Fellowship Management System (FMS)

FMS Activity Tracking Module

2020

Table of Contents

1. Introduction

The purpose of this document is to list all the data elements collected online through the Fellowship Management System (FMS). The FMS activity tracking module is a streamlined mechanism for Centers for Disease Control and Prevention (CDC) fellow, program associates and host site supervisors to submit information online and track statuses of fellowship progression (e.g., CALs, competencies). The FMS is a robust flexible framework and the FMS Activity Tracking Module is tailored successfully for various CDC fellowships:

1. Epidemic Intelligence Service (EIS)
2. CDC E-learning Institute (ELI)
3. Epidemiology Elective Program (EEP)
4. Future Leaders in Infections and Global Health Threats (FLIGHT)
5. Laboratory Leadership Service (LLS)
6. CDC Steven M. Teutsch Prevention Effectiveness (PE) Fellowship
7. Public Health Associate Program (PHAP)
8. Public Health Informatics Fellowship Program (PHIFP)
9. Science Ambassador Fellowship (SAF)

1.1 Document Structure

This document is broken down by the major pages of the FMS Activity Tracking. In this document, each page of the FMS Activity Tracker has sections and some sub-sections. Instructions, login, and registration pages are included. Instructions and emails in the FMS Activity Tracker are tailored to each CDC fellowship's requirements.

Following the screenshots in each section is a table that shows the status of the collection of data elements by each CDC fellowships. The following labels indicate the status of the collection:

- "Yes" indicates that the fellowship collects the information and that applicants are required to submit this information.
- "No" indicates that the fellowship does not collect this information.
- "-" indicates open text field

In addition, the table shows the data values of each data element, and for ones that have a list of dropdown values, the data value category is hyperlinked to its list located in the Appendix.

2. Sign-In & Sign-Up Pages

2.1 Sign-In Page

Figure 2.1-a. Sign-In Page

Figure 2.1-b. Privacy Act and Public Burden Information

CDC Enterprise Fellowship Management System

Privacy Act Information

The Privacy Act applies to this information collection. Information collected will be kept private as noted in the System of Records Notice is 09-20-0112, Fellowship Program and Guest Researcher Records.

Public Burden Information

Form Approved
OMB No. 0920-0765
Exp. Date 01/31/2021

Activity Tracking Module

Public reporting burden of this collection of information is an estimated average of 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0765).

Table 2.1-a. Sign-In Fields

Field	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Email	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Password	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

2.2 Sign-Up Page (For New Users)

Figure 2.2-a. Sign-Up Fields

Table 2.2-a. Sign-Up Fields

Field	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Email	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Password	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Confirm Password	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

3. eFMS System Help Desk Ticket

Figure 3-a. eFMS System Help Desk Ticket Fields

CDC Enterprise Fellowship Management System

System Help Desk Ticket

Please submit help desk tickets for **system related** (technical) issues or needs only. If you have a fellowship program related question or need, please contact the fellowship program directly.

Your Name: *

Sign-In Email: *

Your best contact phone number (optional):

Fellowship: *

Type to begin search...

What type of issue or need do you have? *

- ● System Error Message
- ○ Sign-In or Password
- ○ Smart Card Sign-In
- ○ Data Not Saving
- ○ Unable to Submit
- ○ Reset application back to "Draft"
- ○ Withdraw Fellowship Application
- ○ Other

URL where the issue is occurring: *

Please copy and paste the URL of the page where you are experiencing the issue.

Error code or message: *

Please describe your issue or need: *

Screenshot of error or issue (optional):

Whenever possible, please provide a system screenshot of any errors or issues you are experiencing so we can quickly resolve your issue.

