

Attachment 1 – FMS Application - Approved Data Collection

Privacy Act and Public Burden Information
Form Approved OMB No. 0920-0765 Exp. Date <u>3/21/2014</u>
Public reporting burden of this collection of information varies from 15 to 40 minutes with an estimated average of 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0765).

FMS
Application
Data
Elements
Document

2011

Example: EIS Application information / data collection

NOTE: Appendix B in this document includes the data elements collected from applicants of the other CDC fellowship programs.

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1 INTRODUCTION

The purpose of this document is to list all the data elements collected online from the applicants that wish to apply for the Epidemic Intelligence Service (EIS) program. The data element differences between EIS and other CDC fellowship programs are documented in Appendix B. The data elements are grouped by the high level entities in the system.

The Fellowship Management System (FMS) online application system is a streamlined application for the Centers for Disease Control and Prevention (CDC) fellowships where the applicants can submit their information online as well as track the various statuses of the application (i.e., all materials received, whether they are invited for interview). FMS is a robust flexible framework and has been successfully tailored for the various CDC fellowships including EIS.

1.1 DOCUMENT STRUCTURE

This document is broken down by the major sections of the application process. The application instructions and login & registration pages are documented as the separate sections. A section has its own chapter that is further divided by subsections where applicable. Each section/subsection contains:

- Table that lists the data elements (columns name), columns label, high level entity, list of values and the figure numbers.
- Screen-shots to illustrate the instructions and label of the data elements.

The consolidated lists of values are documented in Appendix C.

The emails generated by system are documented in Appendix A, and the data element differences between the EIS and other programs are documented in Appendix B.

2 LOGIN AND REGISTRATION PAGES

2.1 LOGIN PAGE

Column Name	Column Label	Entity	Figure	List of Values
E-Mail	E-mail	Person	Figure 2.1 — A	N/A
Password	Password	Person	Figure 2.1 — A	N/A

TABLE 2.1

EIS Application

Topic Contents

- > [EIS Home](#)
- > [Log In](#)
- > [Help](#)

EIS Application

Are you a first-time visitor? [Register now](#)

Thank you for your interest in applying to the Epidemic Intelligence Service (EIS) Program of the Centers for Disease Control and Prevention (CDC).

EIS is a 2-year program of service and on-the-job training for health professionals who wish to develop skills in applied epidemiology and fill the public health service needs of CDC and state and local health departments. Each year we receive over 300 applications from which only 60 to 80 people are selected.

Please read the [Application Instructions](#) carefully before applying.

Log In

E-mail:

Password:

Forgot your [E-mail](#) or [Password](#)?

Contact EIS

Epidemic Intelligence Service Program
1600 Clifton Rd., NE
Mailstop E-92
Atlanta, GA 30333
Phone: 404-498-6110

[Home](#) | [Policies and Regulations](#) | [Disclaimer](#) | [e-Government](#) | [FOIA](#) | [Contact Us](#) | [Privacy Act and Public Burden Information](#)

FIGURE 2.1—A

Privacy Act and Public Burden Information

Form Approved
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Public reporting burden of this collection of information varies from 15 to 40 minutes with an estimated average of 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0765).

FIGURE 2.1—B

2.2 REGISTRATION PAGE

Column Name	Column Label	Entity	Figure	List of Values
First Name	First Name	Person	Figure 2.2 — C	N/A
Middle Name	Middle Name	Person	Figure 2.2 — C	N/A
Last Name	Last Name	Person	Figure 2.2 — C	N/A
E-Mail	E-mail Address	Person	Figure 2.2 — C	N/A
Phone Country Code	Country Code	Person	Figure 2.2 — C	Countries
Phone Number	Primary Phone	Person	Figure 2.2 — C	N/A
Password	Password	Person	Figure 2.2 — D	N/A
Secret Question	Secret Question	Person	Figure 2.2 — D	Secret questions
Secret Answer	Secret Answer	Person	Figure 2.2 — D	N/A

TABLE 2.2

Registration

* Indicates a required field

Name

* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>

E-mail

Your e-mail is also your log-in. We will use your e-mail to communicate with you throughout the application process. Make sure your e-mail is typed correctly.

* E-mail Address:	<input type="text"/>
* Verify E-mail: Address:	<input type="text"/>

Telephone Number

Provide your primary phone number, including area code. This information will be used to confirm your identity.

* Country Code:	<input type="text" value="Select"/>
* Primary Phone:	<input type="text"/> (Example: 1234567890)
* Verify Phone:	<input type="text"/>

FIGURE 2.2—C

Password

Your password must be 6 to 10 characters, have at least one number, one uppercase character, one lowercase character, and one of the following: - @ ! # _ * . , ? '.

(Example: Delta123#).

* Password:

* Verify Password:

Secret Question

Choose a secret question and provide the answer. This information will be used to confirm your identity. Your secret answer is case sensitive.

* Secret Question:

* Secret Answer:

* Confirm Answer:

FIGURE 2.2—D

2.3 FORGOT YOUR E-MAIL?

Column Name	Column Label	Entity	Figure	List of Values
First Name	First Name	Person	Figure 2.3 —E	N/A
Middle Name	Middle Name	Person	Figure 2.3 —H	N/A
Last Name	Last Name	Person	Figure 2.3 —E	N/A
E-Mail	New E-mail	Person	Figure 2.3 —H	N/A
Phone Country Code	Country Code	Person	Figure 2.3 —E	Countries
Phone Number	Primary Phone Number	Person	Figure 2.3 —E	N/A
Password	Password	Person	Figure 2.3 —H	N/A
Secret Question	Secret Question	Person	Figure 2.3 —F	Secret questions
Secret Answer	Secret Answer	Person	Figure 2.3 —F	N/A

TABLE 2.3

Forgot your E-mail?

* Indicates a required field

Enter the following details.

* First Name:

* Last Name:

Include your area code in your primary phone number. If you don't remember your primary phone number [click here](#).

* Country Code:

* Primary Phone Number: (Example: 1234567890)

FIGURE 2.3—E

Forgot your E-mail?

* Indicates a required field

Answer your secret question to retrieve your e-mail. Your secret answer is case sensitive.

Secret Question: In what city were you born?

* Secret Answer:

FIGURE 2.3—F

Forgot your E-mail?

Your login e-mail is: **example@example.com**

FIGURE 2.3—G

Forgot your E-mail or Password?

* Indicates a required field

Enter the following information.

Name

* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>

Choose one

Forgot E-mail Forgot Password

Secret Question

You must choose the secret question you selected at registration.

* Secret Question:	<input type="text" value="Select"/>
* Secret Answer:	<input type="text"/>

Forgot E-mail

If you know your password, but forgot your e-mail:

* Password:	<input type="text"/>
* New e-mail:	<input type="text"/>
* Verify new e-mail:	<input type="text"/>

FIGURE 2.3—H

2.4 FORGOT YOUR PASSWORD?

Column Name	Column Label	Entity	Figure	List of Values
First Name	First Name	Person	Figure 2.4 —I	N/A
Middle Name	Middle Name	Person	Figure 2.4 —L	N/A
Last Name	Last Name	Person	Figure 2.4 —I	N/A
E-Mail	Login E-mail	Person	Figure 2.4 —I	N/A
Phone Country Code	Country Code	Person	Figure 2.4 —I	Countries
Phone Number	Primary Phone Number	Person	Figure 2.4 —I	N/A
Password	Password	Person	Figure 2.4 —K	N/A
Secret Question	Secret Question	Person	Figure 2.4 —J	Secret questions
Secret Answer	Secret Answer	Person	Figure 2.4 —J	N/A

TABLE 2.4

Forgot your Password?

* Indicates a required field

Enter the following details.

* First Name:

* Last Name:

* Login E-mail:

Include your area code in your primary phone number. If you don't remember your primary phone number [click here.](#)

* Country Code:

* Primary Phone Number: (Example: 1234567890)

FIGURE 2.4—I

Forgot your Password?

* Indicates a required field

Answer your secret question to retrieve your e-mail. Your secret answer is case sensitive.

Secret Question: In what city were you born?

* Secret Answer:

Next >>

Cancel

FIGURE 2.4—J

Forgot your Password?

* Indicates a required field

Create a new password.

Your password must be 6 to 10 characters, have at least one number, one uppercase character, one lowercase character, and one of the following: - @ ! # _ * . , ? ' .
(Example: Delta123#).

* Password:

* Verify Password:

Change Password

Cancel

FIGURE 2.4—K

Forgot your E-mail or Password?

* Indicates a required field

Enter the following information.

Name

* First Name:

Middle Name:

* Last Name:

Choose one

Forgot E-mail Forgot Password

Secret Question

You must choose the secret question you selected at registration.

* Secret Question:

* Secret Answer:

Forgot Password

If you know your e-mail, but forgot your password:

* E-mail:

* New password:

* Verify new password:

FIGURE 2.4—L

Forgot your Password?

Your password has been successfully changed. You can now login with your new password.

FIGURE 2.4—M

2.5 RESET PASSWORD

Column Name	Column Label	Entity	Figure	List of Values
E-Mail	E-mail	Person	Figure 2.5 —N	N/A
Password	Current Password	Person	Figure 2.5 —N	N/A
Secret Question	Secret Question	Person	Figure 2.5 —N	Secret questions
Secret Answer	Secret Question Answer	Person	Figure 2.5 —N	N/A

TABLE 2.5

Reset Password

Complete the required information below, then click Submit.

E-mail:

Current Password:

New Password:

Confirm New Password:

Secret Question:

Secret Question Answer:

FIGURE 2.5—N

3 APPLICATION INSTRUCTIONS

Application Instructions

Carefully review the [program eligibility](#) requirements for EIS. If you have questions regarding your eligibility, you should call the EIS program at 404-498-6110 before you apply.

Deadlines


- **September 15, 2010:** online application must be submitted by 12:00 midnight, Eastern Time
- **September 29, 2010:** all supporting material must be received by the EIS office.

General Instructions

- Complete all sections of the online EIS application. You must complete the first two sections in order
- Use the **Print Application** function to review your application before submission
- Mail required supporting material to the EIS program office by September 29, 2010
- If you are copying and pasting information from a word processor, be aware that the application will not accept certain characters. Allowed characters are
 - letters in the English alphabet (a-z, A-Z)
 - numbers (0-9)
 - characters from the following set: - @ ! # _ * . , ? ' : ; & () / \ \$ % + = "

Supporting Material

Letters of Recommendation

Four letters of recommendation are required for the EIS application. We encourage you to ask for letters of recommendation before submitting the online application. Select persons who are familiar with your academic achievements, future aspirations, personal qualities, and professional attributes. Provide them with a copy of the [Instructions for Letters of Recommendation](#)  (2 pages; 5 KB).

- One letter must be from a faculty member or supervisor
- For U.S. physicians only: You must submit a Dean's letter from your medical school as 1 of the 4 letters. (e.g. Dean's letter used when applying for residency)
- All letters must be submitted in English
- All letters must be specific to your EIS application and dated within 6 months of the application

Transcripts

- You must provide the EIS Program with official transcripts for all your conferred degrees
- If transcripts are not issued by a U.S. institution, other proof of degree completion (e.g., a diploma) must be submitted. Transcripts and proof of degree completion must be translated into English
- High school transcripts are not required

FIGURE 3—0

U.S. Clinical License

U.S. citizens and U.S. permanent residents with a clinical degree (e.g., MD, DVM, RN, or DMD) must submit proof of an active, unrestricted license to practice that clinical specialty in the United States.

Submission of Supporting Material

Submit your supporting material early. Keep in mind that all mail delivery, including express mail, will take a few extra days to reach our office.

Mail all supporting material to:

EIS Program

ATTN: EIS Application Materials
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Mailstop E-92
Atlanta, GA 30333 USA

After Submitting Your Application

After you submit your application

- You will receive an e-mail confirming receipt of your online EIS application
- You will not be able to make changes to your application information
- You can update your contact information
- Use the **Track Your Application** function on the Status Page to track receipt of supporting material
- We recommend that you use the **Print Application** function to print a copy of your application for your records

Interviews

- Invitations to interview will be sent by e-mail
- Interviews are held in Atlanta in October and November
- Candidates invited for an interview must travel to Atlanta at their own expense

Final Selection

- Candidates selected for admission to EIS will be notified by January 1, 2011
- Accepted candidates are required to attend the EIS Conference in Atlanta in April of the following year. Travel to the EIS Conference will be paid by the EIS Program
- EIS orientation and the summer course start July 1 in Atlanta

FIGURE 3—P


4 STATUS PAGE AND APPLICATION SUBMISSION

Topic Contents

- > [Application Instructions](#)
- > [Help](#)
- > [Log Out](#)



Welcome John Doe



Application Status

Instructions: You are required to complete all sections of the online EIS application. Once your application has been submitted, you will only be able to change your contact information. You will not be able to make any other changes. After Submission, you can track receipt of supporting materials and the status of your application by selecting "View" next to "Track Your Application."

Status	Section	Last Accessed
Completed	Contact Information	06/29/2010 2:45 PM
In Progress	Education	06/29/2010 2:52 PM
Begin	Postgraduate Training and Skills	06/29/2010 2:52 PM
Begin	Work and Volunteer Experience	06/29/2010 2:03 PM
Begin	Publications, Presentations, Grants	05/12/2010 4:12 PM
Begin	Honors and Awards	05/12/2010 4:13 PM
Begin	Personal Statement	05/12/2010 4:13 PM
Begin	Applicant Survey	05/12/2010 4:13 PM
Begin	Letters of Recommendation	05/12/2010 4:16 PM
View	Track Your Application	
Print	Print Application (for your records)	

[Withdraw Application](#)

FIGURE 4

4.1 AUTHORIZATION

Column Name	Column Label	Entity	Figure	List of Values
Terms agree	I certify that all information submitted in this online EIS application and any supporting materials are complete and accurate. I understand that my application will be rejected if the information I have provided is deemed to be false.	Application	Figure 4.1—A	N/A

TABLE 4.1

Authorization

I certify that all information submitted in this online EIS application and any supporting materials are complete and accurate. I understand that my application will be rejected if the information I have provided is deemed to be false.

I agree I do not agree

FIGURE 4.1—Q

4.2 PRE-SUBMISSION VALIDATION

Column Name	Column Label	Entity	Figure	List of Values
From date	Date From	Time- gap	Figure 4.2—A	N/A
To date	To	Time- gap	Figure 4.2—A	N/A
Gap explanation	Explanation	Time- gap	Figure 4.2—B	N/A

TABLE 4.2

Pre-Submission Validation

Time Gaps

The following time gaps were identified in your application. You must account for all of your time since high school graduation. Any gaps greater than 3 months must be explained (e.g., traveling or stay-at-home mom).

	Event	From	To	Edit	Delete
1	High School	01/1953	08/1955		
2		09/1955	08/1979	Edit	Delete

FIGURE 4.2—R

Add Explanation for Gap

* Indicates a required field

* Dates from: 1955 to: 1979

* Explanation:

FIGURE 4.2—S

5 CONTACT INFORMATION

Column Name	Column Label	Entity	Figure	List of Values
First name	First name	Person	Figure5—T	N/A
Middle name	Middle name	Person	Figure5—T	N/A
Last name	Last name	Person	Figure5—T	N/A
Suffix	Suffix	Person	Figure5—T	N/A
Other name	Any other names that appear on your academic record	Person	Figure5—T	N/A
E-Mail	E-Mail	Person	Figure5—T	N/A
Mailing address line 1	Address	Person	Figure5—T	N/A
Mailing address line 2		Person	Figure5—T	N/A
Mailing address line 3		Person	Figure5—T	N/A
Mailing address country	Country	Person	Figure5—T	Countries
Mailing address state	State	Person	Figure5—T	States
Mailing address city	City	Person	Figure5—T	N/A
Mailing address zip code	Zip/Postal code	Person	Figure5—T	N/A
Phone country code	Country code	Person	Figure 5—U	Countries
Phone number	Primary phone	Person	Figure 5—U	N/A
Work phone number	Work	Person	Figure 5—U	N/A
Alternate phone number	Alternate	Person	Figure 5—U	N/A
Citizenship	Select your country of citizenship	Person	Figure 5—U	Countries
U.S. permanent resident	Are you a U.S. permanent resident?	Person	Figure 5—V	N/A
Green card number	Green card number	Person	Figure 5—W	N/A
Green card expiration date	Expiration	Person	Figure 5—W	N/A
Currently live in the U.S	Do you currently live in the U.S?	Person	Figure 5—V	N/A
Visa type	Visa type	Person	Figure 5—V	Visa types
Visa expiration date	Expiration	Person	Figure 5—V	N/A
Emergency contact name	Name	Person	Figure 5—U	N/A
Emergency contact relationship to you	Relationship to you	Person	Figure 5—U	N/A
Emergency contact phone	Telephone	Person	Figure 5—U	N/A
Emergency contact e-mail	E-mail	Person	Figure 5—U	N/A

TABLE 5

Contact Information

[< Return to Status Page](#)

[Name](#) | [Mailing Address](#) | [Telephone Numbers](#) | [Citizenship Status](#)
[E-mail Address](#) | [Emergency Contact](#)

* Indicates a required field

Name

* First name: **John** * Last name: **Doe**

[Change your First name/Last name](#)

Middle name: Suffix (e.g., Sr., Jr., II):

Any other names that appear on your academic records:

Mailing Address

The street address where you currently live. Do not enter a P.O. Box.

* Address:

* Country: ▼

* State/Province: ▼

* City:

Zip/Postal code:

FIGURE5—T

Telephone Numbers

* Country Code:

* Primary Phone: **123456789**
[Change your Primary Phone](#)

Work: Alternate:

Citizenship Status

* Select your country of citizenship:

E-mail Address

Your e-mail is also your log-in. We will use your e-mail to communicate with you throughout the application process. Make sure your e-mail is typed correctly.

E-mail: **example@example.com**
[Change your Log-in/E-mail](#)

Emergency Contact

* Name:

* Relationship to you:

* Telephone:

E-mail:

Section Status

Is this section complete? Yes No

FIGURE 5—U

Citizenship Status

* Select your country of citizenship:

* Are you a U.S. permanent resident? Yes No

* Do you currently live in the U.S.? Yes No

* Visa Type: Expiration: - -

FIGURE 5—V

Citizenship Status

* Select your country of citizenship: Afghanistan

* Are you a U.S. permanent resident? Yes No

* Green card number: Expiration: - -

FIGURE 5—W

6 EDUCATION

Education [< Return to Status Page](#)

[High School Education](#) | [Undergraduate/Graduate College Education](#)

Instructions: Applicants must account for all time since high school graduation. You will be prompted to explain any gaps greater than 3 months in education or work experience at the time of submission.

Our records indicate that you have applied online previously. The EIS Office may have a copy of your transcripts on file. If the transcripts are on file, you do not need to send them again. You will be notified via e-mail if your transcripts are on file.

High School Education

Enter information for each high school attended.

High School	From	To	Delete
Walton High School	07/1985	04/1989	Delete

[Add High School Education](#)

Undergraduate/Graduate College Education

Enter degree information for each college or university attended after high school. Include degrees for which you are currently pursuing. See [Application Instructions](#) for transcript requirements.

College/University	Degree	From	To	Delete
California State University, Los Angeles	ScD	01/1996	Present	Delete
Indiana State University	BA	01/1989	08/1993	Delete

[Add College Education](#)

Section Status

Is this section complete? Yes No

[Update](#) [Cancel](#)

FIGURE 6

6.1 HIGH SCHOOL EDUCATION

Column Name	Column Label	Entity	Figure	List of Values
Name	High School	High school education	Figure 6.1 — X	N/A
Country	Country	High school education	Figure 6.1 — X	Countries
State	State	High school education	Figure 6.1 — X	States
City	City	High school education	Figure 6.1 — X	N/A
From date	Attended from	High school education	Figure 6.1 — X	N/A
To date	To	High school education	Figure 6.1 — X	N/A
GPA	Grade Point Average	High school education	Figure 6.1 — X	N/A
Academic honor	Did you receive an academic honor at this institution?	High school education	Figure 6.1 — X	N/A
Academic honor type	Type	High school education	Figure 6.1 — X	N/A

TABLE 6.1

Add High School Education * Indicates a required field

* High School:

* Country:

* State:

* City:

* Attended from: to:

Grade Point Average:

* Did you receive an academic honor at this institution? Yes No

* Type:

<input type="checkbox"/> Magna Cum Laude	<input type="checkbox"/> Valedictorian
<input type="checkbox"/> Summa Cum Laude	<input type="checkbox"/> Benedictorian
<input type="checkbox"/> Cum Laude	<input type="checkbox"/> Salutatorian

FIGURE 6.1—X

6.2 COLLEGE/UNIVERSITY EDUCATION

Column Name	Column Label	Entity	Figures	List of Values
Country	Country	College education	Figure 6.2 — Y	Countries
State	State/Province	College education	Figure 6.2 — Y	States
Name	College/University	College education	Figure 6.2 — Y	College names
From date	Attended from	College education	Figure 6.2 — Y	N/A
To date	To	College education	Figure 6.2 — Y	N/A
Status	Status	College education	Figure 6.2 — Y	College education statuses
Degree	Degree	College education	Figure 6.2 — Y	Degrees
Degree date expected	Date expected	College education	Figure 6.2 — Y	N/A
Major	Major	College education	Figure 6.2 — Y	N/A
Major classification	Major classification	College education	Figure 6.2 — Y	Major classifications
Minor	Minor/certificate/ specialty	College education	Figure 6.2 — Y	N/A
GPA	Grade Point Average	College education	Figure 6.2 — Y	N/A
Complete Thesis	Did you complete a thesis/dissertation /equivalent?	College education	Figure 6.2 — Y	N/A
Thesis	Title	College education	Figure 6.2 — Y	N/A
Academic honor	Did you receive an academic honor at this institution?	College education	Figure 6.2 — Y	N/A
Academic honor type	Type	College education	Figure 6.2 — Y	N/A
Degree Incomplete Reason	Reason	College education	Figure 6.2 — Z	N/A
Active unrestricted U.S. license	Do you have or are you expecting an active unrestricted U.S. license to practice your specialty?	College education	Figure 6.2 — Y	N/A
License status	Status	License	Figure 6.2 —	Licenses

			AB	statuses
Issuing state	Issuing state	License	Figure 6.2 — AB	States
License number	License number	License	Figure 6.2 — AB	N/A
Expiration date	Expiration date	License	Figure 6.2 — AB	N/A
Expected date	Expected date	License	Figure 6.2 — AB	N/A

TABLE 6.2

Add College/University Education * Indicates a required field

* Country:

State/Province:

* College/University:

* Attended from: to:

* Status:

* Degree:

* Date expected:

Major:

Major classification:

Major	Major Classification	Delete
Epi	Epidemiology	Delete

Minor/certificate/specialty:

Grade Point Average:

* Did you complete a thesis/dissertation/equivalent? Yes No

* Title:

* Did you receive an academic honor with this degree? Yes No

Indicate academic honors received with this degree. Other honors may be listed in the Honors and Awards section.

