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| Attachment 1  **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** |
|  |
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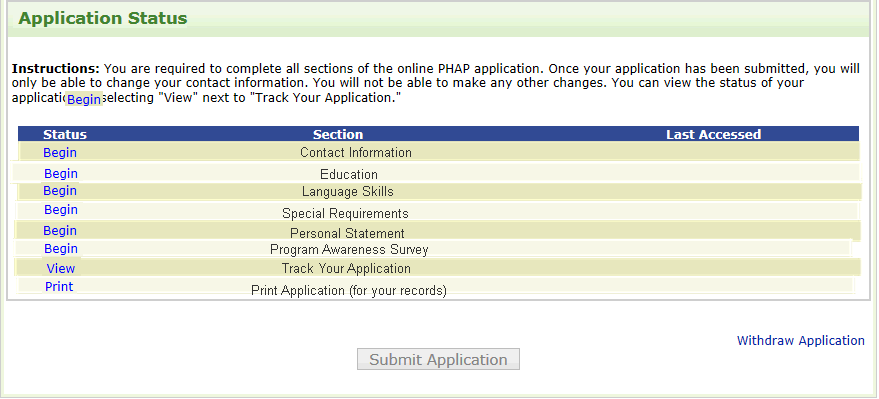
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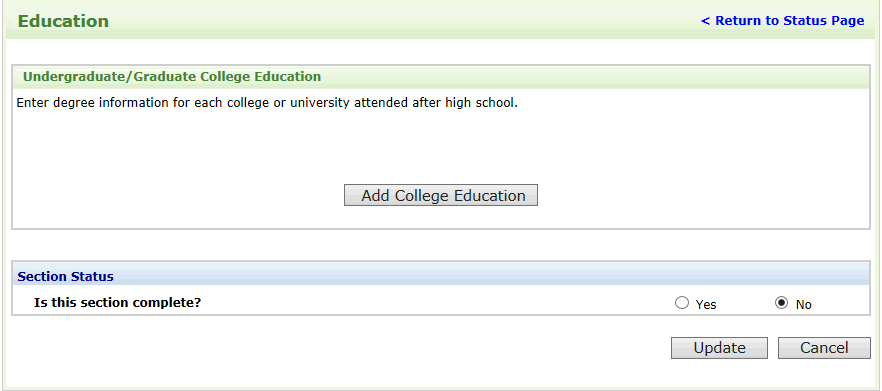
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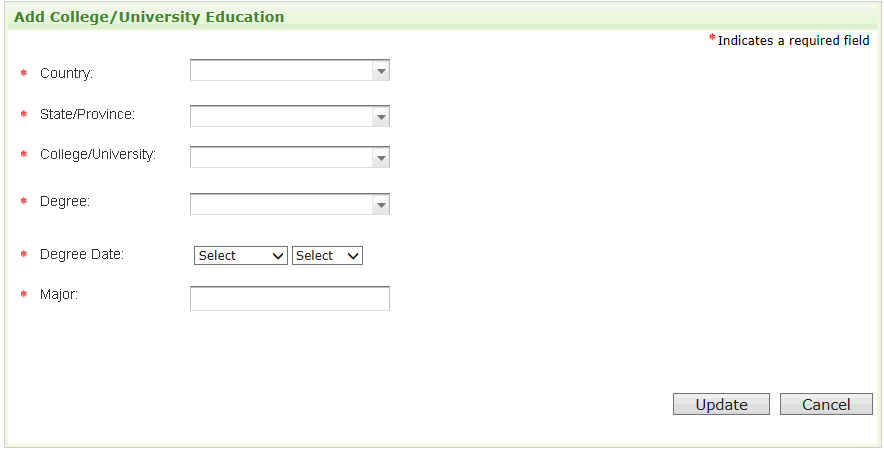
# Application Status Page



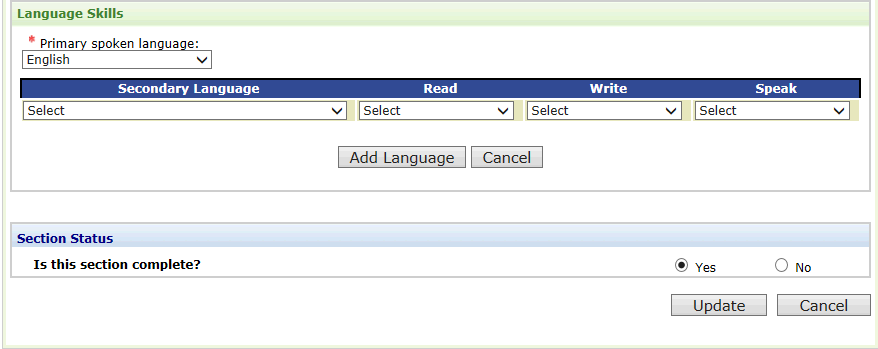
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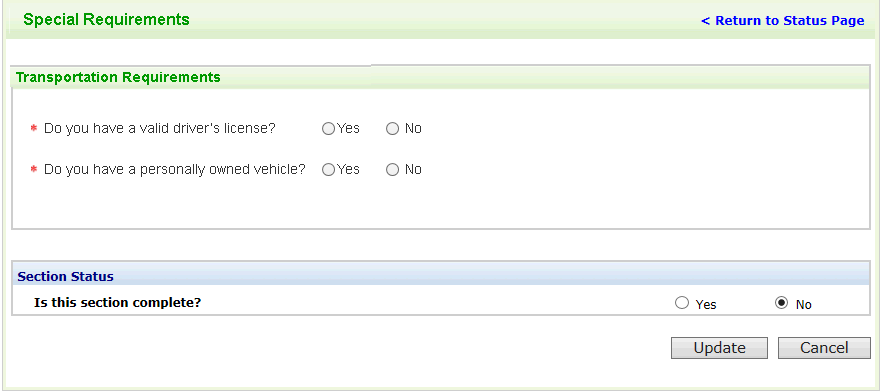
## Add College Education



