

SUPPORTING STATEMENT A

Fellowship Management System (FMS)

OMB Control No. 0920-0765

Submitted April 3, 2015

Project Officer:

Linda Vo-Green, MPH, CHES

Health Scientist

Division of Scientific Education and Professional Development (DSEPD)

Center for Surveillance, Epidemiology and Laboratory Services (CSELS)

Office of Public Health Scientific Services (OPHSS)

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road Northeast, Mailstop E-92

Atlanta, GA 30333

Phone: 404-498-0057

Fax: 404-498-6535

Email: wuw9@cdc.gov

Table of Contents

A. Justifications.....	1
1. Circumstances Making the Collection of Information Necessary.....	1
1.1 Privacy Impact Assessment.....	4
2. Purpose and Use of Information Collection.....	5
2.1 Privacy Impact Assessment Information.....	7
3. Use of Improved Information Technology and Burden Reduction.....	8
4. Efforts to Identify Duplication and Use of Similar Information.....	8
5. Impact on Small Businesses or Other Small Entities.....	8
6. Consequences of Collecting the Information Less Frequently.....	9
7. Special Circumstances Relating to the Guidelines of CFR 1320.5.....	9
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.....	9
9. Explanation of any Payments or Gifts to Respondents.....	10
10. Assurance of Confidentiality Provided to Respondents.....	10
10.1 Privacy Impact Assessment Information.....	11
11. Justification for Sensitive Questions.....	12
12. Estimates of Annualized Burden Hours and Costs.....	12
13. Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers.....	15
14. Annualized Cost to the Government.....	16
15. Explanation for Program Changes or Adjustments.....	17
16. Plans for Tabulation and Publication and Project Time Schedule.....	18
17. Reasons Display of OMB Expiration Date is Inappropriate.....	19
18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	19

List of Attachments

- Attachment 1 – Authorizing Legislation
- Attachment 2 – Published 60-Day Federal Register Notice (FRN)
- Attachment 3 – FMS Application Module
- Attachment 4 – FMS Alumni Directory
- Attachment 5 – FMS Host Site Module
- Attachment 6 – Requested Changes
- Attachment 7 – Public Comment and Response to 60-Day FRN

A. JUSTIFICATIONS

1. Circumstances Making the Collection of Information Necessary

Background

This Information Collection Request (ICR) for Office of Management and Budget (OMB) Control Number 0920-0765, which expires on February 28, 2015, is a request for revision. The web-based Fellowship Management System (FMS) collects information electronically, from nonfederal candidates applying to, public health agencies wishing to host fellows, and alumni of the fellowship programs at the Centers for Disease Control and Prevention (CDC). These CDC fellowship programs reside in the Division of Scientific Education and Professional Development (DSEPD) at the Center for Surveillance, Epidemiology and Laboratory Services (CSELS) of the Office of Public Health Scientific Services (OPHSS) and in the Office for State, Tribal, Local and Territorial Support (OSTLTS).

This ICR is a request for a three-year approval for revisions to the FMS data collections. The currently approved information collection comprises data collected electronically, from nonfederal persons applying to and graduates of the fellowship programs and from employees of public health agencies interested in hosting a fellow. FMS allows applicants to apply to fellowships, alumni to update their professional information after graduation, and employees of public health agencies to submit assignment proposals to host fellows electronically. FMS tracks fellowship applicants, alumni, and host sites in one integrated database. The currently approved FMS data collection instruments are the FMS Application Module, FMS Alumni Directory, and FMS Host Site Module.

The fellowships collecting information through the approved data collection instruments have slight variations in specific data elements based on the needs of the fellowships. The data elements for the FMS Application Module (Attachment 3) and FMS Alumni Directory (Attachment 4) are documented using the screenshots of the DSEPD Epidemic Intelligence Service (EIS) program as the basis. The data elements for the FMS Host Site Module (Attachment 5) are documented using screenshots of the OSTLTS Public Health Associate Program (PHAP) as the basis. Dedicated tables in those documents indicate the use of those and additional data elements by other specified fellowship programs.

This proposed ICR allows CDC to continue its use of standardized electronic tools for streamlined collection and processing of fellowship applications and assignment proposals, as well as collection of alumni information. CDC will use collected information to document the impact of the fellowships on the career paths of participants, and thus, on the science and practice of public health. FMS has reduced the burden of manual, paper-based processes and improved the convenience and efficiency of submission by applicants, alumni, and health departments, who could use the same login and password, after the initial submission, to access, copy, revise and update their information for submissions to additional fellowships or in subsequent years. In addition, the FMS streamlined fellowship processes by standardizing

submissions and allowing electronic reviewing and processing of application and host site assignment proposals. The FMS has enhanced the data collection of such information by improving the accuracy, readability, timeliness, completeness, and consistency of information submitted in a streamlined, standardized format across all fellowships. Moreover, FMS has helped strengthen the public health pipeline, and built and sustained a public health workforce by enhancing the fellowship placement process to provide better matches and offer improved services to public health professionals and agencies.

FMS was established to support making revisions to questions and instructions to accurately reflect evolving fellowship eligibility requirements, provide clarification of existing questions, and accommodate changing needs of the fellowship programs. The requested revisions to the current FMS in this ICR include features added that support the electronic submission (via file upload features) of transcripts and letters of recommendation in lieu of postal delivery; selected questions refined and new questions added to align with current fellowship eligibility criteria and requirements; and wordings of questions and instructions clarified in response to user feedback from current fellows, host sites, and alumni (See Attachment 6 for a list of requested new questions and features).

