

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 APPLICATION MODULE  
DATE SUBMITTED: SEPTEMBER 4, 2015**

# PHAP Application Module

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Screen shots of modified questions

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## 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 by selecting "View" next to "Track Your Application."

Status	Section	Last Accessed
<a href="#">Begin</a>	Contact Information	
<a href="#">Begin</a>	Education	
<a href="#">Begin</a>	Language Skills	
<a href="#">Begin</a>	Special Requirements	
<a href="#">Begin</a>	Personal Statement	
<a href="#">Begin</a>	Program Awareness Survey	
<a href="#">View</a>	Track Your Application	
<a href="#">Print</a>	Print Application (for your records)	

[Withdraw Application](#)

[Submit Application](#)

### 3 Education Page

**Education** [< Return to Status Page](#)

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**Undergraduate/Graduate College Education**

Enter degree information for each college or university attended after high school.

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**Section Status**

Is this section complete?  Yes  No

#### 3.1 Add College Education

**Add College/University Education** \*Indicates a required field

\* Country:

\* State/Province:

\* College/University:

\* Degree:

\* Degree Date:

\* Major:

## 4 Language Skills Section

**Language Skills**

\* Primary spoken language:  
English

Secondary Language	Read	Write	Speak
Select	Select	Select	Select

**Section Status**

Is this section complete?  Yes  No

## 5 Special Requirements

**Special Requirements** [< Return to Status Page](#)

**Transportation Requirements**

\* Do you have a valid driver's license?  Yes  No

\* Do you have a personally owned vehicle?  Yes  No

**Section Status**

Is this section complete?  Yes  No

## 6 Personal Statement

**Personal Statement** [< Return to Status Page](#)

Please write a narrative of 750 words or less that addresses the following:

1. What are your goals after completing PHAP?
2. How would PHAP help you fulfill these goals?
3. How does PHAP compliment your previous public health training, work, and experiences?

Word Count **0**

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**Section Status**

Is this section complete?  Yes  No

7

## 8 Program Awareness Survey

1)



**Program Awareness Survey** [< Return to Status Page](#)

Previous PHAP Applications | How Did You Hear About PHAP?  
 Which one or two methods were most influential in your decision to apply?  
 Regions where you are willing to relocate

\* Indicates a required field

**Previous PHAP Applications**

\* Have you submitted an application to PHAP before?  Yes  No

\* Indicate years applied:  
Use YYYY format. Separate multiple years with a comma.

**\* How did you hear about PHAP? Select all that apply.**

- PHAP website
- Other website(s)
- LISTSERV
- MMWR
- Current PHAP fellow or alumni
- Other fellowship fellow or alumni
- Administrator, career advisor, or professor at school
- Supervisor at work
- CDC employee
- State/local health department employee
- Peer, friend, student, or colleague (not fellowship alumni)
- A PHAP recruiting presentation
- National meeting
- Information session at school, career fair, or conference exhibit
- Announcement in newsletter or other publication
- Other

**\* Which one or two methods were most influential in your decision to apply?**

From the list below, select first and/or second most influential to your decision to apply.  
First most influential is required.

	1st	2nd
PHAP website	<input type="checkbox"/>	<input type="checkbox"/>
Other website(s)	<input type="checkbox"/>	<input type="checkbox"/>
LISTSERV	<input type="checkbox"/>	<input type="checkbox"/>
MMWR	<input type="checkbox"/>	<input type="checkbox"/>
Current PHAP fellow or alumni	<input type="checkbox"/>	<input type="checkbox"/>
Other fellowship fellow or alumni	<input type="checkbox"/>	<input type="checkbox"/>
Administrator, career advisor, or professor at school	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor at work	<input type="checkbox"/>	<input type="checkbox"/>
CDC employee	<input type="checkbox"/>	<input type="checkbox"/>
State/local health department employee	<input type="checkbox"/>	<input type="checkbox"/>
Peer, friend, student, or colleague (not fellowship alumni)	<input type="checkbox"/>	<input type="checkbox"/>
A PHAP recruiting presentation	<input type="checkbox"/>	<input type="checkbox"/>
National meeting	<input type="checkbox"/>	<input type="checkbox"/>
Information session at school, career fair, or conference exhibit	<input type="checkbox"/>	<input type="checkbox"/>
Announcement in newsletter or other publication	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**\* 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 Choice	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 1:</u> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 2:</u> New Jersey, New York, Puerto Rico, and the Virgin Islands
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 3:</u> Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 4:</u> Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 5:</u> Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 6:</u> Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 7:</u> Iowa, Kansas, Missouri, and Nebraska
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 8:</u> Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 9:</u> Arizona, California, Hawaii, Nevada, Guam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 10:</u> Alaska, Idaho, Oregon, and Washington
<input type="checkbox"/>	No Regional Preference		

**Section Status**

Is this section complete?  Yes  No

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)

<b>1st Choice</b>	<b>2nd Choice</b>	<b>3rd Choice</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 1:</u> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 2:</u> New Jersey, New York, Puerto Rico, and the Virgin Islands
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 3:</u> Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 4:</u> Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 5:</u> Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 6:</u> Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 7:</u> Iowa, Kansas, Missouri, and Nebraska
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 8:</u> Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 9:</u> Arizona, California, Hawaii, Nevada, Guam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Region 10:</u> Alaska, Idaho, Oregon, and Washington
<input type="checkbox"/>	No Regional Preference		