* Type:

<input type="checkbox"/> Magna Cum Laude	<input type="checkbox"/> Valedictorian
<input type="checkbox"/> Summa Cum Laude	<input type="checkbox"/> Benedictorian
<input type="checkbox"/> Cum Laude	<input type="checkbox"/> Salutatorian

FIGURE 6.2—Y

* Status:

* Reason:

FIGURE 6.2—Z

* Do you have or are you expecting an active unrestricted U.S. license to practice your specialty? Yes No

Current License List

Issuing State	Delete
Kentucky	Delete

FIGURE 6.2—AA

Add License

* Indicates a required field

* Status:

* Issuing state:

* License number:

* Expiration date:

FIGURE 6.2—AB

Add License

* Indicates a required field

* Status:

* Issuing state:

* Expected date:

FIGURE 6.2—AC

7 POSTGRADUATE TRAINING AND SKILLS

Column Name	Column Label	Entity	Figure	List of Values
Has clinical training	Do you have postgraduate clinical training?	Person	Figure 7—AD	N/A
Is Board certified	Are you Board certified or Board eligible in the United States?	Person	Figure 7—AD	N/A
Has additional training	Did you complete additional training not entered in the Education section?	Person	Figure 7—AD	N/A
Language name	Secondary Language	Language	Figure 7—AD	Languages
Native language	Primary Language	Language	Figure 7—AD	Languages
Reading skill	Read	Language	Figure 7—AD	Proficiencies
Writing skill	Write	Language	Figure 7—AD	Proficiencies
Speaking skill	Speak	Language	Figure 7—AD	Proficiencies

TABLE 7

Postgraduate Training and Skills

[< Return to Status Page](#)

[Clinical Training](#) | [Additional Training](#) | [Language Skills](#)

* Indicates a required field

Clinical Training

* Do you have postgraduate clinical training? Yes No

Institution	Title	From	To	Delete
Bellevue Hospital	Intern	08/2000	12/2000	Delete

[Add Clinical Training](#)

U.S. Board Certification

* Are you Board certified or Board eligible in the United States? Yes No

Specialty	Issuance Year	Expiration year	Delete
Internal medicine	1999	2007	Delete

[Add Board Certification](#)

Additional Training

* Did you complete additional training not entered in the Education section? Yes No

List all postgraduate training not listed in the Education section. Include fellowships, internships, and externships.

Program Name	Institution	From	To	Delete
CDC/PHPS	CDC	01/2002	12/2005	Delete

[Add Additional Training](#)

Language Skills

* Primary spoken language:

Secondary Language	Read	Write	Speak
<input type="text" value="Spanish"/>	<input type="text" value="Good"/>	<input type="text" value="Good"/>	<input type="text" value="Fair"/>

[Add Language](#)

[Cancel](#)

Section Status

Is this section complete?

Yes No

[Update](#)

[Cancel](#)

FIGURE 7—AD

7.1 CLINICAL TRAINING

Column Name	Column Label	Entity	Figure	List of Values
Title	Title	Clinical Training	Figure 7.1 — AE	Clinical title
Specialty	Specialty	Clinical Training	Figure 7.1 — AE	Specialties
Institution name	Institution name	Clinical Training	Figure 7.1 — AE	N/A
Country	Country	Clinical Training	Figure 7.1 — AE	Countries
State	State/Province	Clinical Training	Figure 7.1 — AE	States
City	City	Clinical Training	Figure 7.1 — AE	N/A
From date	Dates from	Clinical Training	Figure 7.1 — AE	N/A
To date	To	Clinical Training	Figure 7.1 — AE	N/A

TABLE 7.1

Add Clinical Training

* Indicates a required field

* Title:

* Specialty:

* Institution name:

* Country:

State/Province:

* City:

* Dates from: to:

FIGURE 7.1—AE

7.2 BOARD CERTIFICATION

Column Name	Column Label	Entity	Figure	List of Values
Status	Status	Board Certification	Figure 7.2 — AF	Board statuses
Specialty	Specialty	Board Certification	Figure 7.2 — AF	Specialties
Most recent issuance date	Most recent issuance date	Board Certification	Figure 7.2 — AF	N/A
Most recent expiration date	Most recent expiration date	Board Certification	Figure 7.2 — AF	N/A
Expected date	Expected date	Board Certification	Figure 7.2 — AG	N/A

TABLE 7.2

Add U.S. Board Certification

* Indicates a required field

* Status:

* Specialty:

* Most recent issuance date:

* Most recent expiration date:

FIGURE 7.2—AF

Add U.S. Board Certification

* Indicates a required field

* Status:

* Specialty:

* Expected date:

FIGURE 7.2—AG

7.3 ADDITIONAL TRAINING

Column Name	Column Label	Entity	Figure	List of Values
Program name	Program name	Additional Training	Figure 7.3 —AH	Program names
Other program name	Specify program name	Additional Training	Figure 7.3 —AH	N/A
Description	Description	Additional Training	Figure 7.3 —AH	N/A
Institution name	Institution name	Additional Training	Figure 7.3 —AH	N/A
Country	Country	Additional Training	Figure 7.3 —AH	Countries
State	State/Province	Additional Training	Figure 7.3 —AH	States
City	City	Additional Training	Figure 7.3 —AH	N/A
From date	Dates from	Additional Training	Figure 7.3 —AH	N/A
To date	To	Additional Training	Figure 7.3 —AH	N/A

TABLE 7.3

Add Additional Training

* Indicates a required field

* Program name:

* Specify program name:

* Description:

* Institution name:

* Country:

State/Province:

* City:

* Dates from: to:

FIGURE 7.3—AH

8 WORK AND VOLUNTEER EXPERIENCE

Column Name	Column Label	Entity	Figure	List of Values
Has work experience	Do you have work experience?	Person	Figure 8—AI	N/A
Has volunteer experience	Do you have community or volunteer service experience?	Person	Figure 8—AI	N/A

TABLE 8

Work and Volunteer Experience
[< Return to Status Page](#)

[Work Experience](#) | [Community or Volunteer Service](#)

* Indicates a required field

Work Experience

Instructions: Applicants must account for all time since high school graduation. You will be prompted to explain any gaps greater than 3 months in education or work experience at the time of submission.

* Do you have work experience? Yes No

Employer Name	Job Title	From	To	Delete
Best Buy	Sr Technician	12/2009	Present	Delete

Community or Volunteer Service

* Do you have community or volunteer service experience? Yes No

Organization	From	To	Delete
Red Cross	01/2007	03/2008	Delete

Section Status

Is this section complete? Yes No

FIGURE 8—AI

8.1 WORK EXPERIENCE

Column Name	Column Label	Entity	Figure	List of Values
Name	Employer	Work experience	Figure 8.1 — AJ	N/A
Address Line 1	Address	Work experience	Figure 8.1 — AJ	N/A
Address Line 2		Work experience	Figure 8.1 — AJ	N/A
Address Line 3		Work experience	Figure 8.1 — AJ	N/A
Country	Country	Work experience	Figure 8.1 — AJ	Countries
State	State/Province	Work experience	Figure 8.1 — AJ	States
City	City	Work experience	Figure 8.1 — AJ	N/A
Zip code	Zip/Postal code	Work experience	Figure 8.1 — AJ	N/A
From date	Dated from	Work experience	Figure 8.1 — AJ	N/A
To date	To	Work experience	Figure 8.1 — AJ	N/A
Job title	Job title	Work experience	Figure 8.1 — AJ	N/A
Hours per week	Hours per week	Work experience	Figure 8.1 — AJ	N/A
Job duties and responsibilities	Job duties/ Responsibilities	Work experience	Figure 8.1 — AJ	N/A
Reason for leaving	Reason for leaving	Work experience	Figure 8.1 — AJ	N/A
Supervisor name	Supervisor name	Work experience	Figure 8.1 — AJ	N/A
Contact supervisor	May we contact your supervisor?	Work experience	Figure 8.1 — AJ	N/A
Supervisor Phone	Phone	Work experience	Figure 8.1 — AJ	N/A
Supervisor E-mail	E-mail	Work experience	Figure 8.1 — AJ	N/A
Reason not to contact supervisor	Reason	Work experience	Figure 8.1 — AK	N/A

TABLE 8.1

Add Work Experience * Indicates a required field

* Employer:

* Address:

* Country:

State/Province:

* City:

Zip/Postal code:

* Dates from: to:

* Job title:

* Hours per week:

* Job duties/
Responsibilities:

* Reason for leaving:

* Supervisor name:

* May we contact your supervisor? Yes No

Phone:

E-mail:

FIGURE 8.1—AJ

* May we contact your supervisor? Yes No

* Reason:

FIGURE 8.1—AK

8.2 VOLUNTEER EXPERIENCE

Column Name	Column Label	Entity	Figure	List of Values
Name	Organization	Volunteer experience	Figure 8.2 — AL	N/A
Address Line 1	Address	Volunteer experience	Figure 8.2 — AL	N/A
Address Line 2		Volunteer experience	Figure 8.2 — AL	N/A
Address Line 3		Volunteer experience	Figure 8.2 — AL	N/A
Country	Country	Volunteer experience	Figure 8.2 — AL	Countries
State/Province	State/Province	Volunteer experience	Figure 8.2 — AL	States
City	City	Volunteer experience	Figure 8.2 — AL	N/A
Zip code	Zip/Postal code	Volunteer experience	Figure 8.2 — AL	N/A
From date	Dated from	Volunteer experience	Figure 8.2 — AL	N/A
To date	To	Volunteer experience	Figure 8.2 — AL	N/A
Title	Title	Volunteer experience	Figure 8.2 — AL	N/A
Hours per week	Hours per week	Volunteer experience	Figure 8.2 — AL	N/A
Duties and Responsibilities	Duties/ Responsibilities	Volunteer experience	Figure 8.2 — AL	N/A
Reason for leaving	Reason for leaving	Volunteer experience	Figure 8.2 — AL	N/A
Supervisor name	Supervisor name	Volunteer experience	Figure 8.2 — AL	N/A
Contact supervisor	May we contact your supervisor?	Volunteer experience	Figure 8.2 — AL	N/A
Supervisor Phone	Phone	Volunteer experience	Figure 8.2 — AL	N/A
Supervisor E-mail	E-mail	Volunteer experience	Figure 8.2 — AL	N/A
Reason not to contact supervisor	Reason	Volunteer experience	Figure 8.2 — AM	N/A

TABLE 8.2

Add Volunteer Experience * Indicates a required field

* Organization:

* Address:

* Country:

State/Province:

* City:

Zip/Postal code:

* Dates from: to:

* Title:

Hours per week:

* Duties/responsibilities:

* Supervisor Name:

* May we contact your supervisor? Yes No

Phone:

E-mail:

FIGURE 8.2—AL

* May we contact your supervisor? Yes No

* Reason:

FIGURE 8.2—AM

9 PUBLICATIONS, PRESENTATIONS, GRANTS

Column Name	Column Label	Entity	Figure	List of Values
Has published	Have you published articles?	Person	Figure 9—AN	N/A
Has professional presentations	Have you made professional presentations?	Person	Figure 9—AN	N/A
Has research grants	Have you been awarded research grants?	Person	Figure 9—AN	N/A

TABLE 9

Publications, Presentations, Grants

[< Return to Status Page](#)

[Publications](#) | [Presentations](#) | [Research Grants](#)

* Indicates a required field

Publications

* Have you published articles? Yes No

Citation	Delete
Doe SD, Ubel PA, John AL. Solid-organ transplantation in HIV-infect ...	Delete

Add Publication

Presentations

* Have you made professional presentations? Yes No

Citation	Type	Delete
Doe GG (Oklahoma State University, School of Electrical and Compute ...	Oral	Delete

Add Presentation

Research Grants

* Have you been awarded research grants? Yes No

Title	Funding Agency	Delete
Educational repercussions for victims of bullying and school crime	CDC	Delete

Add Research Grant

Section Status

Is this section complete? Yes No

Update

Cancel

FIGURE 9—AN

9.1 PUBLICATION

Column Name	Column Label	Entity	Figure	List of Values
Citation	Publication citation	Publication	Figure 9.1 — AO	N/A

TABLE 9.1

Add Publication

* Indicates a required field

Instructions: Refer to the [National Library of Medicine sample references](#) for preferred citation format.