This ICR reflects a change in burden due to evolving fellowship requirements, increases in nonfederal respondents, and increases in information voluntarily submitted. The respondent types and burden hours for each data collection included in this ICR are specific to nonfederal applicants, alumni, and employees of public health agencies. Preventive Medicine Residency and Fellowship (PMR/F) is now limited to applicants who are federal employees, and host sites who are nonfederal public health agencies. This ICR also reflects the elimination of all data collections for two discontinued fellowships: the Public Health Prevention Service and *The CDC Experience Applied Epidemiology Fellowship* programs.

Decreased burden associated with discontinuation of information collection from these fellowships is offset by increases in the number of respondents across all data collections, and increases in information submitted voluntarily by applicants in the past year when compared to amount of information submitted in previous years. More applicants are submitting applications (1,961 applicants in 2014 instead of 1,122 applicants in 2012) via the FMS Application Module (Attachment 3). More graduates of these fellowship programs are updating their information via FMS Alumni Directory (Attachment 4) as the fellowship programs continue to grow each year (1,382 respondents in 2014 instead of 454 in 2012). More public health agencies (408 respondents in 2014 instead of 226 in 2012) are proposing to host fellows via the FMS Host Site Module (Attachment 5).

Increases in information submitted voluntarily by applicants affects the time it takes to complete the FMS Application Module. Based on feedback from current fellows, host site representatives, and alumni who have submitted information through the FMS, the estimates of time to input information into FMS are updated. The FMS Application Module (Attachment 3) reflects an average of 1 and 45/60 hours (i.e., 105 minutes) instead of the 40/60 hours (i.e., 40 minutes) in the FMS ICR request for revision approved in 2012. The time to input information into FMS for the Alumni Directory (Attachment 4) and Host Site Module (Attachment 5) remains the same at 15/60 hours (i.e., 15 minutes) and 1.5 hours (i.e., 90 minutes), respectively.

The increase in volume of applications and data verifies that continued use of FMS by CDC is necessary to streamline electronic collection and fellowship processes, such as reviewing applications, selecting candidates and host sites, and monitoring the impact on alumni and the public health workforce.

The mission of DSEPD is to improve health outcomes through a competent, sustainable, and empowered public health workforce. Professionals in public health, epidemiology, medicine, economics, information science, veterinary medicine, nursing, public policy, and other related professionals seek opportunities, through CDC fellowships, to broaden their knowledge, skills, and experience to improve the science and practice of public health.

All CDC fellowship programs place fellows in host site assignments in both federal and nonfederal public health agencies and organizations. CDC fellows are assigned to state, tribal, local, and territorial public health agencies; federal government agencies, including CDC and U.S. Department of Health and Human Services (HHS), and operational divisions, such as Centers for Medicare & Medicaid Services and Indian Health Service; and to nongovernmental organizations, including academic institutions, tribal organizations, and private public health organizations. These assignments provide opportunities for CDC fellows to build and sustain public health capacity both during and after their fellowships. Approximately 85 percent of the graduates of these CDC fellowship programs obtain jobs working in public health, and many of them remain in the same host programs that provided applied, on-the-job learning during their fellowship assignments.

In the 2007 OMB ICR, DSEPD transitioned from manual paper processes to using FMS for the fellowship applications and alumni directory. The FMS Host Site Module was added in the 2012 OMB-approved ICR to collect host site assignment proposals electronically and systematically. FMS provides an efficient and effective secure electronic mechanism for collecting and processing fellowship application data and host site assignment proposals; selecting qualified candidates and host site assignments; matching selected candidates with selected assignments; maintaining a current alumni database; generating fellowship program reports; and documenting the impact of fellowships on alumni careers and the public health workforce.

FMS optimizes CDC's ability to provide continuous fellowship service delivery that builds and sustains public health capacity, helps to save lives, and protects people from health threats. Critical components of FMS help improve the matching process of the selected fellowship assignment proposals with qualified fellowship applicants. FMS has enhanced the fellowship matching and placement process by optimizing the matching of interests and skills of qualified fellowship candidates with host site assignments, thereby strengthening the public health pipeline. The best matches between fellows and assignments typically lead to long-term employment and sustained public health capacity of state, tribal, local, and territorial public health agencies and public health organizations. Through the FMS Alumni Directory, CDC is able to track both short and long-term post-fellowship employment and professional development. Moreover, CDC is able to call upon alumni possessing mission-critical skills to respond to a national public health emergency or an urgent public health need. Data collections of fellowship applications, host site assignment proposals, and alumni information align with

HHS's strategic goal to strengthen nation's health and human services infrastructure and workforce (HHS Strategic Plan, Foster a 21st Century Health Workforce).

This data collection is authorized by the Public Health Service Act §301, Title 42 U.S.C. §241(a): Research and Investigations Generally (Attachment 1, Authorizing Legislation).

1.1 Privacy Impact Assessment

An overview of the FMS data collection system, a listing of the items of information collected, and an indication of associated websites are provided below.

Overview of the Data Collection System

FMS provides an efficient and effective secure electronic mechanism for collecting and processing fellowship application data (Attachment 3, FMS Application Module) and host site assignment proposals (Attachment 5, FMS Host Site Module); selecting qualified candidates and host site assignments; matching selected candidates with selected assignments; maintaining a current alumni database (Attachment 4, FMS Alumni Directory). These data also are used for generating fellowship program reports and documenting the impact of fellowships on alumni careers and the public health workforce.