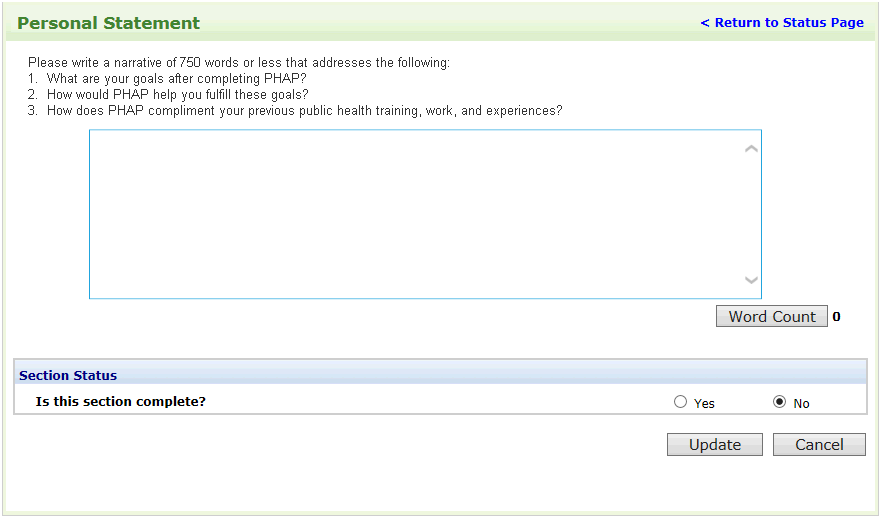
# Language Skills Section



# Special Requirements

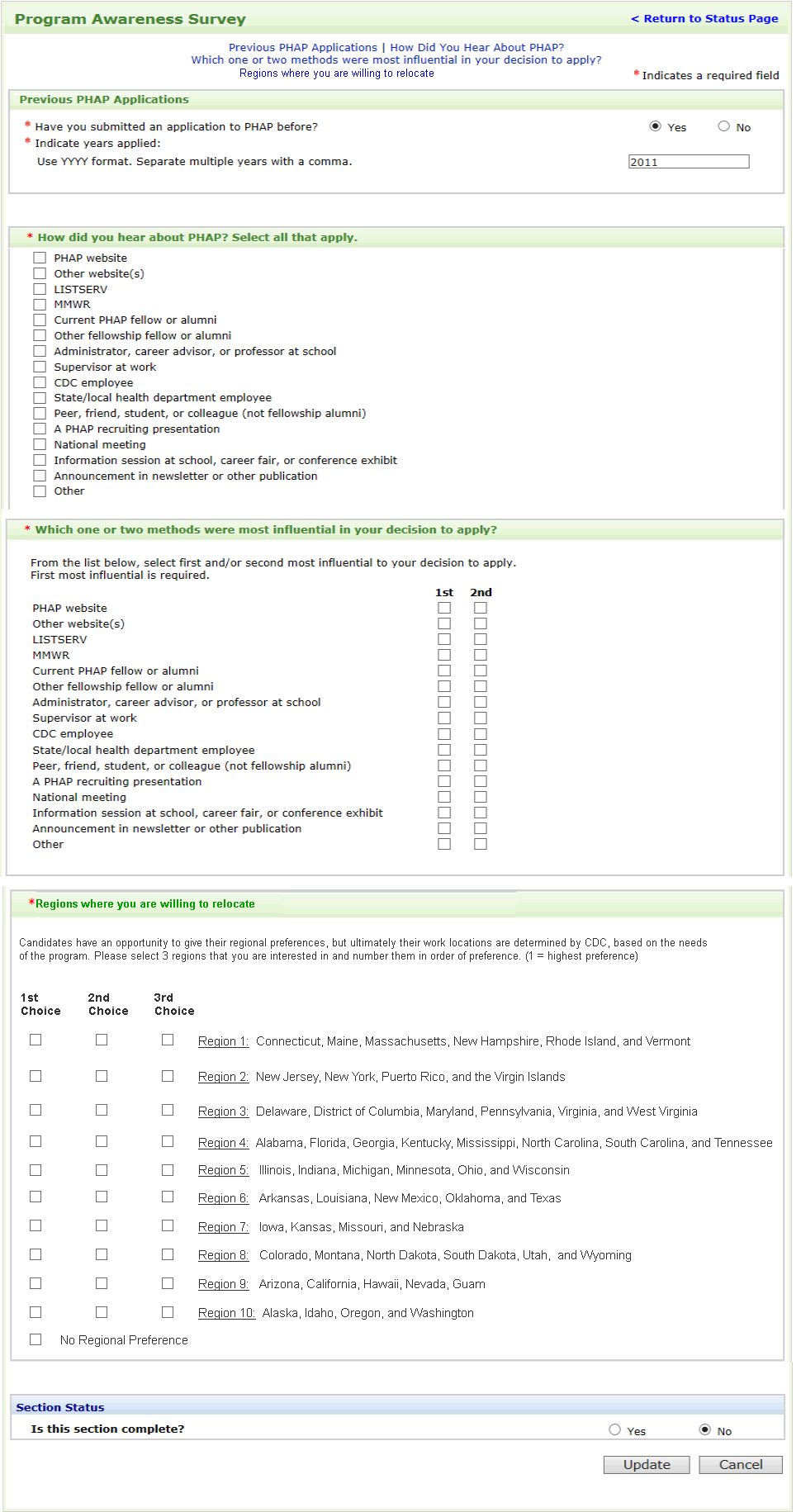


# Personal Statement



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# Program Awareness Survey



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