* Publication citation:

FIGURE 9.1—AO

9.2 PRESENTATION

Column Name	Column Label	Entity	Figure	List of Values
Presentation Type	Type of presentation	Presentation	Figure 9.2 — AP	N/A
Citation	Citation	Presentation	Figure 9.2 — AP	N/A

TABLE 9.2

Add Presentation

* Indicates a required field

Instructions: Refer to [NLM referencing requirements](#) for preferred citation format.

* Type of presentation: Oral Poster

* Citation:

FIGURE 9.2—AP

9.3 RESEARCH GRANTS

Column Name	Column Label	Entity	Figure	List of Values
Title	Title	Research grant	Figure 9.3 — AQ	N/A
Role	Your Role	Research grant	Figure 9.3 — AQ	Research roles
Date	Date	Research grant	Figure 9.3 — AQ	N/A
Funding agency	Funding agency	Research grant	Figure 9.3 — AQ	N/A
Amount awarded	Amount awarded	Research grant	Figure 9.3 — AQ	Research grant amounts

TABLE 9.3

Add Research Grant

* Indicates a required field

* Title:

* Your Role:

* Date:

* Funding agency:

* Amount awarded:

FIGURE 9.3—AQ

10 HONORS AND AWARDS

Column Name	Column Label	Entity	Figure	List of Values
Has honors and awards	Have you received or earned any honors or awards?	Person	Figure 10—AR	N/A
Organization	Name of organization bestowing honor or award	Honor Or Award	Figure 10—AS	N/A
Name	Name of honor or award	Honor Or Award	Figure 10—AS	N/A
Type	Type	Honor Or Award	Figure 10—AS	Honor Types
Date	Date	Honor Or Award	Figure 10—AS	N/A

TABLE 10

Honors and Awards
[< Return to Status Page](#)

Instructions: List all honors and awards received or earned. Include Boy Scout/Girl Scout, military, and volunteer awards or honors.

* Indicates a required field

Honors and Awards

* Have you received or earned any honors or awards? Yes No

Organization	Award	Date	Delete
Harvard School of Public Health	Faculty Excellence Award	01/2000	Delete

Section Status

Is this section complete? Yes No

FIGURE 10—AR

Add Honor Or Award

* Indicates a required field

* Name of organization bestowing honor or award:

* Name of honor or award:

* Type: ▼

* Date: ▼ ▼

FIGURE 10—AS

11 PERSONAL STATEMENT

Column Name	Column Label	Entity	Figure	List of Values
Personal statement	Personal statement	Personal statement	Figure 11—AT	N/A

TABLE 11

Personal Statement
[< Return to Status Page](#)

Write a narrative of 750 words or less that addresses the following questions:

1. What are your career plans after graduating from the EIS Program? Why?
2. How will the EIS Program help you fulfill these plans?
3. How will the EIS Program complement your previous training and experience?
4. Is there any aspect of public health that is particularly interesting to you? Why?

Word Count **47**

Section Status

Is this section complete? Yes No

Update
Cancel

FIGURE 11—AT

12 APPLICANT SURVEY

Column Name	Column Label	Entity	Figure	List of Values
Applied before	Have you submitted an application to EIS before?	Applicant Survey	Figure 12—AU	N/A
Applied Year	Indicate years applied	Applicant Survey	Figure 12—AU	N/A
Applied Epi Elec	Did you participate in the CDC Epidemiology Elective Program for Medical and Veterinary students?	Applicant Survey	Figure 12—AU	N/A
Epi Elec Year	Indicate year	Applicant Survey	Figure 12—AU	N/A
Applied CDC Exp	Did you participate in The CDC Experience Applied Epidemiology Fellowship?	Applicant Survey	Figure 12—AU	N/A
Applied CDC Exp Year	Indicate year	Applicant Survey	Figure 12—AU	N/A
Hear about program	How did you hear about EIS?	Applicant Survey	Figure 12—AV	Hear about us options
Most critical	Which of these was most critical in your decision to apply to EIS?	Applicant Survey	Figure 12—AV	Hear about us options
Areas of Interest ranking	Which EIS assignment areas are of interest to you?	Applicant Survey	Figure 12—AW	Areas of Interests
Assignment location preference	What is your preference for location of EIS assignment?	Applicant Survey	Figure 12—AX	N/A
Assignment location preference states	Indicate state preferences	Applicant Survey	Figure 12—AX	N/A
Assignment location constraints	Do you have geographic constraints on EIS assignments?	Applicant survey	Figure 12—AY	N/A
Location constraints explanation	If yes, explain	Applicant survey	Figure 12—AY	N/A

TABLE 12

Applicant Survey

[< Return to Status Page](#)

[Previous EIS Applications](#) | [Areas of Interest](#)
[Geographic Preferences](#) | [Constraints](#)

* Indicates a required field

Previous EIS Applications

- * Have you submitted an application to EIS before? Yes No
- * Indicate years applied:
Use YYYY format. Separate multiple years with a comma.

Other Fellowships

- * Did you participate in the CDC Epidemiology Elective Program for Medical and Veterinary students? Yes No
- * Indicate year:
- * Did you participate in *The CDC Experience* Applied Epidemiology Fellowship? Yes No
- * Indicate year:

FIGURE 12—AU

*** How did you hear about EIS? Select all that apply.**

<input checked="" type="checkbox"/> Administrator, career advisor, or professor at school	Name:	<input type="text"/>
<input checked="" type="checkbox"/> Information session, career fair, or conference exhibit	Specify:	<input type="text"/>
<input checked="" type="checkbox"/> EIS website		
<input checked="" type="checkbox"/> LISTSERV	Specify:	<input type="text"/>
<input checked="" type="checkbox"/> MMWR		
<input checked="" type="checkbox"/> EIS alumni	Name:	<input type="text"/>
<input checked="" type="checkbox"/> Announcement in newsletter or other publication	Specify:	<input type="text"/>
<input checked="" type="checkbox"/> Friend or colleague (not EIS alumni)	Name:	<input type="text"/>
<input checked="" type="checkbox"/> EIS recruiting presentation	Specify:	<input type="text"/>
<input checked="" type="checkbox"/> National meeting	Name:	<input type="text"/>
<input checked="" type="checkbox"/> Other	Specify:	<input type="text"/>

***Which of these was most critical in your decision to apply to EIS?**

Administrator, career advisor, or professor at school
 Information session, career fair, or conference exhibit
 EIS website
 LISTSERV
 MMWR
 EIS alumni Name:
 Announcement in newsletter or other publication
 Friend or colleague (not EIS alumni)
 EIS recruiting presentation
 National meeting
 Other

FIGURE 12—AV

*** Which EIS assignment areas are of interest to you?**

From the list below, indicate the 3 public health areas of most interest to you, with one being your top choice.

1	2	3	EIS Assignment Area
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Birth defects and developmental disabilities
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Chronic disease (e.g., maternal/child health, stroke, heart disease, nutrition, obesity)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Environmental health
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Genomics
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Health statistics
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Immunizations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Infectious diseases
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Injuries
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Occupational health
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other

FIGURE 12—AW

*** What is your preference for location of EIS assignment?**

I am only interested in CDC Headquarters assignments.
 I am only interested in state assignments.
 I am interested in CDC Headquarters assignments and state assignments.

Indicate state preferences:

[Clear All](#)

<input type="checkbox"/> Any State	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Ohio
<input type="checkbox"/> Alabama	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Alaska	<input type="checkbox"/> Maine	<input type="checkbox"/> Oregon
<input type="checkbox"/> Arizona	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> Arkansas	<input checked="" type="checkbox"/> Massachusetts	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> California	<input type="checkbox"/> Michigan	<input type="checkbox"/> South Carolina
<input checked="" type="checkbox"/> Colorado	<input type="checkbox"/> Minnesota	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Delaware	<input type="checkbox"/> Missouri	<input type="checkbox"/> Texas
<input type="checkbox"/> Washington, DC	<input type="checkbox"/> Montana	<input type="checkbox"/> Utah
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Vermont
<input type="checkbox"/> Georgia	<input type="checkbox"/> Nevada	<input type="checkbox"/> Virginia
<input type="checkbox"/> Hawaii	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Washington
<input type="checkbox"/> Idaho	<input type="checkbox"/> New Jersey	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Illinois	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Indiana	<input type="checkbox"/> New York	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Iowa	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> Kansas	<input type="checkbox"/> North Dakota	

FIGURE 12—AX

Constraints

* Do you have geographic constraints on EIS assignments? Yes No

* If yes, explain:

Section Status

Is this section complete? Yes No

FIGURE 12—AY


13 LETTERS OF RECOMMENDATION

Column Name	Column Label	Entity	Figure	List of Values
Name	Name	Letters of recommendations	Figure 13— BA	N/A
Dean of medical school	Check if dean of medical school	Letters of recommendations	Figure 13— BA	N/A
Organization	Organization	Letters of recommendations	Figure 13— BA	N/A
Title	Title	Letters of recommendations	Figure 13— BA	N/A
Phone	Phone	Letters of recommendations	Figure 13— BA	N/A
E-mail	E-mail	Letters of recommendations	Figure 13— BA	N/A
Address Line 1	Mailing Address	Letters of recommendations	Figure 13— BA	N/A
Address Line 2		Letters of recommendations	Figure 13— BA	N/A
Address Line 3		Letters of recommendations	Figure 13— BA	N/A
Country	Country	Letters of recommendations	Figure 13— BA	Countries
State	State/Province	Letters of recommendations	Figure 13— BA	States
City	City	Letters of recommendations	Figure 13— BA	N/A
Zip code	Zip/Postal code	Letters of recommendations	Figure 13— BA	N/A
Relationship to you	Relationship to you	Letters of recommendations	Figure 13— BA	N/A

TABLE 13

Letters of Recommendation

[< Return to Status Page](#)

Four letters of recommendation are required with the EIS application. Select persons who are familiar with your academic achievements, future aspirations, personal qualities, and professional attributes. Provide them with a copy of the PDF [Writing Letters of Recommendation for an EIS Applicant](#). 

- One letter must be from a faculty member or supervisor.
- For U.S physicians only: You must submit a Dean's letter from your medical school as one of the four letters.
- For the remaining letters, select any other appropriate professional.
- All letters must be submitted in English.
- All letters must be specific to your EIS application and dated within the last 6 months.
- All letters must be received by September 29, 2010 (no e-mailed or faxed letters).
- Once you submit your online application, track receipt of your Letters of Recommendation in the Track Your Application Section.

Who will write your Letters of Recommendation?

Reference Name	Title	City	E-mail	Delete
Mary Johnson	Epidemiologist	Atlanta	Mary@test.com	Delete

Add

Section Status

Is this section complete?

Yes No

Update

Cancel

FIGURE 13—AZ

Add Letter of Recommendation * Indicates a required field

* Name:

Check if dean of medical school

* Organization:

* Title:

* Phone:

* E-mail:

* Mailing address:

* Country:

State/Province:

* City:

Zip/Postal code:

* Relationship to you:
(e.g. supervisor, professor)

FIGURE 13—BA

14 WITHDRAW APPLICATION

Column Name	Column Label	Entity	Figure	List of Values
Withdrawal Reason	Provide reason for withdrawal	Application	Figure 14— BB	N/A

TABLE 14

Withdraw Application

This will remove your application from consideration for the next EIS class.

* Provide reason for withdrawal.

FIGURE 14—A

15 APPENDIX A – E-MAILS

15.1 APPLICANT RESET PASSWORD INFORMATION

Dear John Doe:

This e-mail provides your EIS login information.

E-mail: **John@test.com**
Temporary password: **8a!RQ9n-***
EIS: <https://wwwn.cdc.gov/fms/eis/app>

FIGURE 15-A

15.2 APPLICATION SUBMISSION CONFIRMATION

**** Please do not reply to this e-mail. It was sent from an unattended mailbox, and replies are not reviewed. See below for contact information.****

Dear John Doe,

We have received your online application for the Epidemic Intelligence Service (EIS). Remember to request official transcripts and at least four (4) letters of recommendation to be mailed to the EIS Program. These supporting documents must be received by Sep 16, 2008. (**Note: all mail, including express mail, will take a few extra days to reach our office.**) Your application will be reviewed after all supporting documents have been received.

You may track receipt of documents and the status of your application online at: <https://wwwn.cdc.gov/fms/eis/app>.

Mail supporting documents to:

EIS Program
ATTN: EIS Application
Centers for Disease Control and Prevention
1600 Clifton Road, NE
MS E-92
Atlanta, GA 30333

FIGURE 15-B

15.3 APPLICATION SUBMISSION REMINDER

** Please do not reply to this email. It was sent from an unattended mailbox, and replies are not reviewed. See below for contact information. **

Our records indicate you have started an online EIS application. In order for your application to be considered for the EIS Class of 2009, you must submit your online application by Sep 16, 2008. Our office must receive all supporting materials by Oct 01, 2008.

To complete the application process visit: <https://wwwn.cdc.gov/fms/eis/app>

If you have any questions about your application, please visit the EIS website or call the EIS Program (404) 498-6110 Monday through Friday, 9:00 am to 5:00 pm ET.

FIGURE 15-C

15.4 INTERVIEW INVITATION FOR US APPLICANTS

Thank you for applying to the Epidemic Intelligence Service (EIS) program beginning July 2011. EIS offers a unique opportunity to learn and practice applied epidemiology as an important member of the CDC team. Because EIS officers serve in many important roles--from leading field investigations, to conducting epidemiologic analyses of existing data bases, to designing, implementing, and evaluating surveillance systems--EIS is an intense, high-energy program. The EIS model is *training through service*.

As the next step in the application process, you are invited to interview at CDC in Atlanta, Georgia. The EIS Program office is not able to provide reimbursement for any expenses associated with your travel to interview in Atlanta.

In considering whether to interview, please review the following EIS **requirements**:

- Commitment to a full-time, 2-year program beginning in July
- Flexibility and willingness to work in any of the five EIS assignments you rank
- **Complete attendance** at the following:
 - Spring EIS Conference (April 11 through 15, 2011). This Conference occurs **before** the 2-year assignment begins. Expenses for conference travel will be paid for by the EIS Program
 - Summer EIS course (4 weeks in July)
 - Regional and national conferences and other meetings, as required
- Relocation to an EIS assignment at least 50 miles away from current residence
- Termination of previous work and school responsibilities
- Ability to travel on short notice as needed by CDC (most travel lasts less than one month)
- Flexibility in work days and hours to ensure rapid response to public health problems and to meet training requirements (you may be required to work some weekends or holidays)

The interview process takes a full day. The interviewers will inquire about the depth of your interest in public health, epidemiology, and the EIS program. In addition, they will assess personal qualities such as communication and interpersonal skills, professionalism, maturity, flexibility, motivation, and enthusiasm. We encourage you to find out as much as you can about CDC and the EIS program prior to your interviews. We have included an EIS assignment book from last year to assist you.

On the day of your interview, you will participate in five 30-minute interviews. These will consist of interviews with: a) a member of the EIS Selection Committee; b) an EIS Field Assignments Branch supervisor; and c) representatives from other CDC programs. The EIS Interview Request form, with a list of CDC program areas, is attached.

If you are interested in interviewing, complete and return the EIS Interview Request form to EISInterviewCoord@cdc.gov. Your interview date will be confirmed by e-mail. You are encouraged to schedule your interview as soon as possible.

Report to the EIS Program office by 7:30 a.m. on your interview day. The EIS Office is located at 2400 Century Parkway, NE, Atlanta, Georgia 30345 (map and hotels in the area included). Be prepared to show a picture ID when entering the building (e.g., U.S. driver's license, passport). If you have questions about the interview process call the EIS interview coordinator at 404-498-6110 between 9:00 a.m. and 4:30 p.m. (EST) Monday through Friday.

Sincerely,

Douglas Hamilton, MD, PhD
Director, EIS Program
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Mail Stop E-92
Atlanta, GA 30333

FIGURE 15-D

15.5 INTERVIEW INVITATION FOR INTERNATIONAL APPLICANTS

Thank you for applying to the Epidemic Intelligence Service (EIS) program beginning July 2011. EIS offers a unique opportunity to learn and practice applied epidemiology as an important member of the CDC team. Because EIS officers serve in many important roles--from leading field investigations, to conducting epidemiologic analyses of existing data bases, to designing, implementing, and evaluating surveillance systems--EIS is an intense, high-energy program. The EIS model is *training through service*.

As the next step in the application process, you are invited to interview at CDC in Atlanta, Georgia. The EIS Program office is not able to provide reimbursement for any expenses associated with your travel to interview in Atlanta. Because of the domestic nature of the program, only a limited number of non-U.S. citizens are selected.

In considering whether to interview, please review the following EIS **requirements**:

- Commitment to a full-time, 2-year program beginning in July
- Flexibility and willingness to work in any of the five EIS assignments you rank
- Proficiency in reading, writing, speaking, and understanding English
- Complete attendance at the following:
 - Spring EIS Conference (April 11 through 15, 2011). This Conference occurs **before** the 2-year assignment begins. Expenses for conference travel will be paid for by the EIS Program
 - Summer EIS course (4 weeks in July)
 - Regional and national conferences and other meetings, as required
- Relocation to an EIS assignment in the United States
- Termination of previous work and school responsibilities
- Ability to travel on short notice as needed by CDC (most travel lasts less than one month)
- Flexibility in work days and hours to ensure rapid response to public health problems and to meet training requirements (you may be required to work some weekends or holidays)

Interviews take up to one full day. The interviewers will inquire about the depth of your interest in public health, epidemiology, and the EIS program. In addition, they will assess personal qualities such as communication and interpersonal skills, professionalism, maturity, flexibility, motivation, and enthusiasm. We encourage you to find out as much as you can about CDC and the EIS program prior to your interview. We have included an EIS assignment book from last year to assist you in this process.

On the day of your interview, you will participate in five 30-minute interviews. These will consist of interviews with: a) a member of the EIS Selection Committee; b) an EIS Field Assignments Branch supervisor; and c) representatives from other CDC programs. The EIS Interview Request form, with a list of CDC program areas, is attached.

If you are interested in interviewing, complete and return the EIS Interview Request form to EISInterviewCoord@cdc.gov. Your interview date will be confirmed by e-mail. Schedule your interview as soon as possible.

Report to the EIS Program office by 7:30 a.m. on your interview day. The EIS Office is located at 2400 Century Parkway, NE, Atlanta, Georgia 30345 (map and hotels in the area included).

In order for Non-U.S. citizens to participate in interviews, we are required to obtain security clearance for entry into the CDC building. This process **MUST** be completed 10 days prior to your scheduled interview. You will receive an e-mail from the CDC's Office of Security and Emergency Preparedness, Visitor Management System. We advise you to respond to this e-mail immediately to receive security clearance in a timely manner. On the day of your interview, you will be required to show your passport when entering the building.

If you have questions about the interview process call the EIS interview coordinator at 404-498-6110 between 9:00 a.m. and 4:30 p.m. (EST) Monday through Friday.

Sincerely,

Douglas Hamilton, MD, PhD
Director, EIS Program
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Mail Stop E-92
Atlanta, GA 30333 USA

FIGURE 15-E

15.6 INTERVIEW CONFIRMATION FOR US APPLICANTS

Your EIS Interview is scheduled for **Sep 16, 2008**

Interviews will take place at the EIS Program Office in Atlanta. Please report to 2400 Century Center by 7:30 a.m. (EST) on the day of your interview. You should plan to be available for interviews until 5 p.m. Upon arrival, go to room 1A for a briefing and an interview schedule.

The EIS Office is located at 2400 Century Parkway, NE, Atlanta, Georgia 30345, 5th Floor, Room 5201.11, telephone number 404-498-6110. Be prepared to show a picture ID when entering the building (e.g., U.S. driver's license, passport).

If you have further questions or need to reschedule your interview, please respond to this e-mail.

We wish you success in your interview.

FIGURE 15-F

15.7 INTERVIEW CONFIRMATION FOR INTERNATIONAL APPLICANTS

Your EIS Interview is scheduled on **InterviewDate**

This is contingent upon the successful completion of your security clearance. To facilitate your security clearance, please respond promptly, accurately, and thoroughly to any communications from our Office of Security and Emergency Preparedness (OSEP)-Security Visitor Management System.

Interviews will take place at the EIS Program Office in Atlanta. Please report to 2400 Century Center by 7:30 a.m. (EST) on the day of your interview. You should plan to be available for interviews until 5 p.m. Upon arrival, go to room 1A for a briefing and an interview schedule.

The EIS Office is located at 2400 Century Parkway, NE, Atlanta, Georgia 30345, 5th Floor, Room 5201.11, telephone number 404-498-6110.

We are required to obtain security clearance for non-U.S. citizens to enter the building to interview. **This process must be completed 10 days prior to your scheduled interview.** You will receive an e-mail from the International Visitor Requests at CDC. **We advise you to attend to this e-mail immediately in order to receive security clearance in a timely manner.** On the day of your interview, you will be required to show your **passport** when entering the building.

If you have further questions or need to reschedule your interview, please respond to this e-mail.

We wish you success in your interview.

