#### OMB CONTROL NUMBER 0920-0765 FELLOWSHIP MANAGEMENT SYSTEM NON-SUBSTANTIVE CHANGE REQUEST

PROPOSED CHANGES TO THE CDC PUBLIC HEALTH ASSOCIATE PROGRAM (PHAP)
FMS APPLICATON MODULE
DATE SUBMITTED: SEPTEMBER 4, 2015

# PHAP Application Module

Screen shots of modified questions

#### **Table of Contents**

## 1 Table of Contents

1	Application Status Page	3
	Education Page	
	2.1 Add College Education	4
	Language Skills Section	
•	zui Buaße ettile ettile in	
4	Special Requirements	5
5	Personal Statement	€
_		
7	Program Awareness Survey	7

#### 2 Application Status Page

#### **Application Status**

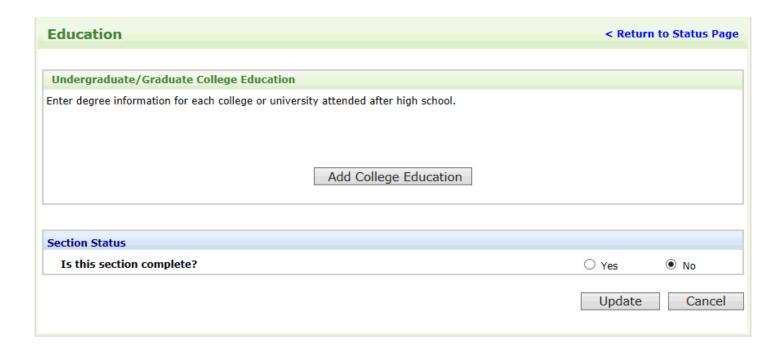
Instructions: You are required to complete all sections of the online PHAP application. Once your application has been submitted, you will only be able to change your contact information. You will not be able to make any other changes. You can view the status of your application "View" next to "Track Your Application."

Status	Section	Last Accessed
Begin	Contact Information	
Begin	Education	
Begin	Language Skills	
Begin	Special Requirements	
Begin	Personal Statement	
Begin	Program Awareness Survey	
View	Track Your Application	
Print	Print Application (for your records)	

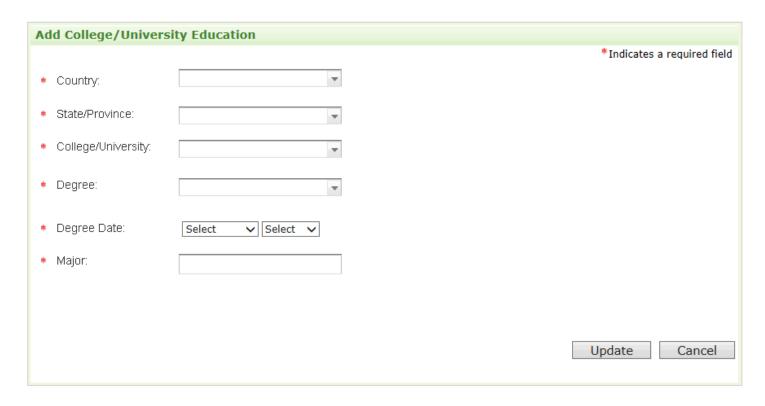
Withdraw Application

Submit Application

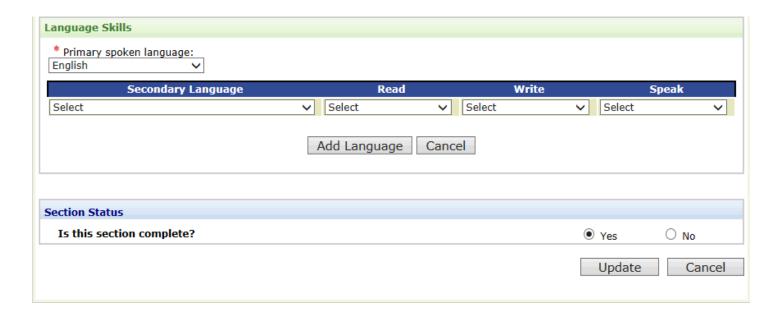
## 3 Education Page



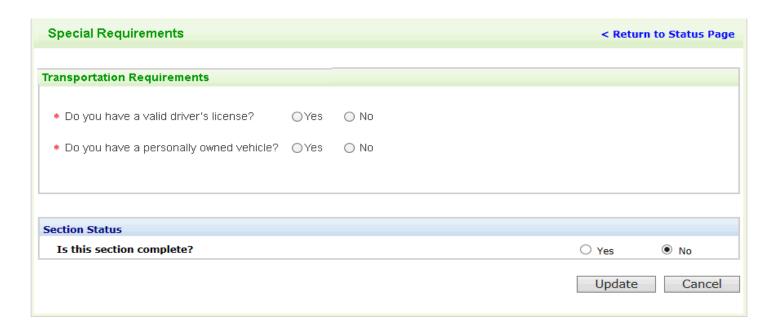
#### 3.1 Add College Education



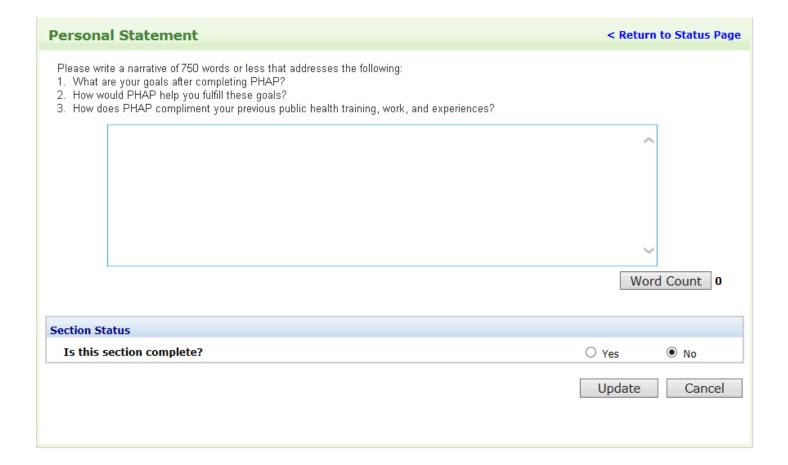
## 4 Language Skills Section

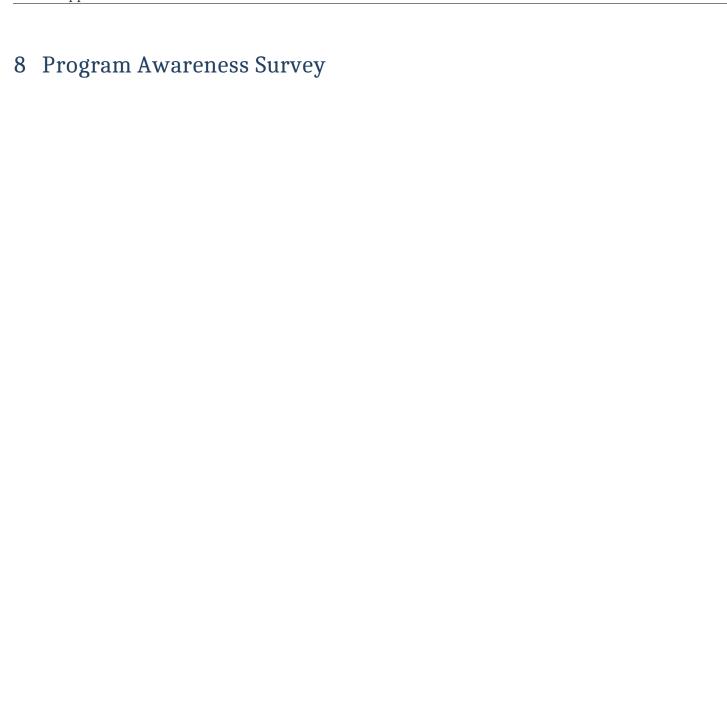


## 5 Special Requirements



#### 6 Personal Statement





PHAP Application Module		
1)		

Progra	am Aware	eness	Survey	< Return to Status Page
			Previous PHAP Applications   How Did You Hear About PHA Which one or two methods were most influential in your decision Regions where you are willing to relocate	
Previous	s PHAP Appl	ications		
			ication to PHAP before?	● Yes ○ No
	te years appl		multiple years with a comma.	2011
* How	did you hea	r about	PHAP? Select all that apply.	
	IAP website			
LIS	STSERV	,		
	rrent PHAP fe			
	her fellowship Iministrator, c		r alumni visor, or professor at school	
☐ Su	pervisor at wo			
☐ Sta	ate/local healt	h depart	ment employee	
	er, friend, stu PHAP recruitin		colleague (not fellowship alumni) tation	
	tional meeting		hool, career fair, or conference exhibit	
	nouncement i her	n newsle	tter or other publication	
* Whic	h one or two	metho	ds were most influential in your decision to apply?	
			est and/or second most influential to your decision to apply.	
First m	nost influentia	l is requi	red.	
	website			
LISTS				
Currer	ર nt PHAP fellow	or alum	ni	
	fellowship fell		umni	
Super	visor at work			
State/	mployee local health d			
	friend, studen P recruiting p		eague (not fellowship alumni)	
	nal meeting nation session	at schoo	ol, career fair, or conference exhibit	
			or other publication	
Other				
*Regio	ns where you	are willin	g to relocate	
	Candidates have an opportunity to give their regional preferences, but ultimately their work locations are determined by CDC, based on the needs of the program. Please select 3 regions that you are interested in and number them in order of preference. (1 = highest preference)			
1st Choice	2nd Choice	3rd Choic	e	
			Region 1: Connecticut, Maine, Massachusetts, New Hampshire, F	Rhode Island, and Vermont
			Region 2: New Jersey, New York, Puerto Rico, and the Virgin Islan	nds
			Region 3: Delaware, District of Columbia, Maryland, Pennsylvania	a, Virginia, and West Virginia
			Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North	Carolina, South Carolina, and Tennessee
			Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisco	nsin
			Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Tex	as
			Region 7: lowa, Kansas, Missouri, and Nebraska	
			Region 8: Colorado, Montana, North Dakota, South Dakota, Utah	, and Wyoming
			Region 9: Arizona, California, Hawaii, Nevada, Guam	
			Region 10: Alaska, Idaho, Oregon, and Washington	
	lo Regional Pr	eference		
Section :	Status s section con	nplete?		○ Yes ● No
				Update Cancel

12.4-c Add functionality so the candidates can select 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> regional preferences. Also include an option for no regional preference (however the candidate must still select 1-3 preferences)

*Regions where you are willing to relocate				
Candidates have an opportunity to give their regional preferences, but ultimately their work locations are determined by CDC, based on the needs of the program. Please select 3 regions that you are interested in and number them in order of preference. (1 = highest preference)				
1st Choice	2nd Choice	3rd Choic	e	
			Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont	
			Region 2: New Jersey, New York, Puerto Rico, and the Virgin Islands	
			Region 3: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia	
			Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee	
			Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin	
			Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas	
			Region 7: Iowa, Kansas, Missouri, and Nebraska	
			Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming	
			Region 9: Arizona, California, Hawaii, Nevada, Guam	
			Region 10: Alaska, Idaho, Oregon, and Washington	
☐ No	□ No Regional Preference			