+ Select a file   ❷

Table 3-a. eFMS System Help Desk Ticket Fields

Field	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Your Name:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sign-In Email:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Contact Phone Number:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fellowship:	Fellowship Lookup Table	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
What type of issue or need do you have?	1. System Error Message 2. Sign-In or Password 3. Smart Card Sign-In 4. Data Not Saving 5. Unable to Submit 6. Reset application back to "Draft" 7. Withdraw Fellowship Application 8. Other	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
URL where the issue is occurring:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Error code message:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Please describe your issue or need:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Screenshot of error or issue (optional):	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Activity Tracking Welcome Page

Figure 4-a. Application Welcome Page

[Program] Host Site Application Portal

Profile

Welcome to the *[Program]* Activity Tracking Portal!

Please contact the [program] program at [program]@cdc.gov with any questions.

Privacy Act and Public Burden Information

TECHNICAL SUPPORT: For technical support to address a system issue, please submit a **System Help Desk Ticket**.

+ Create a Profile to Get Started

5. Activity Tracking Profile

5.1 General Information

Figure 5.1-a. General Information Fields

Table 5.1-a. General Information Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
First Name:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Last Name:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CDC Employee?	1. Yes 2. No	No	No	No	No	No	No	No	No	Yes
Email (If CDC, use CDC Email):	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Class Year:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Photo Upload:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Degree(s):	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Background:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

5.2 EEP

Figure 5.2-a. EEP Profile Fields

Table 5.2-a. EEP Profile Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Memorandum of Agreement (Required for all students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
669A SWEP Volunteer Agreement (Required for CDC-based students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
669C SWEP Statement of Duties Agreement (Required for CDC-based students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
1438 SWEP E-QIP Initiation Form (Required for CDC-based students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
Provided your SSN to EEP Program (Required for CDC-based students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No

Table 5.2-b. EEP Profile Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Safety Survival Skills Exam (SSS) (Required for CDC-based students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
Security Awareness Training (SAT) (Required for CDC-based students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
Completed Office of Safety, Security, and Asset Management (OSSAM) regarding your personnel security background investigation (Required for CDC-based students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
Fingerprinting (Required for CDC-based students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No

Figure 5.3-b. EEP Profile Fields

Pre-Arrival Tracking

Principles of Epidemiology for Public Health Practice Course (See program handbook):
☐ Completed

Date Completed: *

ActivEpi Course (See program handbook):
☐ Completed

Date Completed: *

Online Public Health Ethics Course (See program handbook):
☐ Completed

Date Completed: *

End of Rotation Closeout

Submit Project Abstract (Required by All):
☐ Completed

Date Completed: *

Returned CDC SmartCard to Supervisor (Required by CDC):
☐ Completed

Date Completed: *

Returned computer and all other equipment provided (Required by All):
☐ Completed

Date Completed: *

Table 5.3-c. EEP Profile Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Principles of Epidemiology for Public Health Practice Course (See program handbook) (Optional for all students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
ActiEpi Course (See program handbook) (Optional for all students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
Online Public Health Ethics Course (See program handbook) (Optional for all students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
Submit Project Abstract (Required for all students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
Return CDC SmartCard to Supervisor (Required for CDC-based students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No
Return computer and all other equipment provided (Required for all students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	-	No	No	No	Yes	No	No	No	No	No

5.3 SAF

Figure 5.3-a. SAF Profile Fields

Inprocessing

Pre-Arrival Tracking

Public Health 101 (See program handbook) *

☐ Completed

Date Completed: *

[   ]

Figure 5.3-a. SAF Profile Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Public Health 101 (See program handbook)	1. Completed	No	No	No	No	Yes	No	No	No	No
Date Completed:	-	No	No	No	No	Yes	No	No	No	No

6. Activities & Projects

6.1 EEP

6.1.1 Project Goals

Figure 6.1.1-a. EEP Project Goal Fields

EEP Activity Tracking Project Goals & Plan

Project Goals

Please outline at least 3 goals for your rotation project.

