**Attachment 1 – Screen Shots for Modifications and Additions to the Existing FMS Application Module**

**OMB CONTROL NUMBER 0920-0765**

**FELLOWSHIP MANAGEMENT SYSTEM**

**NON-SUBSTANTIVE CHANGE REQUEST**

**PROPOSED MODIFICATIONS FOR CDC EPIDEMIC INTELLIGENCE SERVICE (EIS) FELLOWSHIP**

**FMS APPLICATION MODULE**

**DATE SUBMITTED: August 8, 2018**

**No Changes will be made to sections 1.1–11.1 or 12.1-17**

**Change is reflected in section 11.1b-d**

## 11. Personal Statement Section

Figure 11.1-b Timed Personal Statement – Prompt A Page



Figure 11.1-c Timed Personal Statement – Prompt B Page



Figure 11.1-d Timed Personal Statement – Prompt C Page



Table 11.1‑a. Personal Statement Page Data Elements

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Data Elements | Data Values | EIS | PHIF | Hubert | Epi-Elect | PEF | PMR/F | PHAP | SA |
| Personal Statement | Text | Yes750 words limit | Yes750 words limit | Yes750 words limit | Yes300 words limit | Yes1000 words limit | Yes1000 words limit | Yes750 words limit | Yes500 words limit |
| Timed Personal Statement | Text | Yes500words limit | No | No | No | No | No | No | No |
| Section Complete | Yes/No Choice | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |