



### NASTAD'S MINORITY LEADERSHIP PROGRAM: PARTICIPANT APPLICATION FORM

Thank you for your interest in NASTAD's Minority Leadership Program (MLP). Persons of color working in health departments and government agencies face myriad challenges pertaining to job advancement, leadership development, and growth opportunities in these institutions. NASTAD recognizes the need to increase the capacity of emerging leaders of color in health departments and seeks to equip them with skills, mentors, and introspection to advance in their varied personal career trajectories. NASTAD's MLP is a space rooted in social justice for health department staff of color to engage in critical conversations about job advancement; overcoming institutional barriers to equity; managing emotions and burnout; identifying racial and gender-based microaggressions and triggers; successful staff and project management; effective communication; and more. **Please complete the application using this [Alchemer link](#), including attaching all supporting documents, by Monday, August 11, 2025.** The Selection Committee will only review complete applications submitted via Alchemer survey.

### IDEAL MLP CANDIDATES POSSESS:

- A junior-mid level state or CDC directly funded city/county health department position in an HIV, viral hepatitis, or drug user health program:
  - Eligible jurisdictions include state health departments in the Continental U.S., Puerto Rico, the US Virgin Islands, and Pacific Island members of NASTAD (American Samoa, Guam, the Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, and Palau).
  - Eligible CDC funded jurisdictions include health departments in LA County, Baltimore, Houston, Philadelphia, DC, San Francisco, New York City, and Chicago.
- A strong professional work history that demonstrates increasing development of skills and increasing responsibilities;
- Appropriate professional position to share and communicate their work with health department colleagues and the general public;
- Expressed desire and passion for exercising leadership in the field of HIV and viral hepatitis;
- Understanding of concepts pertinent to social justice and health equity;
- Ability to prioritize two, in-person convenings, one on January 26–30, 2026 and the other on March 30–April 3, 2026;
- Commitment to participate in the entire year-long training program; and
- Strong recommendations from their health department and other professional colleagues.

For specific questions about the program or the application process, please contact Vrushabh Shah at [vshah@nastad.org](mailto:vshah@nastad.org).

**Candidates must complete and submit applications using the [Alchemer link](#). This application is a tool to document your information before entering it on Alchemer.**

**SECTION A: APPLICANT INFORMATION**

APPLICANT NAME: \_\_\_\_\_

APPLICANT PRONOUNS:    ☐ She/Her    ☐ He/Him    ☐ They/Them    ☐ Other: \_\_\_\_\_

HEALTH DEPARTMENT: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

YEARS IN HEALTH DEPARTMENT: \_\_\_\_\_

YEARS IN CURRENT POSITION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS PROGRAM? \_\_\_\_\_

**Demographic Information:** Only members of NASTAD's Selection Committee will have access to this information. All responses will be kept entirely confidential and will not be used for any discriminatory purpose. If you wish to change this information after submission, please contact Vrushabh Shah at [vshah@nastad.org](mailto:vshah@nastad.org).

**\*Required demographic categories:****\*RACE**

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ Race not listed: \_\_\_\_\_

**\*ETHNICITY (e.g. Jamaican, Dominican, Ethiopian-American, Korean):** \_\_\_\_\_

The following demographic categories are optional. Candidates of all gender identities, gender expressions, and sexual orientations are encouraged and welcome to apply.

**GENDER SEXUAL ORIENTATION**

- ☐ Cisgender Man  
☐ Cisgender Woman  
☐ Gender Non-Conforming  
☐ Non-Binary  
☐ Transgender Man  
☐ Transgender Woman  
☐ Two-Spirit  
☐ Unsure/Questioning  
☐ Gender not listed: \_\_\_\_\_  
☐ Decline to answer

**GENDER SEXUAL ORIENTATION**

- ☐ Asexual  
☐ Bisexual  
☐ Gay  
☐ Heterosexual  
☐ Lesbian  
☐ Pansexual  
☐ Queer  
☐ Same Gender Loving  
☐ Unsure/Questioning  
☐ Orientation not listed: \_\_\_\_\_  
☐ Decline to answer

**SECTION B: INDICATION OF COMMITMENT****Applicant Commitment:**

I signify that I intend to fully participate in the activities outlined in NASTAD's MLP Overview, including: attend two virtual week-long trainings, participate in virtual peer meetings, complete coaching sessions, and partake in activities with former MLP cohorts. As complete focus is required for participation in the MLP, I commit to fully participating in two weeklong virtual convenings and getting the necessary approval to do so. I commit to fully participate in all aspects of the MLP program and communicate with supervisors and NASTAD staff areas of growth, development and needs.

APPLICANT SIGNATURE (Type Name): \_\_\_\_\_

DATE: \_\_\_\_\_

**Supervisor Commitment:**

I signify that I understand the commitment being asked of the staff person I supervise above. If they are selected, I agree to allow them to participate in the activities outlined in the NASTAD MLP description, including: attend two virtual week-long trainings, participate in virtual peer meetings, complete coaching sessions, and partake in activities with former MLP cohorts. I agree to provide support, guidance and input into my supervisee's professional development. I agree to provide feedback and input to NASTAD staff regarding the MLP when requested, either via teleconference or electronic survey.

SUPERVISOR SIGNATURE (Type Name): \_\_\_\_\_

SUPERVISOR PRONOUNS:    ☐ She/Her    ☐ He/Him    ☐ They/Them    ☐ Other: \_\_\_\_\_

TITLE/POSITION: EMAIL ADDRESS: PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**Additional Information:**

PROGRAM DIRECTOR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### SECTION C: STATEMENT OF PURPOSE:

In 200 words or less, please indicate how your participation in NASTAD's MLP will enhance your ability to perform your current job and grow within your agency. Your statement should include a reference to your professional work history, including demonstrated increased development of skills and responsibilities and experience with health equity initiatives. Please copy/paste your Statement of Purpose into the designated text box on the application submission form.

---

### SECTION D: RESUME OR CURRICULUM VITAE

Please attach a current resume or curriculum vitae to the application submission form.

---

### SECTION E: LETTERS OF RECOMMENDATION

Please obtain at least two (2) letters of recommendation from individuals who can comment on your ability to benefit from participation in NASTAD's MLP. They should address your leadership potential as well as why they think you would be a successful participant. Provide them with the program description for additional information. Each letter must clearly state who the recommenders are endorsing, and their relationship is to the applicant. Please attach your two letters of recommendation to the application submission form.

---

### SECTION F: ABILITY TO PARTICIPATE IN VIRTUAL TRAININGS

Please obtain and attach to this application submission form a letter on your agency's letterhead signed by your supervisor, indicating your ability to fully participate in two (2) week-long in-person trainings. Training dates are scheduled for **January 26–30, 2026 and March 30–April 3, 2026. NASTAD will pay for all costs associated with MLP.**

THANK YOU FOR YOUR TIME!

For more information, please Vrushabh Shah at [vshah@nastad.org](mailto:vshah@nastad.org)