet, Measles, Zika, COVIDNet, CaliciNet, HAI, mpox etc.):
2. Complete the following LabAspire-specific information:
   1. Indicate status of current Public Health Laboratory Director

(mark all that apply)

🞎Full-time 🞎Part-time \_\_\_hours/week 🞎Contract \_\_\_hours/week

🞎Retired 🞎Temporary 🞎Planning to retire in \_\_\_\_\_ years

🞎Simultaneously directing another laboratory (name):

* 1. Does your Public Health Laboratory currently have an:
     1. Assistant Director position 🞎Yes, filled 🞎Yes, open 🞎No
     2. Assistant Director class specification 🞎Yes 🞎No

1. Submit scans of the following items:
   1. CLIA certificate, including list of laboratory specialties/subspecialties
   2. ELAP certificate (if applicable), including Fields of Testing 🞎N/A
   3. A letter of support from your Local Health Department (e.g. Health Officer or administrator) supporting your Public Health Laboratory’s participation in the LabAspire program
2. Describe in 2-4 sentences your Public Health Laboratory’s need or interest in participating in LabAspire:
3. Outline the training plan and training schedule for your LabAspire Fellowship for the next 1-2 years, indicating which subjects will be covered and specifying where the trainings will take place, in your laboratory or another location (see *LabAspire Curriculum*; may attach additional pages as needed):
4. Does your Public Health Laboratory have any specific candidates you are planning to sponsor for LabAspire Fellowships? 🞎Yes 🞎Not yet selected
   1. Candidate name(s):
   2. Number of years, type of experience and exams this candidate needs to meet the CLIA and CDPH Public Health Lab Director requirements:
5. Title of the supervisory position that the LabAspire candidate will be placed in; or title of current supervisory position if candidate will remain in that position: \_\_\_\_\_\_\_\_\_\_\_

*IMPORTANT: A supervisory position is required for all LabAspire Fellows in order to meet board certification exam requirements.*

* 1. If a specific candidate is being sponsored, describe in 2-4 sentences what characteristics make this candidate strongly qualified to work as Assistant Director, Manager or Supervisor in your laboratory: If this is a renewal, describe your candidate’s experience and achievements during their previous year in the LabAspire Training Program.

1. Describe in 1-3 sentences the intended succession plan in your laboratory after the LabAspire Fellowship is completed, what position will the candidate be placed in and what they will do? If it is not intended for the candidate to continue working in your laboratory, describe the plan for their placement in another laboratory.
2. Please provide your Public Health Laboratory LabAspire training budget in the table below, considering the salary range needed for this position in your laboratory and indicating any items that will be paid with internal funding. Financial support from the Local Public Health Department is not required, but may be considered in awarding fellowships, especially if the timeline for completion of PHLD requirements or degree is expected to take longer than AB102 funding is available.

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| --- | --- |
| **LabAspire Budget FY 2023-2026** | |
|  |  |
| **Entity Name:** | |
| **Allocation requested:** | **$** |
| **Indirect costs (LHD administrative costs)** | **%** |
|  |  |
|  | **BUDGET** |
| **Budget Category** | **Total** |
| Personnel – LabAspire Fellow salary | $ |
| Personnel – fringe (e.g. benefits or FICA 7.65%) | $ |
| **Subtotal Personnel** | **$** |
| Reference books, study materials, online training subscriptions | $ |
| In State Travel to CAPHLD, other meetings and trainings | $ |
| Out of State Travel to scientific meetings & board exam(s) | $ |
| Board exam and meeting registration | $ |
| Tuition & fees for graduate program 🞎N/A | $ |
| Other Training Costs (describe) | $ |
| **Total Direct Costs** | **$** |
| **Indirect Cost \_\_\_\_\_%** | **$** |
| **Total Expenses** | **$** |