FIGURE 15-G

16 APPENDIX B – CHANGES IN OTHER PROGRAMS

16.1 PHIFP DIFFERENCES

16.1.1 CONTACT INFORMATION

Column Name	Column Label	Entity	List of Values
Fax Number	Fax	Person	N/A

16.1.2 SELF-ASSESSMENT OF SKILLS

Column Name	Column Label	Entity	List of Values
Information Science Skill type	Skill type	Skill Assessment	Information Science Skills
Information Science Skill Level	Skill level	Skill Assessment	Skill Levels
Information Science Experience	Experience	Skill Assessment	N/A
Computer Science Skill type	Skill type	Skill Assessment	Computer Science Skills
Computer Science Skill Level	Skill level	Skill Assessment	Skill Levels
Computer Science Experience	Experience	Skill Assessment	N/A
Information Systems Skill type	Skill type	Skill Assessment	Information Systems Skills
Information Systems Skill Level	Skill level	Skill Assessment	Skill Levels
Information Systems Experience	Experience	Skill Assessment	N/A
Project Management Skill type	Skill type	Skill Assessment	Project Management Skills
Project Management Skill Level	Skill level	Skill Assessment	Skill Levels
Project Management Experience	Experience	Skill Assessment	N/A
Public Health and health care Skill type	Skill type	Skill Assessment	Public Health and health care Skills
Public Health and health care Skill Level	Skill level	Skill Assessment	Skill Levels
Public Health and health care Experience	Experience	Skill Assessment	N/A
Information Technology Skill type	Skill type	Skill Assessment	Information Technology Skills
Information Technology Level	Skill level	Skill Assessment	Skill Levels
Information Technology Experience	Experience	Skill Assessment	N/A

16.2 PHPS DIFFERENCES

16.2.1 SELF-ASSESSMENT OF SKILLS

Column Name	Column Label	Entity	List of Values
Computer Skills type	Skill type	Skill Assessment	Computer Skills
Computer skill Level	Skill level	Skill Assessment	Skill Levels
Transcript Analysis type	Transcript Analysis type	Transcript Analysis	Transcript Analysis types
Hours	Hours	Transcript Analysis	N/A

16.3 HUBERT DIFFERENCES

16.3.1 CONTACT INFORMATION

Column Name	Column Label	Entity	List of Values
Health Insurance	Health Insurance	Person	N/A

16.3.2 COLLEGE/UNIVERSITY EDUCATION

Column Name	Column Label	Entity	List of Values
Year in school	Year in school	College education	N/A
Is Public	Is Public	College education	N/A
Clinical Rotations	Clinical Rotations	College education	N/A

16.3.3 PROJECT RANKING

Column Name	Column Label	Entity	List of Values
Project	Project	Project Ranking	Projects list
Rank	Rank	Project Ranking	1,2,3,4,5

16.3.4 SELF-ASSESSMENT OF SKILLS

Column Name	Column Label	Entity	List of Values
Statistical Software Skills type	Skill type	Skill Assessment	Statistical Software Skills
Statistical Software Skill Level	Skill level	Skill Assessment	Skill Levels
Other statistical skill	Other statistical skill	Skill Assessment	N/A
Laboratory Skill	Laboratory Skill	Skill Assessment	N/A

16.4 EPI ELECTIVE DIFFERENCES

16.4.1 ASSIGNMENT PREFERENCE

Column Name	Column Label	Entity	List of Values
First choice from	Time frame first choice from date	Assignment Preference	N/A
First choice to	Time frame first choice to date	Assignment Preference	N/A
Second choice from	Time frame second choice from date	Assignment Preference	N/A
Second choice to	Time frame second choice to date	Assignment Preference	N/A
Subject Area Preference	Subject Area Preference	Assignment Preference	Subject Areas
Project Name	Project Name	Assignment Preference	Projects list
Rank	Rank	Assignment Preference	1,2,3,4,5
Supervisor Name	Supervisor Name	Assignment Preference	N/A

16.5 PEF DIFFERENCES

16.5.1 COLLEGE/UNIVERSITY EDUCATION

Column Name	Column Label	Entity	List of Values
Thesis Title	Thesis Title	College education	N/A
Thesis Abstract	Thesis Abstract	College education	N/A

16.5.2 WORK PAPERS

Column Name	Column Label	Entity	List of Values
Title	Title	Work Paper	N/A
Abstract	Abstract	Work Paper	N/A

16.5.3 RESEARCH EXPERIENCE

Column Name	Column Label	Entity	List of Values
Title	Title	Research Experience	N/A
Institution	Institution	Research Experience	N/A
Your role	Your role	Research Experience	Research roles
Specify role	Specify role	Research Experience	N/A
Dates from	Dates from	Research Experience	N/A
Dates to	Dates to	Research Experience	N/A
Description	Description	Research Experience	N/A

16.5.4 ASSIGNMENT OVERVIEW AND RANKING

Column Name	Column Label	Entity	List of Values
Project Rank	Project Rank	Project Rank	1,2,3,4,5

16.5.5 SELF-ASSESSMENT OF SKILLS

Column Name	Column Label	Entity	List of Values
Computer software skill	Computer software skill	Skill Assessment	Computer software skills
Skill level	Skill level	Skill Assessment	Skill Levels
Economic and public health data	Economic and public health data	Skill Assessment	N/A

16.6 PMRF DIFFERENCES

16.6.1 EDUCATION

Column Name	Column Label	Entity	List of Values
Select Program	Select Program	Person	PMRF programs
Have current license	Do you have current, unrestricted license	Person	N/A

16.6.2 COLLEGE/UNIVERSITY EDUCATION

Column Name	Column Label	Entity	List of Values
Are you board certified?	Are you board certified?	College education	N/A
Certification body	Certification body	College education	N/A

16.6.3 ADDITIONAL COURSE

Column Name	Column Label	Entity	List of Values
Country	Country	Course work	Countries
State	State/Province	Course work	States
Name	College/University	Course work	College names
From date	Attended from	Course work	N/A
To date	To	Course work	N/A
Expected date	Expected date	Course work	N/A
Course status	Course status	Course work	Course status values
Credits	Number of credits	Course work	N/A
Course Name	Course Name	Course work	N/A

16.6.4 CLINICAL TRAINING

Column Name	Column Label	Entity	List of Values
Accredited by ACGME	Accredited by ACGME	Clinical training	N/A

16.6.5 WORK AND VOLUNTEER EXPERIENCE

Column Name	Column Label	Entity	List of Values
Current USPHS commissioned corps officer	Current USPHS commissioned corps officer	Person	N/A
Corps Rank	Corps Rank	Person	Corps Ranks

16.6.6 WORK EXPERIENCE

Column Name	Column Label	Entity	List of Values
Accomplishments	Accomplishments	Work Experience	N/A

16.6.7 VOLUNTEER EXPERIENCE

Column Name	Column Label	Entity	List of Values
Accomplishments	Accomplishments	Volunteer Experience	N/A

16.6.8 MONOGRAPHS AND REPORTS

Column Name	Column Label	Entity	List of Values
Citation	Citation	Monographs	N/A

16.6.9 PERSONAL STATEMENT

Column Name	Column Label	Entity	List of Values
Current EIS officer	Current EIS officer or graduate within past two years	Personal statement	N/A
Public health practice summary	Public health practice summary	Personal statement	N/A

16.6.10 APPLICANT SURVEY

Column Name	Column Label	Entity	List of Values
Work Experience area	Your work experience?	Applicant Survey	Work Experience Types

16.6.11 PEER REFERENCES

Column Name	Column Label	Entity	List of Values
Name	Name	Peer References	N/A
Organization	Organization	Peer References	N/A
Title	Title	Peer References	N/A
Phone	Phone	Peer References	N/A
E-mail	E-mail	Peer References	N/A

16.7 PHAP DIFFERENCES

16.7.1 CONTACT INFORMATION

Column Name	Column Label	Entity	List of Values
College address line 1	College address	Person	N/A
College address line 2		Person	N/A
College address line 3		Person	N/A
College address country	College country	Person	Countries
College address state	College state	Person	States
College address city	College city	Person	N/A
College address zip code	College zip/postal code	Person	N/A
College address from date	College address from date	Person	N/A
College address to date	College address to date	Person	N/A
Cell phone	Cell phone	Person	N/A
Naturalization number	Naturalization number	Person	N/A
Communication e-mail	Communication e-mail	Person	N/A

17 APPENDIX C – LIST OF VALUES

17.1 COUNTRIES

- 1.
2. Afghanistan
3. Albania
4. Algeria
5. Andorra
6. Angola
7. Anguilla (U.K.)
8. Antigua and Barbuda
9. Argentina
10. Armenia
11. Aruba
12. Australia
13. Austria
14. Azerbaijan
15. Azores
16. Bahamas, The
17. Bahrain
18. Bangladesh
19. Barbados
20. Belarus
21. Belgium
22. Belize
23. Benin
24. Bermuda (U.K.)
25. Bhutan
26. Bolivia
27. Bosnia and Herzegovina
28. Botswana
29. Brazil
30. British Indian Ocean Territory (U.K.)
31. British Virgin Islands
32. Brunei
33. Bulgaria
34. Burkina Faso
35. Burma (Myanmar)
36. Burundi
37. Cambodia
38. Cameroon
39. Canada
40. Canary Islands (Spain)
41. Cape Verde
42. Cayman Islands (U.K.)
43. Central African Republic
44. Chad
45. Chile
46. China
47. Christmas Island (Australia)
48. Cocos (Keeling) Islands (Australia)
49. Colombia
50. Comoros
51. Congo, Democratic Republic of the
52. Congo, Republic of the
53. Cook Islands (New Zealand)
54. Costa Rica
55. Côte d'Ivoire
56. Croatia
57. Cuba
58. Cyprus
59. Czech Republic
60. Denmark
61. Djibouti
62. Dominica
63. Dominican Republic
64. Easter Island (Chile)
65. Ecuador
66. Egypt
67. El Salvador
68. Equatorial Guinea
69. Eritrea
70. Estonia
71. Ethiopia
72. Falkland Islands (Malvinas)
73. Falkland Islands (U.K.)
74. Faroe Islands (Denmark)
75. Fiji
76. Finland
77. France
78. French Guiana (France)
79. French Polynesia (France)
80. Gabon
81. Gambia, The
82. Georgia
83. Germany
84. Ghana
85. Gibraltar (U.K.)
86. Greece
87. Greenland (Denmark)
88. Grenada
89. Guadeloupe
90. Guatemala
91. Guinea
92. Guinea-Bissau
93. Guyana
94. Haiti
95. Honduras
96. Hong Kong SAR (China)
97. Hungary
98. Iceland
99. India
100. Indonesia
101. Iran
102. Iraq
103. Ireland
104. Israel
105. Italy
106. Jamaica

107. Japan	151. Nepal	192. Sierra Leone
108. Jordan	152. Netherlands Antilles	193. Singapore
109. Kazakhstan	153. Netherlands, The	194. Slovakia
110. Kenya	154. New Caledonia	195. Slovenia
111. Kiribati	(France)	196. Solomon Islands
112. Korea, North	155. New Zealand	197. Somalia
113. Korea, South	156. Nicaragua	198. South Africa
114. Kosovo	157. Niger	199. Spain
115. Kuwait	158. Nigeria	200. Sri Lanka
116. Kyrgyzstan	159. Niue (New Zealand)	201. Sudan
117. Laos	160. Norfolk Island	202. Suriname
118. Latvia	(Australia)	203. Swaziland
119. Lebanon	161. Northern Mariana	204. Sweden
120. Lesotho	Islands (U.S.)	205. Switzerland
121. Liberia	162. Norway	206. Syria
122. Libya	163. Oman	207. Taiwan
123. Liechtenstein	164. Other	208. Tajikistan
124. Lithuania	165. Pakistan	209. Tanzania
125. Luxembourg	166. Palau	210. Thailand
126. Macau SAR (China)	167. Panama	211. Timor-Leste (East
127. Macedonia	168. Papua New Guinea	Timor)
128. Madagascar	169. Paraguay	212. Togo
129. Madeira Islands	170. Peru	213. Tokelau (New
(Portugal)	171. Philippines	Zealand)
130. Malawi	172. Pitcairn Islands (U.K.)	214. Tonga
131. Malaysia	173. Poland	215. Trinidad and Tobago
132. Maldives	174. Portugal	216. Tunisia
133. Mali	175. Qatar	217. Turkey
134. Malta	176. Réunion (France)	218. Turkmenistan
135. Marshall Islands	177. Romania	219. Turks and Caicos
136. Martinique (France)	178. Russia	Islands (U.K.)
137. Mauritania	179. Rwanda	220. Tuvalu
138. Mauritius	180. Saint Helena (U.K.)	221. Uganda
139. Mayotte (France)	181. Saint Kitts and Nevis	222. Ukraine
140. Mexico	182. Saint Lucia	223. United Arab Emirates
141. Micronesia, Federated	183. Saint Pierre and	224. United Kingdom
States of	Miquelon (France)	225. United States
142. Moldova	184. Saint Vincent and the	226. Uruguay
143. Monaco	Grenadines	227. Uzbekistan
144. Mongolia	185. Samoa	228. Vanuatu
145. Montenegro	186. San Marino	229. Venezuela
146. Montserrat (U.K.)	187. São Tomé and Príncipe	230. Vietnam
147. Morocco	188. Saudi Arabia	231. Western Sahara
148. Mozambique	189. Senegal	232. Yemen
149. Namibia	190. Serbia	233. Zambia
150. Nauru	191. Seychelles	234. Zimbabwe

