

## Attachment 2: CDC Fellowship Applicant Customer Satisfaction Survey Screen Shots

### CDC Fellowship Applicant Customer Satisfaction Survey

Form Approved  
OMB No. 0920-0974  
Expiration Date: 10/31/2019

According to our records, you recently started an application for the Epidemic Intelligence Service (EIS) or Laboratory Leadership Service (LLS), but you did not submit an application by the deadline. We value your feedback and would like to understand why you did not submit your started application.

You may take this survey anonymously. Information will be treated in a secure manner. Completing this survey in no way will affect your application standing for future Centers for Disease Control and Prevention (CDC) fellowship applications or employment.

This survey will take less than **5 minutes** to complete. By continuing to the next page, you have consented to complete this survey.

Please contact [eis@cdc.gov](mailto:eis@cdc.gov) or [lls@cdc.gov](mailto:lls@cdc.gov) if you have any questions or problems concerning this survey.

The public reporting burden of this collection of information is estimated to average 5 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 (0920-0974).

Next

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\* 1. For which of the following CDC fellowships did you start an application this year?

- Epidemic Intelligence Service (EIS)
- Laboratory Leadership Service (LLS)
- Both EIS and LLS
- Neither

Prev

Next

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2. Which of the following best describes why you did not submit your fellowship application? Select all that apply.

- I do not meet the eligibility requirements
- The application period was too short
- The application period was too early in the calendar year
- I was not able to request and receive letters of recommendation before the deadline
- I was not able to request and submit unofficial transcripts before the deadline
- The online application was difficult to navigate and/or submit materials
- I have decided to pursue other opportunities in public health
- I have decided to pursue other non-public health opportunities
- Other (please describe)

3. Is there anything you would like us to know about the application process?

\* 4. Which of the following best describes your professional category?

- Physician (e.g., MD, DO, MBBS)
- Veterinarian (e.g., DVM, VMD)
- Nurse (e.g., BSN, MSN)
- Allied healthcare professional (e.g., DDS, DMD, PA, PharmD)
- Doctoral-level scientist (e.g., PhD, DrPH, SoD)
- Other (please describe)

\* 5. Are you currently a US citizen or US Permanent Resident?

- Yes
- No

\* 6. Are you planning to apply for EIS or LLS in the future? (Select all that apply)

Yes, I will apply for EIS

Yes, I will apply for LLS

No (describe why not)

Prev Done