

## Attachment 6 — Requested Changes

Fellowship Management System (FMS)

OMB Control No. 0920-0765

Module/Section/Page	Current Item	Requested Change
<b>FMS Application Module</b>		
<b>FMS Application</b> Contact Information Attachment 3 Page 16	None	<b>New Health Insurance Status Section</b> <u>New Question</u> <ul style="list-style-type: none"> <li>• “Will you be covered by health insurance during the fellowship?” for Hubert and Epi-Elective</li> </ul>
<b>FMS Application</b> Education/Transcript Attachment 3 Page 17	None	<u>New Feature</u> <ul style="list-style-type: none"> <li>• Upload feature for Transcript</li> </ul>
<b>FMS Application</b> Program Eligibility Attachment 3 Page 18	None for EIS	<u>New Program Eligibility Questions for EIS:</u> <ol style="list-style-type: none"> <li>1. Are you a physician (MD, DO, etc.) with at least one year of clinical training?</li> <li>2. Are you a veterinarian (DVM, VMD, etc)?               <ol style="list-style-type: none"> <li>2a. Have you earned an MPH (or equivalent degree)?</li> <li>2b. Are you currently enrolled in an MPH program?</li> <li>2c. Do you have public health experience equivalent to an MPH degree?</li> </ol> </li> <li>3. Are you a doctoral-level scientist (PhD)?</li> <li>4. Are you a healthcare professional (DDS, BSN, MSN, PA, PharmD, etc.)?               <ol style="list-style-type: none"> <li>4a. Have you earned an MPH (or equivalent degree)?</li> <li>4b. Are you currently enrolled in an MPH program?</li> <li>4c. Do you have public health experience equivalent to an MPH degree?</li> </ol> </li> <li>5. Are you a U.S. Citizen or legal permanent residents?               <ol style="list-style-type: none"> <li>5a. What is your country of citizenship?</li> <li>5b. Are you eligible for a J-1 visa?</li> </ol> </li> </ol>
<b>FMS Application</b> Education/License Attachment 3 Page 24	None	<u>New Feature</u> <ul style="list-style-type: none"> <li>• License Upload feature</li> </ul>

Module/Section/Page	Current Item	Requested Change
<b>FMS Application</b> Applicant Survey/Other Fellowships Attachment 3 Page 40	None	<u>New Additional Questions</u> <ul style="list-style-type: none"> <li>Did you participate in CDC-Hubert Global Health Fellowship (previously known as the O.C. Hubert Fellowship in International Health)?*</li> <li>Indicate Year*</li> </ul>
<b>FMS Application</b> Applicant Survey/Regional Preferences Attachment 3 Page 46	None	<u>New Question</u> <ul style="list-style-type: none"> <li>Please check all regions where you are willing to relocate for this program. You must select at least 3 regions in order to be considered for this program. Please note that PHAP does not pay for relocation expenses.* (Answer choices are the HHS regions with a listing of states in each that region).</li> </ul>
<b>FMS Application</b> Recommendations Attachment 3 Page 47	None	<u>New Feature</u> <ul style="list-style-type: none"> <li>Upload feature for recommendation letters</li> </ul>
<b>FMS Application</b> Special Requirements Attachment 3 Page 48	None	<u>New Section and Questions</u> Special Requirements Section <ol style="list-style-type: none"> <li>Do you have a valid driver's license?*</li> <li>Do you have a personally owned vehicle?*</li> <li>Are you willing to take public transportation if selected?*</li> </ol>
<b>FMS Host Site Module</b>		
<b>FMS Host Site</b> Public Health Agency Details Attachment 5 Page 20	Agency Collaborations Sub-section: Summarize key collaborations with other organizations, including university affiliations	<u>Revised Question/Section</u> Partnership Sub-section: <ul style="list-style-type: none"> <li>Provide no more than three partnerships in the community that can provide learning opportunities for the fellow. Provide a description of each. Specify if related to any of the projects (750 word limit).</li> </ul>
<b>FMS Host Site</b> Public Health Agency Details	Agency Support: Describe the workplace support (e.g., office setting, equipment, computer, clerical, administrative, and peer support)	Remove

<b>Module/Section/Page</b>	<b>Current Item</b>	<b>Requested Change</b>
<b>FMS Host Site</b> Public Health Agency Details	Agency Capacity: Describe the capacity, internal resources, and collaborative partnerships that will support the fellow	Remove
<b>FMS Host Site</b> Assignment Details Attachment 5 Page 26	None	<u>New Additional Question</u> • Activity Type*
<b>FMS Host Site</b> Assignment Details Attachment 5 Page 27	None	<u>New Additional Question</u> • List any timelines and deliverables associated with this activity (100 Word Limit)
<b>FMS Host Site</b> Special Requirements Attachment 5 Page 32	None	<u>New Additional Questions</u> • College Education Degree and Specialty* • Valid Driver's License* • Personally owned vehicle* • Is public transportation available?* • Language Skills* • Language Read Level* • Language Write Level* • Language Speak Level*
<b>FMS Host Site</b> Supervisor Information Attachment 5 Page 35	None	<u>New Additional Questions</u> • Is this the secondary supervisor?* • Is the primary supervisor a full time employee?* • Degree* • Is the primary supervisor an EIS alumnus?* • Has the primary supervisor ever supervised an EIS officer?* • Other fellows supervised (PHAP, PHPS, PMR, CDC experience) (250 word limit)