Goal 1: *

Competency Targeted: *
- ○ Systems Thinking
- ○ Public Health Sciences
- ○ Analytic Assessment
- ○ Community Dimensions of Practice
- ○ Intercultural Sensitivity
- ○ Communication

Goal 2: *

Competency Targeted: *
- ○ Systems Thinking
- ○ Public Health Sciences
- ○ Analytic Assessment
- ○ Community Dimensions of Practice
- ○ Intercultural Sensitivity
- ○ Communication

Goal 3: *

Competency Targeted: *
- ○ Systems Thinking
- ○ Public Health Sciences
- ○ Analytic Assessment
- ○ Community Dimensions of Practice
- ○ Intercultural Sensitivity
- ○ Communication

Table 6.1.1-a. EEP Project Goal Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Goal 1:	-	No	No	No	Yes	No	No	No	No	No

23

Competency Domain Targeted:	1. Systems Thinking 2. Public Health Sciences 3. Analytic Assessment 4. Community Dimensions of Practice 5. Intercultural Sensitivity 6. Communication	No	No	No	Yes	No	No	No	No	No
Goal 2:	-	No	No	No	Yes	No	No	No	No	No
Competency Domain Targeted:	1. Systems Thinking 2. Public Health Sciences 3. Analytic Assessment 4. Community Dimensions of Practice 5. Intercultural Sensitivity 6. Communication	No	No	No	Yes	No	No	No	No	No
Goal 3:	-	No	No	No	Yes	No	No	No	No	No
Competency Domain Targeted:	1. Systems Thinking 2. Public Health Sciences 3. Analytic Assessment 4. Community Dimensions of Practice 5. Intercultural Sensitivity 6. Communication	No	No	No	Yes	No	No	No	No	No

6.1.2 Project Plan

Figure 6.1.2-a. EEP Project Plan Fields

Project Plan
Please complete the following project plan.

Main Objective for Week 1: *

Goal Targeted: *
○ Goal 1
○ Goal 2
○ Goal 3

Main Objective for Week 2: *

Goal Targeted: *
○ Goal 1
○ Goal 2
○ Goal 3

Main Objective for Week 3: *

Goal Targeted: *
○ Goal 1
○ Goal 2
○ Goal 3

Main Objective for Week 4: *

Goal Targeted: *
○ Goal 1
○ Goal 2
○ Goal 3

Main Objective for Week 5: *

Goal Targeted: *
○ Goal 1
○ Goal 2
○ Goal 3

Main Objective for Week 6: *

Goal Targeted: *
○ Goal 1
○ Goal 2
○ Goal 3

Main Objective for Week 7: *

Goal Targeted: *
○ Goal 1
○ Goal 2
○ Goal 3

Main Objective for Week 8: *

Goal Targeted: *
○ Goal 1
○ Goal 2
○ Goal 3

Figure 6.1.2-a. EEP Project Plan Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP

Main Objective for Week 1:	-	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 2:	-	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 3:	-	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 4:	-	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 5:	-	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 6:	-	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 7:	-	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 8:	-	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No

6.1.3 Project Tracking Form

Figure 6.1.3-a. EEP Project Tracking Form Fields

EEP Activity Tracking Project Tracking Form

Which week are you reporting? *
- ◯ Week 1
- ◯ Week 2
- ◯ Week 3
- ◯ Week 4
- ◯ Week 5
- ◯ Week 6
- ◯ Week 7
- ◯ Week 8

Did you meet your objectives for this week? *
- ◯ Yes
- ◯ No

How do you plan to address this? *

[   ]

Which of the following lectures or trainings did you attend this week? *
- ◯ EIS Tuesday Monthly Seminar (TMS)
- ◯ Public Health Grand Rounds
- ◯ Preventive Medicine Grand Rounds
- ◯ EIS Regional Conference
- ◯ EIS Annual Conference
- ◯ Other

Please provide any additional lectures or trainings attended: *

[   ]

Do you have any field deployment (e.g., Epi Aids) activities to report? *
- ◯ Yes
- ◯ No

Please provide as much detail as currently possible: *

[   ]

Is there any support the Epidemiology Elective Program team can provide you at this time? *
- ◯ Yes
- ◯ No

Please provide as much detail as currently possible: *

[   ]

Please note: EEP cannot ensure confidentiality of responses. If you prefer to discuss any potential support in detail, please email EpiElective@cdc.gov.

