

**Non-substantive Change Request  
OMB Control Number 0920-0765  
Fellowship Management System**

**Application Module  
Preventive Medicine Residency and Fellowship**

**Date Submitted: March 15, 2017**

This is a change request for the Center for Disease Control and Prevention (CDC) Fellowship Management System (FMS). The web-based FMS collects information electronically, from candidates (including the public) applying to CDC fellowship programs, public health agencies wishing to host fellows, and alumni of the fellowship programs. FMS is an efficient and effective electronic system for collecting information from potential candidates, processing the fellowship training program applications, and collecting assignment proposals from public health agencies and organizations interested in hosting fellows. FMS is a robust flexible framework and has been successfully tailored for various CDC fellowships, including the Preventive Medicine Residency and Fellowship (PMR/F) and the Epidemic Intelligence Service (EIS). In the currently approved ICR for FMS (OMB No. 0920-0765), information collection occurs for multiple fellowships; fellowships collect information through all or a subset of modules (see Table A).

The purpose of this change request is for OMB approval of proposed modifications to accommodate changing needs of the fellowship program that reflect evolving fellowship eligibility requirements. Specifically, this change request will support collection of previously identified data elements from an estimated 30 new respondents who are nonfederal applicants to PMR/F in the FMS application module. It will also collect limited new data elements from those 30 applicants, if they elect to participate in a PMR/F program designed for fellows who retain their existing employment in a state, tribal, local, and territorial (STLT) agency and conduct training-in-place. The details of these changes are described below, and depicted both in Table B and Attachments 1 (Screen Shots for Modifications) and 2 (FMS Application Module).

As noted in the approved ICR, only federal employees were eligible to apply for the PMR/F fellowship, therefore PMR/F applicants were not included as respondents in the ICR. However, the data elements collected for the PMR/F fellowship were identified, in gray text, in the screen shots and data element tables (OMB No. 0920-0765, "Attachment 3 – FMS Application Module", renamed as Attachment 2 in this change request). To meet evolving needs of the fellowship, eligibility for the PMR/F Fellowship has changed, and non-federal applicants will now be eligible to apply for the program, either through the traditional fellowship or through the training-in-place version of the program.

Changes are based on and address feedback received from applicants and from STLT health partners during PMR/F site visits and discussions with potential applicants. These changes support the PMR/F training program's efficiency and effectiveness, and allow for information collection to accommodate necessary changes in the fellowship eligibility criteria. The specific changes from the FMS application module reflect both the use of the FMS application module for PMR/F, and the addition of nomination of 3 peer references and questions for applicants to the training-in-place version of the fellowship, in which respondents outline details about where they will be training in place. Combined, these changes will enhance CDC's review and applicant selection and fellowship assignment processes to better meet the needs of the public health workforce.

The proposed changes do not substantively impact the burden. In the approved ICR (OMB No. 0920-0765, Supporting Statement A), the FMS application module has 1961 respondents. With this change request, we are adding an estimated 30 PMR/F respondents, which increases the number of respondents from 1961 to 1991, as shown in the table below. In the approved ICR, each respondent replies one time, and the FMS application module has an average burden time per response of 1 hour and 45 minutes. The proposed changes to the application module, which will be completed only by the 30 additional respondents, was tested by six (6) CDC staff and external partners, timed, and found that completion of the application module results in an additional fifteen (15) minutes per respondent, resulting in a total average burden time per response of 2 hours for newly added applicants only. The inclusion of the additional segment does not change the total burden time per response for all other applicants. Therefore, when compared with the total burden in the approved ICR, the total estimated annualized burden that includes the 30 new respondents for the FMS Applications results in an increase from 3432 to 4450 hours (Table below: Estimated Annualized Burden Hours).

There are no changes to the FMS Alumni Directory and FMS Host Site Module.

### 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	1.75	3432
	PMR/F	30	1	2	60
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		3781			4450

\* 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).

**Table A: Fellowship Use of FMS Modules**

FMS Application Module	FMS Host Site Module	FMS Alumni Directory Module
EIS	EIS	EIS
LLS	PHAP	Hubert
PEF	PMR/F	
PHIF	LLS	
Epi-Elect, Fall and Spring Rotations		
Hubert		
PHAP		
PMR/F*		

\*The Preventive Medicine Residency and Fellowship (PMR/F) program is not in the current ICR for FMS application OMB No. 0920-0765 package because currently all PMR/F applicant are federal employees.

