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## Attachment 3. Proposed Data Collection

### 1. INTRODUCTION

This document lists the universe of data elements that will be collected for the Fellowship Management System (FMS). Data elements include the fellowship application and updates to the alumni directory. Data elements are listed are in their respective logical group. However, not all data elements will be collected for all fellowships.

## Attachment 3. Proposed Data Collection

### 2. LOGIN

Listing of elements required to capture an individual's login information.

#### 2.1. Login

2.1.1. Login (e-mail address)

2.1.2. Password

2.1.3. Secret question

2.1.4. Secret question answer

### 3. PERSONAL INFORMATION

*Listing of elements required to capture an individual's personal information.*

#### 3.1. Name Information

3.1.1. Last name

3.1.2. First name

3.1.3. Middle name

3.1.4. Has Your Last Name Changed?

3.1.5. Current Last Name

3.1.6. Any other name(s) that may appear on your academic records

#### 3.2. Mailing Address

3.2.1. Mailing Address

3.2.2. Mailing City

3.2.3. Mailing Country

3.2.4. Mailing State

3.2.5. Mailing Zip Code (Postal Code)

#### 3.3. Information I wish to share with other alumni (choose one) (Alumni Directory only)

3.3.1. Personal and professional information.

3.3.2. None (Default)

## Attachment 3. Proposed Data Collection

### 3.4. Contact Info

3.4.1. Daytime phone

3.4.2. Evening phone

3.4.3. Mobile number

3.4.4. Personal e-mail

3.4.5. Work e-mail

### 3.5. Citizenship Info

3.5.1. Are you a US citizen? Yes/No

If no, then the following:

3.5.2. Are you a US permanent resident alien?

3.5.3. If you are neither a US citizen nor a lawful permanent resident, what type of visa do you have?

3.5.4. Country of citizenship

## 4. REFERENCES

*Listing of elements required to capture an individual's references and related information.*

### 4.1. References

4.1.1. Name

4.1.2. Title

4.1.3. Organization

4.1.4. Mailing address

4.1.5. City

4.1.6. State

4.1.7. Zip Code (Postal Code)

4.1.8. E-mail address

4.1.9. Phone number

4.1.10. Relationship to you

## 5. EDUCATION

*Listing of elements required to capture an individual's education and related information.*

### 5.1. Education

5.1.1. Name of institution

5.1.2. Institution Address

5.1.3. Institution City

5.1.4. Institution State

## Attachment 3. Proposed Data Collection

**5.1.5. Institution Zip Code (Postal Code)**

**5.1.6. Institution Country**

**5.1.7. From date**

**5.1.8. To date**

**5.1.9. Status**

**5.1.10. Degree Received**

**5.1.11. Date awarded or expected**

**5.1.12. Major**

**5.1.13. Minor**

**5.1.14. Specialty**

**5.1.15. GPA**

**5.1.16. Please state reason for change of undergraduate institution if applicable**

**5.1.17. Thesis or dissertation Title**

**5.1.18. Date of completion (of thesis/dissertation)**

**5.1.19. Current year of medical or veterinary school if applicable (applicants to student programs only).**

**5.1.20. Classes or training in public health-relevant fields**

**5.2. Academic Honors**

**5.2.1. Institution/organization name**

**5.2.2. Date awarded**

**5.2.3. Type**

**5.2.4. Additional information**

**5.3. Clinical Training**

**5.3.1. Hospital or institution**

**5.3.2. Country**

**5.3.3. City**

**5.3.4. State**

**5.3.5. Title**

**5.3.6. Specialty type**

**5.3.7. Year started**

**5.3.8. Year ended**

**5.4. Fellowship experience**

**5.4.1. Fellowship**

**5.4.2. Organization**

## Attachment 3. Proposed Data Collection

**5.4.3. From date**

**5.4.4. To date**

### **5.5. Fellowship assignment**

**5.5.1. Assignment Name**

**5.5.2. Primary Focus Area**

**5.5.3. City**

**5.5.4. State**

**5.5.5. From date**

**5.5.6. To date**

### **5.6. Additional Training**

**5.6.1. Institution/organization name**

**5.6.2. Institution Address**

**5.6.3. Institution City**

**5.6.4. Institution State**

**5.6.5. Institution Zip Code (Postal Code)**

**5.6.6. Institution Country**

**5.6.7. From date**

**5.6.8. To date**

**5.6.9. Certificate**

**5.6.10. Date awarded or expected**

**5.6.11. Brief description of training**

### **5.7. Licenses/board certification**

**5.7.1. Issuing state**

**5.7.2. License number**

**5.7.3. Expiration date**

**5.7.4. If foreign medical graduate, Education Commission for Foreign Medical Graduates (ECFMG) status .**

### **5.8. Board certification**

**5.8.1. Specialty**

**5.8.2. Year awarded**

**5.8.3. Expiration date**

## Attachment 3. Proposed Data Collection

### WORK EXPERIENCE

*Listing of elements required to capture an individual's work experience and related information.*

#### 5.9. Work Experience

- 5.9.1. Employer Name
- 5.9.2. Employer Country
- 5.9.3. Employer Address
- 5.9.4. Employer City
- 5.9.5. Employer State
- 5.9.6. Employer Zip Code (Postal Code)
- 5.9.7. From date
- 5.9.8. To date
- 5.9.9. Work Setting
- 5.9.10. Job title
- 5.9.11. Job Function
- 5.9.12. Job Role
- 5.9.13. Reason for leaving
- 5.9.14. Supervisor's name
- 5.9.15. May the supervisor be contacted?
- 5.9.16. Supervisor's address
- 5.9.17. Supervisor's phone number
- 5.9.18. Average hours per week

#### 5.10. Internship or clerkship experiences

- 5.10.1. Organization or agency
- 5.10.2. City
- 5.10.3. State
- 5.10.4. Country
- 5.10.5. From date
- 5.10.6. To date
- 5.10.7. Job title
- 5.10.8. Duties, accomplishments, responsibilities
- 5.10.9. Average hours per week

### 6. VOLUNTEER AND COMMUNITY ACTIVITIES

*Listing of elements required to capture an individual's volunteer and community activities.*



## Attachment 3. Proposed Data Collection

### **6.1. Volunteer experience**

**6.1.1. Organization name**

**6.1.2. Address**

**6.1.3. From date**

**6.1.4. To date**

**6.1.5. Job title**

**6.1.6. Duties and accomplishments**

**6.1.7. Reason for leaving**

**6.1.8. Supervisor's name**

**6.1.9. May the supervisor be contacted?**

**6.1.10. Supervisor's address**

**6.1.11. Supervisor's phone number**

**6.1.12. Average hours per week**

### **6.2. Community activities**

**6.2.1. Name of organization**

**6.2.2. Role**

**6.2.3. Dates of participation**

## **7. RESEARCH GRANTS**

*Listing of elements required to capture an individual's research grant information.*

### **7.1. Research grant(s)**

**7.1.1. Date**

**7.1.2. Title**

**7.1.3. Funding agency**

**7.1.4. Description of activities**

## **8. PRESENTATIONS**

*Listing of elements required to capture an individual's presentation experience.*

### **8.1. Presentation(s)**

**8.1.1. Citation**

## **9. PUBLICATIONS**

*Listing of elements required to capture an individual's publication information.*

## Attachment 3. Proposed Data Collection

### 9.1. Publication(s)

#### 9.1.1. Citation

## 10. HONORS AND AWARDS

*Listing of elements required to capture an individual's honors and awards.*

### 10.1. Honors and awards

#### 10.1.1. Name of award

#### 10.1.2. Type of honor

#### 10.1.3. Name of organization

#### 10.1.4. Date received

## 11. FOR STUDENT APPLICANTS

*Listing of elements required to capture student applicant information.*

### 11.1. Logistics

#### 11.1.1. Funding requested (yes/no)

#### 11.1.2. Time Period requested for rotation

## 12. KNOWLEDGE AND ABILITIES

*Listing of elements required to capture an individual's knowledge and abilities.*

### 12.1. Knowledge and abilities

#### 12.1.1. Specialized Software Packages

#### 12.1.2. Information Systems and Technology

#### 12.1.3. Computer Science

#### 12.1.4. Information Science

#### 12.1.5. Management

#### 12.1.6. Public Health and Healthcare

#### 12.1.7. Research

#### 12.1.8. Communication

### 12.2. Languages

#### 12.2.1. Read (aptitude)

#### 12.2.2. Write (aptitude)

#### 12.2.3. Speak (aptitude)

## Attachment 3. Proposed Data Collection

### 13. ADDITIONAL INFORMATION

#### *Listing of elements*

- 13.1. Area(s) of interest
- 13.2. Documentation of public health practice activities

### 14. ESSAY

#### *Listing of elements required to capture an individual's essay during the application process.*

- 14.1. Essay
  - 14.1.1. Applicant Essay

### 16 ADDITIONAL PERSONAL INFORMATION FOR ALUMNI DIRECTORY

- 14.2. Family Information I wish to share with other alumni (Alumni Directory only)
  - 14.2.1. Spouse/Partner Name (optional)
  - 14.2.2. Spouse/Partner was/is also a fellow (optional)
  - 14.2.3. Spouse/Partner fellowship year (optional)
  - 14.2.4. Child Name (optional)