## Attachment 6 — Requested Changes

Fellowship Management System (FMS)

OMB Control No. 0920-0765

| **Module/Section/Page** | **Current Item** | **Requested Change** |
| --- | --- | --- |
| **FMS Application Module** | | |
| **FMS Application**  Contact Information  Attachment 3 Page 16 | None | New Health Insurance Status Section  New Question   * “Will you be covered by health insurance during the fellowship?” for Hubert and Epi-Elective |
| **FMS Application**  Education/Transcript  Attachment 3 Page 17 | None | New Feature   * Upload feature for Transcript |
| **FMS Application**  Program Eligibility  Attachment 3 Page 18 | None for EIS | New Program Eligibility Questions for EIS:  1. Are you a physician (MD, DO, etc.) with at least one year of clinical training?  2. Are you a veterinarian (DVM, VMD, etc)?  2a. Have you earned an MPH (or equivalent degree)?  2b. Are you currently enrolled in an MPH program?  2c. Do you have public health experience equivalent to an MPH degree?  3. Are you a doctoral-level scientist (PhD)?  4. Are you a healthcare professional (DDS, BSN, MSN, PA, PharmD, etc.)?  4a. Have you earned an MPH (or equivalent degree)?  4b. Are you currently enrolled in an MPH program?  4c. Do you have public health experience equivalent to an MPH degree?  5. Are you a U.S. Citizen or legal permanent residents?  5a. What is your country of citizenship?  5b. Are you eligible for a J-1 visa? |
| **FMS Application**  Education/License  Attachment 3 Page 24 | None | New Feature   * License Upload feature |
| **FMS Application**  Applicant Survey/Other Fellowships  Attachment 3 Page 40 | None | New Additional Questions   * Did you participate in CDC-Hubert Global Health Fellowship (previously known as the O.C. Hubert Fellowship in International Health)?\* * Indicate Year\* |
| **FMS Application**  Applicant Survey/Regional Preferences  Attachment 3 Page 46 | None | New Question   * 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). |
| **FMS Application**  Recommendations  Attachment 3 Page 47 | None | New Feature   * Upload feature for recommendation letters |
| **FMS Application**  Special Requirements  Attachment 3 Page 48 | None | New Section and Questions  Special Requirements Section   1. Do you have a valid driver’s license?\* 2. Do you have a personally owned vehicle?\* 3. Are you willing to take public transportation if selected?\* |
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| **FMS Host Site Module** | | |
| **FMS Host Site**  Public Health Agency Details  Attachment 5 Page 20 | Agency Collaborations Sub-section:  Summarize key collaborations with other organizations, including university affiliations | Revised Question/Section  Partnership Sub-section:   * 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). |
| **FMS Host Site**  Public Health Agency Details | Agency Support: Describe the workplace support (e.g., office setting, equipment, computer, clerical, administrative, and peer support) | Remove |
| **FMS Host Site**  Public Health Agency Details | Agency Capacity:  Describe the capacity, internal resources, and collaborative partnerships that will support the fellow | Remove |
| **FMS Host Site**  Assignment Details  Attachment 5 Page 26 | None | New Additional Question   * Activity Type\* |
| **FMS Host Site**  Assignment Details  Attachment 5 Page 27 | None | New Additional Question   * List any timelines and deliverables associated with this activity (100 Word Limit) |
| **FMS Host Site**  Special Requirements  Attachment 5 Page 32 | None | New Additional Questions   * 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\* |
| **FMS Host Site**  Supervisor Information  Attachment 5 Page 35 | None | New Additional Questions   * 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) |