

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

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Exp. Date 3/21/2014

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:
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 E-mail

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

* Password:
* New e-mail:
* Verify new e-mail:

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: to:

* 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

9.3 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) |

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|---------------------------------|--------------|------------------------------|
| 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