The first time that an applicant submits an application to the fellowship or a designated employee of a public health agency submits an assignment proposal electronically, via FMS, the applicant or employee will receive a secure and unique login and password and will have to enter their information only once. When additional applications from an applicant or from a public health agency are submitted to the same or other CDC fellowships in subsequent years, the applicant or the public health agency employee will use the same login and password to access application data in FMS, make copies, revise as necessary, and submit the updated versions to one or more fellowships. To support this feature, the data are stored indefinitely and maintained securely in FMS so that applicants and host site representatives could update their information when they wish to apply to other fellowships or in subsequent years. Alumni data will also be stored indefinitely through the secured FMS to track and document impact of the fellowships on alumni career; provide alumni an opportunity to network with each other; and present opportunities to alumni to respond to a national public health emergency or an urgent public health need.

The completed applications and host site assignment proposals for individual fellowships are compiled in standardized PDF reports for online review by multiple CDC reviewers in the Reviewer Module of FMS, with an option for printing. Through the FMS Administrator Module, fellowship administrators and programmatic staff are able to process applications and host site assignment proposals, compile their reviews, schedule interviews, select candidates, and match candidates to selected host site assignment. Both the fellowship staff and applicants are able to track this process and the status of the onboarding process through FMS.

FMS has streamlined timely collection of standardized applications across fellowships, resulting in reduced burden of reviewing and processing applications and proposals by CDC staff. Electronic data collection through FMS has improved the accuracy, readability, timeliness, and

completeness of the applications submitted by applicants and public health agencies. FMS has improved these CDC fellowships' services to public health professionals, agencies by enhancing the selection processes to result in the best matches possible between fellows and host sites.

Description of Information to be Collected

Information in identifiable form (IIF) collected from fellowship program applicants (Attachment 3, FMS Application Module) and fellowship alumni (Attachment 4, FMS Alumni Directory) include name, mailing address, phone numbers, e-mail address, educational records, citizenship and visa information, professional licensure, and employment status. Collected information that are not IIF include fellowship entry year, work experience, volunteer activities, research grants, presentations, publications, interests, skills, and abilities.

For the FMS Host Site Module (Attachment 5), IIF collected from employees of public health agencies who submit assignment include the name, location, type of public health agency, mailing address, phone number(s), e-mail address(es), and names, titles, of primary and secondary supervisors or mentors. Collected information that are not IIF include activities the fellows will engage in, type of support and training the fellows will receive, extent of mentorship and supervision for the fellows, and additional professional development opportunities and collaborations that may be available for the fellows.

2. Purpose and Use of Information Collection

Data collected via FMS are necessary for processing applications (Attachment 3, FMS Application), selecting qualified candidates, processing host site assignments (Attachment 5, FMS Host Site Module), selecting quality assignments, matching fellows to host site assignments, and documenting the impact of fellowships on alumni careers (Attachment 4, FMS Alumni Directory). FMS provides timely receipt and improved processing of fellowship applications and host site assignment proposals.

FMS includes technology that validates completeness of data entry. Using an electronic system for fellowship application and host site assignment proposals saves time associated with reviewing for completeness, as compared to the amount of time associated with processing a paper-based system. CDC fellowship staff use the information submitted to review and evaluate the applications and host site assignment proposals for selection of quality candidates and assignments at public health agency, and to improve the matching between fellows and host sites.

This ICR reflects a request for information collection from nonfederal professionals and public health agencies. Fellowship programs that use the FMS Application Module (Attachment 3) to collect information from nonfederal applicants include Epidemic Intelligence Service (EIS), Public Health Associate Program (PHAP), Prevention Effectiveness Fellowship (PEF), Public Health Informatics Fellowship (PHIF), and the CDC Epidemiology Elective (Epi-Elect) and CDC-Hubert Global Health Fellowship (Hubert) programs. PMR/F uses FMS to collect data only from federal applicants. Fellowship programs that use the FMS Alumni Directory (Attachment 4) to collect information from graduates and alumni include EIS and Hubert

programs. Fellowship programs that use the FMS Host Site Module (Attachment 5) to collect information from employees of public health agencies include EIS, PHAP, and PMR/F programs. PEF, PHIF, Epi-Elect, and Hubert programs use the FMS Host Site Module to collect assignment proposals only from CDC staff at headquarters or in field locations (U.S. and international). These fellowship programs collect applications (Attachment 3) and host sites assignment proposals (Attachment 5) only once every fellowship cycle all fellowships occur once during the calendar year, except for Epi-Elect, which has a fall and spring rotation cycles,.

Alumni can update their information in the FMS Alumni Directory (Attachment 4) at any time. CDC fellowships only invite alumni to submit information upon graduation and send a reminder once every three years for alumni to update their information. Information voluntarily submitted by alumni allows CDC to maintain a current, centralized electronic database that includes e-mail address and other contact information, professional responsibilities, medical certifications, qualifications, and scientific skills. Acquisition of this information is vital in the event that it becomes necessary to contact alumni possessing mission-critical skills to respond to a national public health emergency or an urgent public health need. Scientific skills and qualifications of fellowship alumni reside in one database, eliminating duplicate information. When an urgent public health need for specific skills or qualifications occurs, a search of the database generates the required information. Alumni data also are used to document the impact of the fellowships on their career paths and on the science and practice of public health. Alumni also can use the directory for maintaining professional networks for finding jobs, staffing jobs, collaborating, and interacting with other alumni. Alumni have two options for the level of information they wish to be visible to other alumni who have access to the directory. They have the options of displaying only their name and fellowship year or all of the information they entered. The default is to display only their name and fellowship year; this information is already in the public domain.