Table 6.1.3-a. EEP Project Tracking Form Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Which week are you reporting?	1. Week 1 2. Week 2 3. Week 3 4. Week 4 5. Week 5 6. Week 6 7. Week 7 8. Week 8	No	No	No	Yes	No	No	No	No	No
Did you meet your objectives for this week?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
How do you plan to address this?	-	No	No	No	Yes	No	No	No	No	No
Which of the following lectures or trainings did you attend this week?	1. EIS Tuesday Monthly Seminar (TMS) 2. Public Health Grand Rounds 3. Preventive Medicine Grand Rounds 4. EIS Regional Conference 5. EIS Annual Conference 6. Other	No	No	No	Yes	No	No	No	No	No
Please provide any additional lectures or trainings attended:	-	No	No	No	Yes	No	No	No	No	No
Do you have any field deployment (e.g., Epi Aids) activities to report?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
Please provide as much detail as currently possible:	-	No	No	No	Yes	No	No	No	No	No
Is there any support the Epidemiology Elective Program team can provide you at this time?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
Please provide as much detail as currently possible:		No	No	No	Yes	No	No	No	No	No

6.2 SAF

6.2.1   Conference Presentation

Figure 6.2.1-a. Conference Presentation Fields

Table 6.2.1-a. Conference Presentation Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Name of Conference:	-	No	No	No	No	Yes	No	No	No	No
Type of Conference:	1. Local conference, meeting, or professional development training session 2. State/regional conference, meeting, or professional development training session 3. National conference, meeting, or professional development training session 4. International conference, meeting, or professional development training session 5. Other	No	No	No	No	Yes	No	No	No	No
Specify:	-	No	No	No	No	Yes	No	No	No	No
Estimated number of conference attendees:	-	No	No	No	No	Yes	No	No	No	No
Conference Location:	**State/Territory Lookup**	No	No	No	No	Yes	No	No	No	No
Title of Conference Presentation:	-	No	No	No	No	Yes	No	No	No	No
Number of Presenters:	-	No	No	No	No	Yes	No	No	No	No
Primary Audience (Select all that apply):	1. STEM/Science Teachers 2. Health Teachers 3. Other Teachers 4. Administrators 5. Students 6. Other	No	No	No	No	Yes	No	No	No	No
Specify:	-	No	No	No	No	Yes	No	No	No	No
Estimated number of presentation attendees:	-	No	No	No	No	Yes	No	No	No	No

6.3 ELI

6.3.1   Success Story

Figure 6.3.1-a. Success Story Fields

Table 6.3.1-a. Success Story Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
1. What training did you develop and what is it about? If finalized, please include where it will be listed (URL).	-	No	No	No	No	No	No	No	Yes	No
2. Why was this training needed?	-	No	No	No	No	No	No	No	Yes	No
3. Tell us about your experience as a fellow in the CDC E-Learning Institute (ELI) Fellowship.	-	No	No	No	No	No	No	No	Yes	No
4. How do you think the fellowship helped you professionally?	-	No	No	No	No	No	No	No	Yes	No
5. What would you say to potential candidates interested in ELI?	-	No	No	No	No	No	No	No	Yes	No

6.3.2 Photo Release

Figure 6.3.2-a. Photo Release Fields

Table 6.3.2-a. Photo Release Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Digital Signature: (Full Name)	-	No	No	No	No	No	No	No	Yes	No

7. Surveys

7.1 EEP

7.1.1   Orientation Survey

7.1.1.1   Introduction & Orientation Experience

Figure 7.1.1.1.a. Introduction & Orientation Experience Fields

Table 7.1.1.1.a. Introduction & Orientation Experience Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Have you previously had at least 6 months of formal public health experience not including post-baccalaureate degrees programs? Both paid and unpaid experiences should be counted.	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
The EEP orientation helped me feel more prepared for my rotation.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
The EEP orientation provided a useful introduction to the CDC, its mission, and the work of its various centers.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
I was satisfied with the EEP orientation schedule.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
I was satisfied with the types of sessions offered during EEP orientation.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

7.1.1.2   Orientation Curriculum

Figure 7.1.1.2.a. Orientation Curriculum Fields

Orientation Curriculum

Please rate your satisfaction with the orientation sessions.