17.2 STATES

1. Alabama
2. Alaska
3. Arizona
4. Arkansas
5. California
6. Colorado
7. Connecticut
8. Delaware
9. Washington, DC
10. Florida
11. Georgia
12. Hawaii
13. Idaho
14. Illinois
15. Indiana
16. Iowa
17. Kansas
18. Kentucky
19. Louisiana
20. Maine
21. Maryland
22. Massachusetts
23. Michigan
24. Minnesota
25. Mississippi
26. Missouri
27. Montana
28. Nebraska
29. Nevada
30. New Hampshire
31. New Jersey
32. New Mexico
33. New York
34. North Carolina
35. North Dakota
36. Ohio
37. Oklahoma
38. Oregon
39. Pennsylvania
40. Rhode Island
41. South Carolina
42. South Dakota
43. Tennessee
44. Texas
45. Utah
46. Vermont
47. Virginia
48. Washington
49. West Virginia
50. Wisconsin
51. Wyoming
52. Puerto Rico
53. Guam
54. American Samoa
55. U.S. Virgin Islands
56. Alberta
57. British Columbia
58. Manitoba
59. New Brunswick
60. Newfoundland and
Labrador
61. Nova Scotia
62. Nunavut
63. N.W.T.
64. Ontario
65. Quebec
66. Saskatchewan
67. Yukon
68. Australian Capital
Territory
69. New South Wales
70. Northern Territory
71. Queensland
72. South Australia
73. Tasmania
74. Victoria
75. Western Australia
76. Andhra Pradesh
77. Arunachal Pradesh
78. Assam
79. Bihar
80. Chhattisgarh
81. Goa
82. Gujarat
83. Haryana
84. Himachal Pradesh
85. Jammu and Kashmir
86. Jharkhand
87. Karnataka
88. Kerala
89. Madhya Pradesh
90. Maharashtra
91. Manipur
92. Meghalaya
93. Mizoram
94. Nagaland
95. Orissa
96. Punjab
97. Rajasthan
98. Sikkim
99. Tamil Nadu
100. Tripura
101. Uttaranchal
102. Uttar Pradesh
103. West Bengal
104. Andaman and
Nicobar Islands
105. Chandigarh
106. Dadar and Nagar
Haveli
107. Daman and Diu
108. Delhi
109. Lakshadweep
110. Pondicherry

17.3 SECRET QUESTIONS

1. In what city were you born?
2. In what city was your mother born?
3. In what city was your father born?
4. What was the name of your first pet?
5. What was your high school mascot?
6. What is your favorite color?

17.4 VISA TYPES

1. F-1
2. H-1B
3. J-1
4. O-1
5. TN

17.5 COLLEGE EDUCATION STATUSES

1. Current
2. Graduated (Degree Program)
3. Completed (Nondegree Program)
4. Incomplete

17.6 DEGREES

- | | | |
|----------|------------|-----------|
| 1. AA | 18. BM | 35. BSN |
| 2. AAS | 19. BMBS | 36. BVS |
| 3. AB | 20. BMed | 37. BVSc |
| 4. AD | 21. BNSc | 38. DCH |
| 5. ADN | 22. BNurs | 39. DDS |
| 6. AM | 23. BPharm | 40. DHA |
| 7. AS | 24. BS | 41. DHS |
| 8. ASN | 25. BS/BA | 42. DHSc |
| 9. BA | 26. BSc | 43. DMD |
| 10. BAC | 27. BSChE | 44. DNSc |
| 11. BBA | 28. BScN | 45. DO |
| 12. BCE | 29. BSE | 46. DPA |
| 13. BDS | 30. BSEE | 47. DPE |
| 14. BEng | 31. BSFS | 48. DPH |
| 15. BFA | 32. BSJ | 49. DPhil |
| 16. BHB | 33. BSME | 50. DPM |
| 17. BIE | 34. BSPH | 51. DPT |

52. DrPH	77. MFA	102. MSM
53. DrS	78. MHA	103. MSN
54. DrSc	79. MHS	104. MSPH
55. DSc	80. MHSc	105. MSPM
56. DScD	81. MHSE	106. MSW
57. DScH	82. MMS	107. MTM&H
58. DScVM	83. MN	108. MUS
59. DVM	84. MNS	109. MVSc
60. EdD	85. MOH	110. OD
61. JD	86. MOT	111. PA
62. LLB	87. MPA	112. PharmD
63. LLD	88. MPAS	113. PhB
64. MA	89. MPH	114. PhD
65. MAS	90. MPharm	115. PNP
66. MAT	91. MPhil	116. PsyD
67. MB	92. MPHTM	117. RN
68. MBA	93. MPP	118. SB
69. MBBCh	94. MPVM	119. ScB
70. MBBS	95. MRP	120. ScD
71. MBChB	96. MS	121. ScM
72. MCPS	97. MSVPH	122. SM
73. MD	98. MSc	123. SMHyg
74. MDCM	99. MScPh	124. VMD
75. MDiv	100. MSD	
76. MEd	101. MSHSA	

17.7 MAJOR CLASSIFICATIONS

1. Biological, biomedical, or animal sciences
2. Business, management
3. Community health, public health
4. Decision or quantitative sciences
5. Economics (agricultural, applied, health)
6. Engineering, industrial engineering, operations research
7. Environmental, occupational sciences
8. Epidemiology
9. Global, international health
10. Health education
11. Informatics (public health, clinical, nursing)
12. Health services administration, health policy analysis
13. Health services research, quantitative policy analysis
14. Information technology, information science, computer science
15. Liberal arts, general studies, humanities, language, literature
16. Maternal and child health
17. Mathematical sciences, statistics, biostatistics

18. Physical or chemical sciences
19. Political science, law
20. Public administration, policy analysis
21. Social/behavior science (anthropology, social work, psychology)

17.8 LICENSE STATUSES

1. Received
2. Expected

17.9 LANGUAGES

- | | | |
|----------------------|----------------------|------------------------|
| 1. Afrikaans | 34. Gujarati | 67. Punjabi |
| 2. Albanian | 35. Creole (Haitian) | 68. Pashto |
| 3. Amharic | 36. Hausa | 69. Romanian |
| 4. Arabic (Egyptian) | 37. Hawaiian | 70. Romany |
| 5. Aramaic | 38. Hebrew | 71. Russian |
| 6. Armenian | 39. Hindi | 72. Sanskrit |
| 7. Assamese | 40. Hungarian | 73. Serbian |
| 8. Aymara | 41. Icelandic | 74. Slovak |
| 9. Azerbaijani | 42. Irish | 75. Slovenian |
| 10. Basque | 43. Italian | 76. Somali |
| 11. Belarusian | 44. Japanese | 77. Spanish |
| 12. Bengali | 45. Javanese | 78. Swahili |
| 13. Bislama | 46. Kannada | 79. Swedish |
| 14. Bosnian | 47. Kazakh | 80. Tagalog |
| 15. Bulgarian | 48. Khmer | 81. Tajik |
| 16. Burmese | 49. Korean | 82. Tamil |
| 17. Catalan | 50. Lao | 83. Telugu |
| 18. Cebuano | 51. Latvian | 84. Thai |
| 19. Cherokee | 52. Lithuanian | 85. Tibetan |
| 20. Mandarin | 53. Macedonian | 86. Tok Pisin |
| 21. Croatian | 54. Malagasy | 87. Turkish |
| 22. Czech | 55. Malayalam | 88. Turkmen |
| 23. Danish | 56. Marathi | 89. Ukrainian |
| 24. Dutch | 57. Mongolian | 90. Urdu |
| 25. Egyptian | 58. Nahuatl | 91. Uzbek |
| 26. English | 59. Navajo | 92. Vietnamese |
| 27. Estonian | 60. Nepali | 93. Welsh |
| 28. Finnish | 61. Norwegian | 94. Xhosa |
| 29. French | 62. Oriya | 95. Yiddish |
| 30. Georgian | 63. Oromo | 96. Yoruba |
| 31. German | 64. Farsi | 97. Zapotec |
| 32. Greek | 65. Polish | 98. Zulu |
| 33. Guarani | 66. Portuguese | 99. Arabic (Levantine) |

100. Arabic (Modern Standard)	107. Dari	116. Uyghur
101. Arabic (Moroccan)	108. Ilokano	117. Yucatec Maya
102. Indonesian (Not Specified)	109. Inuit	118. Arabic (Not Specified)
103. Bahasa Melayu	110. Kurdi	119. Chinese (Not Specified)
104. Balochi	111. Kyrgyz	120. Creole (Not Specified)
105. Berber	112. Lakota	121. Malay
106. Cantonese	113. Ojibwa	
	114. Quechua	
	115. Quiche	

17.10 PROFICIENCIES

1. Poor
2. Fair
3. Good
4. Excellent

17.11 CLINICAL TITLES

1. Intern
2. Fellow
3. Resident
4. Chief Resident

17.12 SPECIALTIES

- | | |
|--|---|
| 1. Aerospace medicine | 17. Pediatric emergency medicine |
| 2. Medical toxicology | 18. Sports medicine |
| 3. Undersea and hyperbaric medicine | 19. Undersea and hyperbaric medicine |
| 4. Allergy and immunology | 20. Family medicine |
| 5. Clinical and laboratory immunology | 21. Geriatric medicine |
| 6. Anesthesiology | 22. Sports medicine |
| 7. Adult Cardiothoracic Anesthesiology | 23. Internal medicine |
| 8. Critical care medicine | 24. Cardiovascular disease |
| 9. Pain medicine | 25. Clinical cardiac electrophysiology |
| 10. Pediatric anesthesiology | 26. Critical care medicine |
| 11. Colon and rectal surgery | 27. Endocrinology, diabetes, and metabolism |
| 12. Dermatology | 28. Gastroenterology |
| 13. Dermatopathology | 29. Geriatric medicine |
| 14. Procedural dermatology | 30. Hematology |
| 15. Emergency medicine | 31. Hematology and oncology |
| 16. Medical toxicology | |