There is continued need to collect fellowship applications, alumni information, and host assignment proposals. If FMS was not available, a paper-based system for collecting these information would be required. FMS reduces the burden for applicants and host sites, and to the fellowship from creating paper-based documents for the applications and host assignment proposals. In addition, if FMS was not used for alumni information collection, a robust system would not be available for facilitating and maintaining professional networks, finding jobs, staffing jobs, collaborating and interacting with other fellowship alumni, or contacting fellowship alumni possessing mission-critical skills to respond to a national public health emergency or an urgent public health need. FMS supports information collection of fellowship applications (Attachment 3, FMS Application Module), alumni information (Attachment 4, FMS Alumni Directory), and host assignment proposals (Attachment 5, FMS Host Site Module), for CDC fellowship programs that ensure a prepared, diverse, sustainable public health workforce through experiential fellowships and high-quality training programs.

2.1 Privacy Impact Assessment

Description and Purpose of Sharing Collected Information

CDC fellowship staffs use the information voluntarily submitted by applicants (Attachment 3, FMS Application Module), public health agencies (Attachment 5, FMS Host Site Module), and alumni (Attachment 4, FMS Alumni Directory) to process applications, select qualified candidates and quality assignments, match fellows to host site assignments, and maintain a current alumni database to document the impact of the fellowships on alumni careers. Those interested in applying to and public health agencies interested in hosting fellows voluntarily submit information into the FMS Application and Host Site Module. Participation in the Alumni Directory (Attachment 4) is voluntary and fellows are encouraged to participate in their fellowship's alumni directory upon graduation. Alumni are asked upon each login for their consent to share their information with other alumni who have access to the Alumni Directory. If an alumnus declines to share, only his or her name and fellowship year, which are already in the public domain, will be visible to other alumni who participate in the directory.

No identifiable data or individual data from the Application and Host Site Modules will be shared beyond the purpose of processing, selecting, and matching candidates and host sites. No identifiable data or individual data from the Alumni Directory will be shared beyond the purpose of professional networking among alumni and to present opportunities for alumni with mission-critical skills to respond to national public health emergency or an urgent public health need. Programmatic data from FMS will be reported in aggregate to provide program reports on programmatic process, trend, and performance information such as the number and types of applicants and host sites, number of selected and matched candidates and assignments, and demographics of alumni (e.g., employed in private or government sector).

Impact of Proposed Collection on Respondent's Privacy

FMS allow CDC fellowship staff to use the information collected through the password- and firewall-protected FMS to process efficiently applications and host site assignment proposals, to review and select quality candidates and host site assignments, and to improve the matching of fellows to assignments. Alumni use the information collected through the password- and firewall-protected FMS to network and interact with other alumni participating in the Alumni Directory; for example, they could share professional information, job positions, and opportunities to respond to public health emergencies and urgent needs. This proposed data collection will have little to no effect on the privacy of the public health professionals and staff of public health agencies, who voluntarily submit information through the FMS. No sensitive information will be collected. IIF collected from the three proposed data collections (Attachment 3, 4, 5) are minimal. IIF collected from applicants and alumni includes name, mailing address, phone numbers, e-mail address, education records, visa information, employment status, and information critical for assessing eligibility of and communicating with applicants or alumni. IIF collected from public health agencies include the agency's name; location; type of public health agency; mailing address; phone numbers; e-mail addresses; and names; and titles of primary and secondary supervisors or mentors.

3. Use of Improved Information Technology and Burden Reduction

CDC fellowships moved from paper-based applications and alumni directories to FMS in 2007 and added the host site module in 2012. This ICR requests revisions to FMS in order to accurately reflect evolving fellowship eligibility requirements and the changing needs of the fellowship programs, to include features (e.g., file uploads) that increase the timeliness of data submission, and to clarify the wording of questions and instructions in response to feedback from current fellows, host sites, and alumni. FMS includes only the minimum data elements necessary to satisfy the requirements for processing submitted fellowship application (Attachment 3) and host site assignment proposals (Attachment 5), and for updating alumni information (Attachment 4). One hundred percent (100%) of the information and data submitted voluntarily by the fellowship applicants (Attachment 3, FMS Application Module), alumni (Attachment 4, FMS Alumni Directory), and public health agencies (Attachment 5, FMS Host Site Module) are collected electronically, via FMS.

This electronic data collection provides a more effective and efficient submission, review, selection and matching process. Applicants choosing to apply to and public health agencies proposing to host fellows for one or more CDC fellowships or in subsequent years will enter their information only once and update as necessary. Alumni who choose to participate in the alumni directory have the option of providing updates when their information changes, which occur on average every three years. The use of technology for electronic submission eliminates cumbersome paper processing and reduces errors.

This information and data collection system assures compliance with the Government Paperwork Elimination Act (GPEA), Public Law 105-277, title XVII, 1998, lowers the burden to the respondents, as compared to paper-based systems, allows respondents to submit information to CDC electronically, and provides capabilities for CDC to maintain records electronically.

4. Efforts to Identify Duplication and Use of Similar Information

The required information is collected for completion of fellowship applications (Attachment 3, FMS Application Module), for updating the fellowship alumni directories (Attachment 4, FMS Alumni Directory), and for completion of host site assignment proposals (Attachment 5, FMS Host Site Module) are not available from any other source. These data are requested via FMS only; no other CDC component requests this information. There are no duplications of this data.

