

Job Description Form Instructions

Using the instructions below, please complete a New York State Public Health Corps (NYSPHC) job description form for each Fellowship position that is currently available in your county. Email completed forms to your regional Fellowship Placement Coordinator (FPC) for review, approval, and posting to the NYSPHC website.

Please note that an approved Fellowship Plan must be on file for each position for which you are seeking to hire. If you have questions, please contact your regional FPC.

Position Number: Leave blank. Position numbers will be assigned by NYSPHC staff and will correspond with the position number assigned in your county's approved Fellowship Plan

Fellowship End Date: Indicate the date that you anticipate this Fellowship position will end. This will either be 6/30/2024 or another date prior to 6/30/2024 as determined by your county.

Job Title: Indicate the title for this position.

Local Health Department or Host Organization Name: Indicate the name of your local health department or the host organization where the Fellow will be placed.

County where position is based: Indicate the county where the position is based.

Full-Time or Part-Time Position: Indicate whether this position is full-time or part-time. If part-time, indicate the number of hours per week.

Number of openings for this specific position: Indicate the number of vacancies that are available for this specific position.

Work Location: Indicate whether this position will be based on site, remotely, or hybrid. If hybrid, indicate the percentage of time when the Fellow will be required to be onsite.

Salary/Pay Rate: Indicate the salary or hourly pay rate for this position. If the available salary/pay rate is a range, indicate this.

Qualifications: In the appropriate fields, indicate the minimum and preferred qualifications that you will consider for this position. Consider listing desired education level, work experience, and skill sets.

Authorization to work in the United States required?: Indicate (*yes or no*) whether authorization to work in the United States is required for this position.

Visa sponsorship available?: Indicate (*yes or no*) whether visa sponsorship is available for this position. The New York State Department of Health and Health Research, Inc. are unable to offer visa sponsorship for Fellowship positions where they are not the hiring entity.

Job Description: Add the job description and Fellow's specific duties here. You may tailor the approved Fellowship Plan Project Summary to create the job description. This section should indicate the specific projects that the Fellow will be working on.

Secondary application information: If a secondary application is required for this position (e.g. for Civil Service positions or positions being hired through PCG), indicate this here and include the secondary application link. If no secondary application is required, write "none".