**Table B: Proposed Changes to the FMS Application Module for the PMR/F Fellowship**

EIS Application (Page Name)	Current Question/Item	Requested Change for PMR/F application
Extend use of approved FMS application to non-federal applicants of PMR/F Fellowship	See Attachment 2	PMR/F data elements used for federal applicants shown in gray text
Applicant survey  Attachment 2, page 41: Figure 12.1-c Public Health/Population Based Work Experience Section	<p>“Indicate where you have had the Public Health/Population based work experience.”</p> <p>With response options of:</p> <ol style="list-style-type: none"> <li>1. National or federal level or CDC Headquarters</li> <li>2. State or local health department</li> <li>3. Both state or local health department and National or federal or CDC headquarters experience.</li> </ol> <p>Other (write in)</p>	Currently this is only collected by the Public Health Informatics Fellowship. Add the requirement for PMR/F applicants to access this module.

EIS Application (Page Name)	Current Question/Item	Requested Change for PMR/F application
<p>Letters of Recommendation Page</p> <p>Attachment 2, page 48: Figure 13.1-a Letters of Recommendation Page</p>	<p>“Four letters of recommendation are required with the EIS application. Select persona who are familiar with your academic achievements, future aspirations, personal qualities, and professional attributes. Provide them with a copy of the PDF Instructions for Letters of Recommendation.”</p>	<p>Add an additional requirement to “List the name and phone number of 3 peer references who have worked with you professionally in a public health setting, but not in a supervisory capacity.”</p> <p>Response fields:</p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Organization</li> <li>• Title</li> <li>• Phone</li> <li>• Email</li> </ul>
<p>Attachment 1, page 3: New section for training-in-place applicants</p>	<p>No existing item in FMS application for EIS</p>	<p>Add: “Center/Division/Branch/Team Information: Summarize general activities and experience with supporting trainees. Include activities such as interactions with state, territorial, or local health departments and health care institutions (e.g., hospitals, academic health centers, or medical schools).”</p> <p>Response: Open text field limited to 8 lines of text</p>
<p>Attachment 1, page 3: New section for training-in-place applicants</p>	<p>No existing item in FMS application for EIS</p>	<p>Add: “Leadership Opportunities: Summarize opportunities to gain leadership experience (e.g., participate in high-level or senior committees, task forces, working groups, meetings, hiring or oversight).”</p> <p>Response: Open text field limited to 8 lines of text</p>
<p>Attachment 1, page 4: New section for training-in-place applicants</p>	<p>No existing item in FMS application for EIS</p>	<p>Add: “Participant Support: Describe specific support available at your agency in the following categories to assist in completion of your proposed projects.</p> <p>Response: 3 Open text fields limited to 2 lines of text as noted below</p>
<p>Attachment 1, page 4: New section for training-in-place applicants</p>	<p>No existing item in FMS application for EIS</p>	<p>Add: “Subject matter experts and Consultants”</p> <p>Response: Open text field limited to 2 lines of text</p>
<p>Attachment 1, page 4: New section for training-in-place applicants</p>	<p>No existing item in FMS application for EIS</p>	<p>Add: “Support Staff”</p> <p>Response: Open text field limited to 2 lines of text</p>

EIS Application (Page Name)	Current Question/Item	Requested Change for PMR/F application
Attachment 1, page 4: New section for training-in-place applicants	No existing item in FMS application for EIS	Add: "Travel Funding (as needed)"  Response: Open text field limited to 2 lines of text
Attachment 1, page 4: New section for training-in-place applicants	No existing item in FMS application for EIS	Add: "Education and Training Staff"  Response: Open text field limited to 2 lines of text
Attachment 1, page 5: New section for training-in-place applicants	No existing item in FMS application for EIS	Add: "Major Duties: List potential projects that align with the performance requirements and can be completed within the training period (12 months starting in July). For multiyear projects, carve out a scope of work that can be accomplished within the training period.  With sections for: "Program Evaluation" "Policy Analysis or Development" "Population Health Improvement (e.g., health assessment, stakeholder engagement, health intervention)" "Project Management" "Grant Proposal Evaluation and Development"  Response for each section will be open text limited to 8 lines of text.