5. Impact on Small Businesses or Other Small Entities

No small businesses have been, are, or will be involved in this data collection. For the FMS Application Module (Attachment 3) and FMS Alumni Directory (Attachment 4), data are collected from medical and veterinary students, physicians, dentists, veterinarians, nurses, epidemiologists, educators, pharmacists, attorneys, economists, statisticians, graduates of MPH programs, and others. These respondents represent a large part of the target audience of

fellowship candidates and alumni who enter information into the FMS. The information requested is necessary for those who choose to apply to a fellowship and is voluntary for the alumni directory. For the FMS Host Site Module (Attachment 5), data are collected from employees of public health agencies including physicians, veterinarians, epidemiologists, public health educators, and public health managers. Data collected from employees in public health agencies are required only for those who are interested in hosting a fellow. These data have been held to the minimum required for their intended use of the data.

6. Consequences of Collecting the Information Less Frequently

The timeliness of data collected during the application process (Attachment 3, FMS Application Module) is critical for an applicant to become a fellowship candidate. Fellowship applications will be collected through FMS annually, once per fellowship cycle; all fellowship cycles occur once per calendar year except for Epi-Elect, which has a fall and a spring rotation. However, the timeliness of data collected during the alumni tracking process (Attachment 4, FMS Alumni Directory) is not as critical. The timeliness of data collected from the public health agencies submitting assignment proposals (Attachment 5, FMS Host Site Module), is critical for an agency to be selected to host a fellow during a given fellowship year. Assignment proposals submitted after the fellows have been selected will not be considered for that fellowship year. Fellowship assignment proposals will be collected through FMS, annually, once per fellowship cycle. Public health agencies will have the opportunity to resubmit proposals with updated information in subsequent years if they wish to continue hosting fellows.

There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

- A. The agency's notice of proposed revision to an existing data collection was published in the Federal Register on September 25, 2014 (Vol. 79, No. 186, pp 57557-57558) (Attachment 2, Federal Register Notice (FRN)). One non-substantive comment was received and a CDC standard response was sent (Attachment 7).
- B. CDC enlisted the management and consulting firm, BearingPoint, Inc., in 2007 to develop specifications, to code, and to manage the FMS project. In the spring of 2009, BearingPoint was purchased by Deloitte Consulting, LLC, a management and technology-consulting firm. In August of 2013, Leido's Public Health Solutions was enlisted to manage the FMS project and make technical enhancements to the system.

Leido's Public Health Solutions headquarters are located at 2295 Parklake Drive Suite 300, Atlanta, Georgia. Edwin Kilbourne, Vice President, Technology Fellow and Director, is the Leido's point of contact and can be reached at 404-621-9719 or edwin.m.kilbourne@leidos.com. Within CDC, fellowship directors, education specialists evaluators, fellowship alumni working at CDC, and DSEPD Information Technology (IT) Team were consulted regarding the business information requirements and the design and use of the FMS.

9. Explanation of any Payments or Gifts to Respondents

There are no payments or gifts provided to respondents.

10. Assurance of Confidentiality Provided to Respondents

This submission has been reviewed by staff in the CDC Information Collection Review Office (ICRO) who determined that the Privacy Act does apply. In the currently approved data collection, FMS collects only the minimum data elements necessary to satisfy the requirements for application submission and processing (Attachment 3, FMS Application). The FMS Alumni Directory (Attachment 4) is voluntary, and it collects only minimum necessary data elements. IIF collected from applicants and alumni include name, mailing address, phone numbers, e-mail address, education records, citizenship and visa information, professional licenses, and employment status. Collected information from applicants and alumni that are not IIF include fellowship entry year, work experience, volunteer activities, research grants, presentations, publications, interests, skills, and abilities.

For FMS Host Site Module (Attachment 3), IIF collected from employees of public health agencies who submit assignment proposals includes name, location, mailing address, phone numbers, e-mail address, and type of public health agency, and names and titles of primary and secondary supervisors or mentors. Collected information from employees of public health agencies that are not IIF include activities the fellow will engage in, type of support and training the fellow will receive, and additional professional development opportunities and collaborations that may be available for the fellow.

Personal identifiable information will be stored on the CDC Microsoft Structured Query Language (SQL) Server® database and will only be available through the FMS to DSEPD programmatic personnel and IT staff.

Institutional Review Board Approval

Approval by the CDC Institutional Review Board (IRB) is not required for this information collection system. This data collection is not considered research. This conclusion is based on the description and justification and on the definition of research as defined by the federal policy for the protection of human subjects (45 CFR 46) (Attachment 8, Research Determination Memorandum).

10.1 Privacy Impact Assessment Information

- A. This submission has been reviewed by staff in the CDC ICRO who determined that the Privacy Act does apply. The applicable System of Records Notice is 09-20-0112, "Fellowship Program and Guest Researcher Records. HHS/CDC/AHRC". Data are password protected and reside on a server managed by the Application Hosting Branch (AHB) of CDC's Information Technology Services Office (ITSO) under strict physical security. ITSO Data Center personnel have access to the physical server. Registrant data will not be sold, rented, or shared with third parties for their promotional use. All data are maintained behind a strict firewall with security protection.
- B. All modules in FMS are front-end web pages with a backend database, automating existing manual processes. The data for the Application Module, Host Site Module, and Alumni Directory are submitted through the Internet. All FMS modules run on Internet Information Services (IIS) web servers supported by ITSO. FMS modules are developed with the ASP.NET Web application framework. FMS modules use a firewall permit in order for the application to access stored procedures and data on a Microsoft SQL Server® running on AHB servers. Data are stored and regularly backed up on a secure Microsoft SQL Server® database located behind the CDC firewall. Access to information on the CDC Microsoft SQL Server® database is available only through the FMS for DSEPD programmatic personnel and IT staff. Security provisions for data storage meet all requirements established by CDC's Information Council Executive Committee. The Privacy Act statement will be included on all screens stating, "Furnishing the information requested is voluntary."
- C. Individuals who wish to apply to a fellowship (Attachment 3, FMS Application Module) do not require consent to apply. Upon logging in to apply, applicants are informed immediately that their information will not be shared and will be used only by the fellowship to which they are applying during the initial review and selection process.
- D. Participation in the Alumni Directory (Attachment 4, FMS Alumni Directory) is voluntary and fellows are encouraged to participate in their fellowship's alumni directory upon graduation. Each time alumni log on to their fellowship alumni directory, they are asked immediately if they wish to share their information with other alumni who have access to the alumni directory (See Electronic Consent Statement in Attachment 4, FMS Alumni Directory). If a respondent consents, his or her information will be visible to other alumni who participate in the fellowship alumni directory. If a respondent does not consent, only his or her name and fellowship year, which already are in the public domain, will be visible to other alumni who participate in the fellowship alumni directory. All data are merged from the FMS's Fellowship Application Module into the Alumni Directory for each alumnus. There is no need to re-enter data, only to check for current accuracy and update as necessary. Reminders are included in fellowship alumni associations, newsletters, and e-mails to encourage alumni to participate in their fellowship directories. Announcements and reminders include a link to the alumni directory to facilitate participation.

- E. Employees of public health agencies who wish to submit an assignment proposal to host a fellow (Attachment 5, FMS Host Site Module) will not require consent. Submitting an assignment proposal is voluntary. Upon logging in, employees of these agencies will be informed immediately that their information will not be shared and will be used only by the fellowship to which they are submitting the assignment proposal during the initial review and selection process. The data collected for the Host Site Module are needed to select quality assignments and to match fellows with host site assignments that will provide the fellow with the best possible fellowship experience and result in long-term careers that will enable them to make long-term and sustainable contributions to public health and its body of knowledge.
- F. Information collected for the FMS Application Module (Attachment 3), FMS Alumni Directory (Attachment 4), and FMS Host Site Module (Attachment 5) are needed to process application data, select qualified candidates, match qualified candidates with host public health agencies, maintain a current alumni database, document the impact of the fellowships on alumni careers, and generate fellowship program reports. Personally identifiable information will be stored and retrieved by appropriate CDC fellowship staff, but will not be published.

11. Justification for Sensitive Questions

No questions of a sensitive nature are asked of respondents.

12. Estimates of Annualized Burden Hours and Costs

Pilot tests of the FMS Application and Alumni Directory Modules were conducted in 2007 and of the Host Site Module in 2011, when they were launched to refine questions, improve usability, and to determine the response time. Based on informal feedback provided by current fellows, host site representatives, and alumni, who submitted information through FMS since the 2012 approval, the estimates of time to input information into the FMS are revised for this ICR.

The respondent types included in the burden estimates for this ICR are nonfederal applicants, alumni, and employees of public health agencies. The target respondent universe for each data collection differs for each fellowship program. As an example, applicants and alumni of the Hubert and Epi-Elect programs are nonfederal, but the contacts for the host sites are employees of federal public health agencies. Therefore, the annualized burden hours and costs presented only include the burden of respondents who are not federal employees or entities.

Use of each data collection modules or their sections may differ among fellowships; for example, PHAP uses only a portion of the Application Module (Attachment 3). The calculated annualized burden and costs for each data collection module takes into consideration these variances for each fellowship program, the increase in voluntary submission of applications by applicants and employees of public health agencies each year, and an adjustment for increased cost of living in respondents' estimated salaries.

A. Estimated Annualized Burden Hours

When compared to the burden hours for the currently approved ICR, the total estimated annualized burden for the FMS Applications (Attachment 3) increased to 3432 hours (1961 respondents x 1 and 45/60 hours). This reflects an increased number of respondents voluntarily submitting applications to CDC fellowships increased from 1,122 applicants in the 2012 OMB-approved ICR to 1,961 applicants reported by FMS in the past year. Moreover, current fellows reported that inputting application information took an average of 1 and 45/60 hours (i.e. 105 minutes) rather than the 40/60 hours (i.e. 40 minutes) in the 2012-approved ICR. Fellowship staff observed that recent applicants are submitting more information than observed to have been submitted previous years.

The total estimated annualized burden for the FMS Alumni Directory (Attachment 4) is increased to 346 hours (1382 respondents x 15/60 hour for updating their information), based solely on an increased number of respondents. An alumnus updates information Alumni Directory on average every three years, which may be an overestimate of frequency. The annualized average time it takes an alumnus to update information remains at 15/60 hour (i.e. 15 minutes). The number of alumni respondents increased from 454 in the 2012-approved ICR to 1,382 in the past year. Note that some alumni are deceased or cannot be located.

The total estimated annualized burden for the FMS Host Site Module (Attachment 5) is 612 hours (408 respondents x 1.5 hours), based mostly on an increased number of respondents. The average time it takes for an employee of public health agencies to submit an assignment proposal remains the same at 1 and 30/60 as reported in the 2012-approved ICR. However, the number of respondents increased from 226 in the 2012-approved ICR to 408 respondents in the past year.

Estimated Annualized Burden Hours*

Type of respondents	Form	Number of respondents	Frequency of Response	Average Burden Time per Response (in hours)	Average total Response Burden (in hours)
Fellowship applicants	FMS Application Module	1961	1	1 and 45/60	3432
Fellowship alumni*	FMS Alumni Directory	1382	1	15/60	346
Public Health Agency or Organization Staff	FMS Host Site Module	408	1	1.5	612
Total		3751			4390

* Some alumni are deceased or cannot be located. Response burden assumes response from an individual responding alumnus, on average, every 3 years (which is likely an overestimate of frequency).

B. Estimates of Annualized Cost to Respondents

There is no cost to respondents other than their time to complete the data collection. The following sources were used to determine the average salaries of fellowship applicants and alumni:

- Graduate Student Intern Salaries in USA, <http://www.indeed.com/salary?q1=GRADUATE+STUDENT+INTERN&l1=US>
- Salary Table GS, 2014, http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/14Tables/html/GS_h.aspx
- US Department of Labor, Bureau of Labor Statistics http://www.bls.gov/oes/current/oes_nat.htm

The following source was used to determine the average salaries of employees of public health agencies who submit assignment proposals:

- US Department of Labor, Bureau of Labor Statistics http://www.bls.gov/oes/current/oes_nat.htm

The estimates of annualized cost burden to respondents for each of the data collections –the FMS Application Module (Attachment 3), FMS Alumni Directory (Attachment 4), and FMS Host Site Module (Attachment 5)– were estimated using the following calculations.

1. The average hourly salary for each type of respondents within each fellowship program is determined using the salary referenced above. (Average Hourly Salary)
2. The Average Hourly Salary for each respondent type is adjusted for increased cost of living in respondents' estimated salaries from 2015 to 2018, the period for which this ICR is requesting approval. (Adjusted Average Hourly Salary)
3. The Adjusted Average Hourly Salary for each respondent type is weighted by the percentage that the respondent type is represented within each fellowship program. (Weighted Average Hourly Salary for each respondent type)
4. The Weighted Average Hourly Salary for each respondent type is summed to determine the average hourly wage for each fellowship program. (Fellowship Average Hourly Salary)
5. The Average Hourly Wage Rate (presented in the following table) for each data collection module is calculated by adjusting or weighing the Fellowship Average Hourly Salary by the number of respondents that each fellowship programs each represented. This adjustment is the overall sum of the product of the Fellowship Average Hourly Salary and the number of nonfederal respondents from each fellowship programs.
6. The Average Burden Time per Response for each data collection module is adjusted similarly: overall sum of the product of the Fellowship Average Response Time and the number of nonfederal respondents from each fellowship programs.
7. The Annualized Total Cost Burden to Respondent is the product of the number of respondents, frequency of response, Average Time per Response (from Step 6) rounded up to the nearest 15-minute increment, and Average Hourly Wage Rate (from Step 5).

The calculation for average hourly wage rate takes into consideration an adjustment for cost of living since 2011 as well variance among respondent demographics (e.g., level of education and employment categories). The annualized cost burden calculation takes into considerations the percentage of respondents represented by fellowship programs.

The annualized cost burden to applicants has increased from \$16,403.64 in 2011 to \$100,001.20 for the FMS Application Module (Attachment 3). This is due to the increase in number of applicants who voluntarily submit applications and an increase in reported time to complete the applications. This observed increase in response time may in part be due to the increase in information voluntarily submitted by competitive applicants.

The annualized cost burden to alumni has increased from \$6,586.41 in 2011 to \$22,803.00 for the FMS Alumni Directory (Attachment 4) due to annual increase in number of alumni as the fellowship programs continue to provide training and to build and sustain the public health workforce.

The annualized cost burden to employees of public health agencies has increased from \$14,434.62 in 2011 to \$35,636.76 for the FMS Host Site Module (Attachment 5) due to annual increase in number of host sites voluntarily submitting assignment proposals to host fellows.

Estimated Annualized Burden Costs*

Type of respondents	Form	Number of respondents	Frequency of Response	Average Burden per Response (in hours)	Average Hourly Wage Rate	Total Respondent Cost
Fellowship applicants	FMS Application Module	1961	1	1 and 45/60	\$29.14	\$100,001.20
Fellowship alumni*	FMS Alumni Directory	1382	1	15/60	\$66.00	\$22,803.00
Public Health Agency or Organization Staff	FMS Host Site Module	408	1	1.5	\$58.23	\$35,636.76
Total		3751				\$158,440.96

* Some alumni are deceased or cannot be located. Response burden assumes response from an individual responding alumnus, on average, every 3 years (which is likely an overestimate of frequency). Average hourly wage rate takes into consideration an adjustment for cost of living since 2011 as well variance among respondent types (e.g., level of education and employment categories).

13. Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no other capital or maintenance costs to respondents.

14. Annualized Cost to the Government

The original ICR for FMS approved February 20, 2008, included development and implementation of the FMS Application for seven fellowships and FMS Directory for two fellowships. Annualized cost to the government was \$269,500.00 (\$212,000.00, development; \$57,500.00, operations and maintenance—O&M).

ICRs for revisions submitted in fall of 2010, 2011, and 2014 reflect substantial enhancements in functionality from the initially approved information collection in 2007 and the varying cost increases are associated with cost of living increases, the addition of new information collections (new modules, expanded use of modules by fellowships, increased numbers of applicants to fellowships, and changes to information requested), technical features (e.g., tailored functions to support each fellowship’s administrative needs), and increased maintenance needs (e.g., debugging technical issues and continuous quality assurance). Cost shifts have varied with each ICR and are based upon FMS development requirements identified by the fellowships to ensure the information collection supports the necessary evolution of fellowship management.

The estimated cost to develop and maintain the currently approved and proposed FMS components over three years is \$3,168,000. The annualized cost to the government is \$1,056,000. Annualized development cost is \$352,000 and annualized operations and maintenance cost is \$704,000.

