

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 <u>New Question</u> <ul style="list-style-type: none"> • “Will you be covered by health insurance during the fellowship?” for Hubert and Epi-Elective
FMS Application Education/Transcript Attachment 3 Page 17	None	<u>New Feature</u> <ul style="list-style-type: none"> • Upload feature for Transcript
FMS Application Program Eligibility Attachment 3 Page 18	None for EIS	<u>New Program Eligibility Questions for EIS:</u> <ol style="list-style-type: none"> 1. Are you a physician (MD, DO, etc.) with at least one year of clinical training? 2. Are you a veterinarian (DVM, VMD, etc)? <ol style="list-style-type: none"> 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.)? <ol style="list-style-type: none"> 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? <ol style="list-style-type: none"> 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	<u>New Feature</u> <ul style="list-style-type: none"> • License Upload feature

Module/Section/Page	Current Item	Requested Change
FMS Application Applicant Survey/Other Fellowships Attachment 3 Page 40	None	<u>New Additional Questions</u> <ul style="list-style-type: none"> 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	<u>New Question</u> <ul style="list-style-type: none"> 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	<u>New Feature</u> <ul style="list-style-type: none"> Upload feature for recommendation letters
FMS Application Special Requirements Attachment 3 Page 48	None	<u>New Section and Questions</u> Special Requirements Section <ol style="list-style-type: none"> Do you have a valid driver's license?* Do you have a personally owned vehicle?* Are you willing to take public transportation if selected?*
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	<u>Revised Question/Section</u> Partnership Sub-section: <ul style="list-style-type: none"> 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

Module/Section/Page	Current Item	Requested Change
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	<u>New Additional Question</u> • Activity Type*
FMS Host Site Assignment Details Attachment 5 Page 27	None	<u>New Additional Question</u> • List any timelines and deliverables associated with this activity (100 Word Limit)
FMS Host Site 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*
FMS Host Site 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)