Attachment 2 – 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 PREVENTIVE MEDICINE RESIDENCY & FELLOWSHIP (PMR/F) FMS APPLICATION MODULE DATE SUBMITTED: APRIL 19, 2019

# 8.2 Work Experience Section

#### Figure 8.2.a.1 Work Experience Section

Are you an EIS officer or alumnus?

O Yes

🔘 No

PMR/F applicants must complete 2 or more years of applied epidemiology experience outside of graduate studies that demonstrate mastery of the Epidemic Intelligence Service (EIS) Core Activities of Learning to be considered eligible for PMR/F.

Please enter all applicable information to describe your experience with each of the below CAL requirements.

The PMR/F Selection Committee will review this information to determine your eligibility to apply for this program.

Your applied epidemiologic experience must include:

 Conduct or participate in a field investigation of a potentially serious public health problem that requires a timely response

· Design, conduct, and interpret an epidemiologic analysis

· Evaluate a public health surveillance system

 Give an in-depth public health talk on your original work or in your field of study

· Write a scientific manuscript for a peer-reviewed journal

· Communicate complex scientific concepts to a lay audience

· Provide epidemiology support to a public health agency

#### Figure 8.2.a.1 Work Experience Section

Are you an EIS officer or alumnus?	
Yes	
No	
Has your EIS experience been within the past two	years?
Yes	
No	
Please upload your EIS CAL file	
CAL File Upload	
+ Select a file	0

# 6.2c Program Eligibility Section

#### Figure 6.2.c.3 PMR/F Program Eligibility

You are not eligible at this time to apply to the CDC Preventive Medicine Residency or Fellowship. Review PMR/F eligibility requirements on the PMR/F website. If you feel this is an error, please feel free to e-mail the program at PrevMed@cdc.gov.

#### Figure 6.2.c.4 PMR/F Program Eligibility

What personnel system are you currently in?	What personnel system are you currently in?
Federal Employee - Title 42	Federal Employee - Title 42
Federal Employee - Title 5	
Federal Employee - U.S. Public Health Service	Federal Employee - Title 5
Federal Employee – Military	Federal Employee - U.S. Public Health Service
Not a current Federal Employee	Federal Employee – Military
Have you applied or do you plan on applying to be a Commissioned Officer in the U.S. Public Health Service within the next 6 months?	Not a current Federal Employee
Yes	What is your current temporary rank?
No	
	· · · · · · · · · · · · · · · · · · ·
No	01
<ul> <li>No</li> <li>What is the status of your application?</li> </ul>	· · · · · · · · · · · · · · · · · · ·
<ul> <li>No</li> <li>What is the status of your application?</li> <li>Pending Application</li> </ul>	01
No What is the status of your application? Pending Application Accepted	01 02
<ul> <li>No</li> <li>What is the status of your application?</li> <li>Pending Application</li> <li>Accepted</li> <li>Under Review</li> <li>Rejected</li> </ul>	01 02 03
<ul> <li>No</li> <li>What is the status of your application?</li> <li>Pending Application</li> <li>Accepted</li> <li>Under Review</li> </ul>	01 02 03 04

## Figure 6.2.c.5 PMR/F Program Eligibility

Do you intend to seek certification by the American Board of Preventive Medicine?



#### Figure 6.2.c.6 PMR/F Program Eligibility

Please indicate the program to which you are applying:

12-month Preventive Medicine Residency
24-month Preventive Medicine Residency (needs MPH)
24-month Preventive Medicine Residency (does not need MPH)
Population Health Training In Place Program

# **13.1 Letters of Recommendation Page**

#### Figure 13.1.d

The PMR/F selection committee will only accept electronic signatures on the Letters of Recommendation that can be validated through Adobe Acrobat software.

# 5.2 Citizenship Status Section

#### Figure 5.2-a.1 Country of Citizenship

Please indicate the country of your birth:

Assorted Country 1 Assorted Country 2 Assorted Country 3 Assorted Country 4

#### Figure 7.2-b.1 Clinical Training Section

## Do you have any of the following trainings or skills to add?

- Clinical Training
- U.S. Board Certification
- Additional Training or Certification
- O Additional Language
- None of the above

## ###Clinical Training

#### Title:

Resident

## Please upload your Residency Completion Certificate

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+ Select a file

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