Item	Cost Categories	Annualized Cost to Federal Government
Development Cost	Project Management*	\$55,000.00
	Business Analyst*	\$73,000.00
	Programming & QA*	\$179,000.00
	ITSO Infrastructure*	\$7,000.00
	C&A* ** + CPIC* ***	\$23,000.00
	CDC FTE Costs	\$15,000.00
Total Development Cost		\$352,000.00
Operations & Maintenance (O&M) Cost	Project Management*	\$121,000.00
	Business Analyst*	\$74,000.00
	Programming & QA*	\$430,000.00
	ITSO Infrastructure*	\$15,000.00
	C&A* + CPIC*	\$32,000.00
	CDC FTE Costs	\$32,000.00
Total O&M Cost		\$704,000.00
Total Annualized Cost		\$1,056,000.00

*Contractor Costs

** Certification and Accreditation (C&A)

*** Capital Planning Investment and Control (CPIC)

15. Explanation for Program Changes or Adjustments

This ICR is requesting revisions to questions and instructions to reflect accurately evolving fellowship eligibility criteria and requirements, provide clarification of existing questions, and accommodate changing needs of the fellowship programs. Revisions to the currently approved information collection include supporting the submission of electronic transcripts and letters of recommendation (via file upload features) in lieu of postal delivery; refining selected questions and adding new questions to align with current fellowship eligibility requirements; and clarifying wording of questions and instructions in response to current user feedback. (See Attachment 6 for a list of requested new questions and features).

The respondent types and burden hours included for each data collection included in this ICR are nonfederal applicants, alumni, and employees of public health agencies. This ICR reflects changes to fellowships. Preventive Medicine Residency and Fellowship (PMR/F) is now limited to applicants who are federal employees, and host sites who are nonfederal public health agencies. Secondly, DSEPD/CSELS will eliminate all of the data collections for two fellowships that are being discontinued: the Public Health Prevention Service and *The CDC Experience* Applied Epidemiology Fellowship programs. The removal of these fellowships did not affect the burden estimates.

However, this ICR reflects increases in the burden estimates based on feedback from current fellows, who have submitted applications through FMS. The estimates of time to input information to the FMS are updated accordingly for the FMS Application Module (Attachment 3) to reflect 1 and 45/60 hours (i.e. 105 minutes) instead of the 40/60 hours (i.e. 40 minutes) in the 2012-approved ICR. Recent applicants are submitting more information for consideration by the fellowship programs. The time to input information to the FMS for the Alumni Directory (Attachment 4) and Host Site Module (Attachment 5) remains the same at 15/60 hours (i.e. 15 minutes) and 1.5 hours (i.e. 90 minutes) respectively.

The increase in annualized burden hours is primarily due to the annual increase in number of respondents who voluntarily submit information for each data collection. More applicants are submitting applications (1961 recently instead of 1122 applicants in 2011) via the FMS Application Module (Attachment 3). More graduates of these fellowship programs are updating their information via FMS Alumni Directory (Attachment 4) as the fellowship programs continue to grow each year (1382 respondents instead of 454 in 2011). More public health agencies (408 respondents instead of 226 in 2011) are proposing to host fellows via the FMS Host Site Module (Attachment 5).

The increase in volume for applications and data verifies that continued use of FMS by CDC is necessary to streamline electronic collection and fellowship processes, such as reviewing applications, selecting candidates and host site assignments, and monitoring the impact on alumni and the public health workforce.

16. Plans for Tabulation and Publication and Project Time Schedule

This is a request for a three-year approval to the currently approved FMS data collection. Internal reports will be generated using available FMS data elements to provide trends and program data for DSEPD leadership and fellowship managers. Staffs from each fellowship program collect the information and compile them for inclusion in program reports documenting fellowship progress and performance; only aggregate data will be reported. Programmatic data from FMS reported include trends and program data such as the number and types of applicants and host sites, number of selected and matched candidates and assignments, and demographics of alumni (e.g., employed in private or government sector). The data elements for EIS example for the FMS Application Module (Attachment 3) and the FMS Alumni Directory (Attachment 4), and PHAP example for the FMS Host Site Module (Attachment 5) are documented with screenshots and dedicated tables indicating the those and additional data elements collected by other specified fellowship programs.

Timeline of Key Events following Receipt of OMB Approval to ICR

Key Events					Timeline
Continue collecting Host Site Assignment Proposals from nonfederal public health agencies for EIS, PHAP, and PMR/F					Immediately upon receipt of approval
Continue collecting Application information for all fellowships from nonfederal applicants					Once per year for three years
Fellowship	Start Collection	End Collection	Check Completeness	Selection process	
EIS	May 1	Sep 15	May 1 – Sep 15	Oct 1 – May 15	
PEF	Sep 1	Feb 1	Oct 1 – Feb 15	Feb 15 – Apr 15	
PHIF	Jul 1	Dec 15	July 1 – Dec 15	Mar 1 – May 15	
Epi-Elect, Fall Rotations	Jan 1	Mar 30	Jan 1 – Mar 30	May 1 – Aug 15	
Epi-Elect, Spring Rotations	Mar 1	May 30	Mar 1 – May 30	Jul 1 – Oct 15	
Hubert	Jan 1	Feb 28	Jan 1 – Mar 15	Apr 1 – May 15	
PMR/F	May 1	Oct 15	May 1 – Oct 15	Oct 15 – Feb 15	
PHAP	Feb 1	May 15	Feb 1 – May 15	Apr 15 – Jul 15	
Check Alumni Directory data for completeness					Every three months for 3 years
End data collection and obtain extension from OMB					3 years after

17. Reasons Display of OMB Expiration Date is Inappropriate

CDC is not requesting an exemption from displaying the expiration date.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to certification.