32. Infectious disease
33. Interventional cardiology
34. Nephrology
35. Oncology
36. Pulmonary disease
37. Pulmonary disease and critical care medicine
38. Rheumatology
39. Sports medicine
40. Transplant hepatology
41. Medical genetics
42. Molecular genetic pathology
43. Neurological surgery
44. Endovascular surgical neuroradiology
45. Neurology
46. Child neurology
47. Clinical neurophysiology
48. Neuromuscular medicine
49. Neurodevelopmental disabilities
50. Pain medicine
51. Vascular neurology
52. Nuclear medicine
53. Obstetrics and gynecology
54. Occupational medicine
55. Medical toxicology
56. Undersea and hyperbaric medicine
57. Ophthalmology
58. Orthopaedic surgery
59. Adult reconstructive orthopaedics
60. Foot and ankle orthopaedics
61. Hand surgery
62. Musculoskeletal oncology
63. Orthopaedic sports medicine
64. Orthopaedic surgery of the spine
65. Orthopaedic trauma
66. Pediatric orthopaedics
67. Otolaryngology
68. Neurotology
69. Pediatric otolaryngology
70. Pain medicine
71. Palliative and hospice care
72. Pathology-anatomic and clinical
73. Blood banking/transfusion medicine
74. Chemical pathology
75. Cytopathology
76. Forensic pathology
77. Hematology
78. Medical microbiology
79. Neuropathology
80. Pediatric pathology
81. Selective pathology
82. Pediatrics
83. Adolescent medicine
84. Neonatal-perinatal medicine
85. Pediatric cardiology
86. Pediatric critical care medicine
87. Pediatric emergency medicine
88. Pediatric endocrinology
89. Pediatric gastroenterology
90. Pediatric hematology/oncology
91. Pediatric infectious diseases
92. Pediatric nephrology
93. Pediatric pulmonology
94. Pediatric rheumatology
95. Pediatric sports medicine
96. Developmental-behavioral pediatrics
97. Physical medicine and rehabilitation
98. Pain medicine
99. Pediatric rehabilitation
100. Spinal cord injury medicine
101. Plastic surgery
102. Craniofacial surgery
103. Hand surgery
104. Preventive medicine (CDC PMR/F ONLY)
105. Preventive medicine (General/PH)
106. Medical toxicology
107. Undersea and hyperbaric medicine
108. Psychiatry
109. Addiction psychiatry
110. Child and adolescent psychiatry
111. Forensic psychiatry
112. Geriatric psychiatry
113. Pain medicine
114. Psychosomatic medicine
115. Radiation oncology
116. Radiology, diagnostic
117. Abdominal radiology
118. Cardiothoracic radiology
119. Endovascular surgical neuroradiology
120. Musculoskeletal radiology
121. Neuroradiology
122. Nuclear radiology
123. Pediatric radiology

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|--|------------------------------------|
| 124. Vascular and interventional radiology | 131. Vascular surgery — Integrated |
| 125. Sleep medicine | 132. Thoracic surgery |
| 126. Surgery | 133. Congenital Cardiac Surgery |
| 127. Hand surgery | 134. Urology |
| 128. Pediatric surgery | 135. Pediatric urology |
| 129. Surgical critical care | 136. Transitional year |
| 130. Vascular surgery | 137. Internal Medicine/Pediatrics |

17.13 BOARD STATUSES

1. Certified
2. Eligible

17.14 PROGRAM NAMES

1. American Society for Microbiology Fellowship
2. Association of Schools of Public Health Fellowship/Internship (ASPH)
3. Association for Prevention Teaching and Research (APTR) Fellowship (formerly Association for Teachers of Preventive Medicine)
4. Association of Public Health Labs Environmental Laboratory Fellowship (APHL)
5. The CDC Experience Applied Epidemiology Fellowship
6. CSTE/CDC Applied Epidemiology Fellowship
7. Emerging Infectious Disease Laboratory Program (EID)
8. Emerging Leaders Program (ELP)
9. Epidemiology Elective for Medical/Veterinary Students
10. James A. Ferguson Emerging Infectious Diseases Summer Research Fellowship Program
11. Fogarty/Ellison Overseas Fellowship in Global Health and Clinical Research Training
12. Hispanic-Serving Health Professions Fellowship (HSPHS)
13. Hubert Fellowship in International Health
14. Presidential Management Fellowship (PMF)
15. Prevention Effectiveness Fellowship Program (PEFP)
16. Preventive Medicine Residency (non-CDC)
17. Preventive Medicine Residency/Fellowship (PMR/F-CDC)
18. Project IMHOTEP Summer Research Intern Program
19. Public Health Informatics Fellowship Program (PHIFP)
20. Public Health Prevention Service (PHPS)
21. Public Health Sciences Institute Internship
22. Public Health Summer Fellowship Program

17.15 RESEARCH ROLES

1. Principal Investigator
2. Co-Investigator
3. Investigator
4. Evaluator

17.16 RESEARCH GRANT AMOUNTS

1. \$0 to \$5,000
2. \$5,001 to \$10,000
3. \$10,001 to \$50,000
4. \$50,001 to \$100,000
5. \$100,001 to \$500,000
6. \$500,001 to \$1,000,000
7. \$1,000,001 or more

17.17 HONOR TYPES

1. Civil
2. Military
3. Uniformed Services

17.18 HEAR ABOUT US OPTIONS

1. Administrator, career advisor, or professor at school
2. Information session, career fair, or conference exhibit
3. Website
4. LISTSERV
5. MMWR
6. alumni
7. Announcement in newsletter or other publication
8. Friend or colleague (not alumni)
9. Recruiting presentation
10. National meeting
11. Professor
12. Peer (friend, fellow, student, or co-worker)
13. Supervisor at work
14. CDC employee
15. State/local health department employee

16. Current or former prevention specialist/PHPS member
17. Other

17.19 AREAS OF INTERESTS

1. Birth defects and developmental disabilities
2. Chronic disease (e.g., maternal/child health, stroke, heart disease, nutrition, obesity)
3. Environmental health
4. Genomics
5. Health statistics
6. HIV, Hepatitis, STDs, TB
7. Immunizations
8. Infectious diseases
9. Injuries
10. Occupational health
11. Infectious diseases (e.g., HIV, hepatitis, STDs, TB, etc.)
12. Preparedness and emergency response
13. Health policy and diplomacy
14. Injury prevention and control
15. International health
16. Occupational safety and health
17. Maternal and child health
18. Health disparities and vulnerable populations
19. Global Health
20. General/consulting
21. General - public health practice

17.20 INFORMATION SCIENCE SKILLS

1. Decision support systems
2. Knowledge management
3. Information retrieval techniques
4. Information technology standards (e.g., XML, ISO 9001, TCP/IP)

17.21 COMPUTER SCIENCE SKILLS

1. Programming and scripting languages (e.g., Java, Visual Basic, C++, Python, PHP, PERL)
2. Database modeling and design
3. Distributed computing (e.g., clusters, grid computing, architectures)

17.22 INFORMATION SYSTEM SKILLS

1. Information system project planning
2. Information system evaluation
3. Results dissemination and promotion

17.23 PROJECT MANAGEMENT SKILLS

1. Leadership experience (e.g., change management, manage a diverse team)
2. Project management techniques (e.g., plan and deploy multiple-stage projects, agile development methods)

17.24 PUBLIC HEALTH AND HEALTH CARE SKILLS

1. Public health knowledge applied to information systems
2. Coding standards applied to information systems (e.g., HL7, LOINC, ICD9, SNOMED)

17.25 INFORMATION TECHNOLOGY SKILLS

1. Systems development life cycle
2. Specialized software (e.g., Dreamweaver, Protégé, Flash, Arcview, SAS)
3. Specialized hardware applications (e.g., personal digital assistants, cellular phones)

17.26 SKILL LEVEL

1. Select
2. None
3. Basic
4. Intermediate
5. Advanced

17.27 COMPUTER SKILLS

1. Word Processing (e.g., MS® Word®, WordPerfect®, Word Pro®)
2. Presentation Software (e.g., MS® PowerPoint®, Apple® Keynote®)
3. Spreadsheets (e.g., MS® Excel®, Quattro®)
4. Statistical Software (e.g., SAS®, STATA®, SPSS®, Epi-Info™)
5. Databases (e.g., MS® Access®, FileMaker Pro®, Paradox®)
6. Web Development (e.g., Dreamweaver®, Adobe® Flash®, DHTML, CSS)

17.28 TRANSCRIPT ANALYSIS TYPES

1. Management, administration, policy
2. Health education and promotion
3. Biological, physical, environmental sciences
4. Behavioral, social sciences
5. Statistical sciences, epidemiology

17.29 PROJECTS

1. Evaluation of Lymphatic Filariasis Transmission
2. Molecular Epidemiological Studies on Food and Waterborne Parasites
3. Population-based Surveillance Program
4. Surveillance of Acute Encephalitis Syndrome, Bangladesh
5. Surveillance of Acute Meningitis Encephalitis Syndrome, Bellary
6. Surveillance Systems for Rift Valley Fever in Egypt
7. Ecological Investigation of Ugandan Orthopoxviruses
8. Sentinel Surveillance for Avian Influenza Preparedness
9. Population-based Surveillance for Emerging Infectious Diseases, Kibera Informal Housing Settlement
10. Population-based Surveillance for Emerging Infectious Diseases, Lwak
11. Causes of Community-Acquired Pneumonia in Rural Thailand
12. Global Rabies Surveillance, Prevention, and Control
13. Sentinel Surveillance for Avian Influenza Preparedness

17.30 STATISTICAL SOFTWARE SKILLS

1. SAS®
2. STATA®
3. SPSS®
4. Epi-Info™

17.31 SUBJECT AREAS

1. I have no preference. I will work in any subject area.
2. I want to be assigned to a specific supervisor in a subject area.
3. I want to select specific subject areas.

17.32 PROJECTS LIST

1. Agency for Toxic Substances and Disease Registry (NCEH-ATSDR)
2. Arctic Investigations Program (part of NCPDCID)
3. Division of Vector-Borne Infectious Diseases (part of NCZVED)
4. Indian Health Service (IHS)
5. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
6. National Center for Health Statistics (NCHS)
7. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
8. National Center for Immunization and Respiratory Diseases (NCIRD)
9. National Center for Injury Prevention and Control (NCIPC)
10. National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID)
11. National Center for Zoonotic, Vector-Borne, and Enteric Diseases (NCZVED)
12. National Center on Birth Defects and Developmental Disabilities (NCBDDD)
13. National Institute for Occupational Safety and Health (NIOSH)
14. Office of Genomics and Disease Prevention (OGDP)

17.33 RESEARCH ROLES

1. Primary Investigator
2. Secondary Investigator
3. SME
4. Research Assistant
5. Other

17.34 RESEARCH ROLES

1. @RISK®
2. GAUSS®
3. LINDO®
4. MINITAB®
5. SASS®
6. STATA®
7. TREEAGE®
8. Crystal Ball®
9. LIMDEP®
10. MATLAB®
11. MS® Access®
12. SPSS®
13. SUDAAN®
14. Visual Basic®
15. Other

17.35 PMRF PROGRAMS

1. Preventive Medicine Fellowship
2. Preventive Medicine Residency

17.36 COURSE STATUS VALUES

1. Current
2. Completed

17.37 CORPS RANKS

1. O-3 LT
2. O-4 LCDR
3. O-5 CDR
4. O-6 CAPT

17.38 WORK EXPERIENCE TYPES

1. National or federal level or CDC headquarters
2. State or local health department
3. Both State or local health department and National or federal level or CDC headquarters
4. Other

17.39 CIO

1. Coordinating Office for Global Health
2. Coordinating Office for Terrorism Preparedness and Emergency Response
3. National Center for Environmental Health/ Agency for Toxic Substances and Disease Registry
4. National Center for Injury Prevention and Control
5. National Center for Health Marketing
6. National Center for Health Statistics
7. National Center for Public Health Informatics
8. National Center on Birth Defects and Developmental Disabilities
9. National Center for Chronic Disease Prevention and Health Promotion
10. Agency for Toxic Substances and Disease Registry
11. Office of Genomics and Disease Prevention
12. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
13. National Center for Immunization and Respiratory Diseases

14. National Center for Preparedness, Detection, and Control of Infectious Diseases
15. National Center for Zoonotic, Vector-Borne, and Enteric Diseases
16. National Institute for Occupational Safety and Health
17. OD/ Immunization Safety Office
18. OD/ Office of Workforce and Career Development
19. EIS Field Assignments Branch
20. Office of the Chief Science Officer
21. National Office of Public Health Genomics
22. Office of the Chief Information Security Officer
23. Office of Strategy and Innovation
24. OD/ Office of Workforce and Career Development
25. Office of Chief of Public Health Practice
26. Office of Health and Safety
27. National Center for Emerging and Zoonotic Infectious Diseases
28. Center for Global Health