Please comment on which sessions were the most helpful in terms of best preparing you for the start of your EEP rotation: *

Please comment on which sessions were the least helpful in terms of best preparing you for the start of your EEP rotation and provide any suggestions for improvement: *

What were you hoping to learn in this training that was not covered? *

What is your opinion of the balance of lecture and interactivity in the EEP orientation? *

○ Too much lecture and not enough interactive learning
○ Right amount of both lecture and interactive learning
○ Too much interactive learning and not enough lecture

Do you think you will use what you learned in the EEP orientation in your EEP assignment? *

○ Not applicable—I did not learn anything new from this training
○ Definitely not
○ Probably not
○ Possibly
○ Probably yes
○ Definitely yes

Why do you think you may not use what you learned in the EEP orientation in your EEP assignment? (Check all that may apply) *

☐ The training content was not relevant to my assignment.
☐ The training content was too general. I need additional training on my assignment subject matter.
☐ The training content was too basic.
☐ The training content was too advanced
☐ The training content was not relevant to my career trajectory.
☐ Other

Specify: *

Table 7.1.1.2.a. Orientation Curriculum Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Please comment on which sessions were the most helpful in terms of best preparing you for the start of your EEP rotation:	-	No	No	No	Yes	No	No	No	No	No
Please comment on which sessions were the least helpful in terms of best preparing you for the start of your EEP rotation and provide any suggestions for improvement:	-	No	No	No	Yes	No	No	No	No	No
What were you hoping to learn in this training that was not covered?	-	No	No	No	Yes	No	No	No	No	No
What is your opinion of the balance of lecture and interactivity in the EEP orientation?	1. Too much lecture and not enough interactive learning 2. Right amount of both lecture and interactive learning 3. Too much interactive learning and not enough lecture	No	No	No	Yes	No	No	No	No	No
Do you think you will use what you learned in the EEP orientation in your EEP assignment?	1. Not applicable—I did not learn anything new from this training 2. Definitely not 3. Probably not 4. Possibly 5. Probably yes 6. Definitely yes	No	No	No	Yes	No	No	No	No	No
Why do you think you may not use what you learned in the EEP orientation in your EEP assignment? (Check all that may apply)	1. The training content was not relevant to my assignment. 2. The training content was too general. I need additional training on my assignment subject matter. 3. The training content was too basic. 4. The training content was too advanced 5. The training content was not relevant to my career trajectory. 6. Other	No	No	No	Yes	No	No	No	No	No
Please specify:	-	No	No	No	Yes	No	No	No	No	No

7.1.1.3   Future Considerations

Figure 7.1.1.3.a. Future Consideration Fields

Future Considerations

Please indicate your level of agreement with the following statements:

I am considering pursuing a public health career. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

I am considering pursuing additional public health training (i.e., other fellowships) *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

I am considering pursuing additional public health degrees (e.g., DrPH, PhD, MPH, or MSPH) or a preventative medicine residency. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

Please provide any additional comments.

[   ]

Table 7.1.1.3.a. Future Consideration Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
I am considering pursuing a public health career.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
I am considering pursuing additional public health training (i.e., other fellowships)	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
I am considering pursuing additional public health degrees (e.g., DrPH, PhD, MPH, or MSPH) or a preventative medicine residency.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Please provide any additional comments.	-	No	No	No	Yes	No	No	No	No	No

7.1.1.4 Getting Started

Figure 7.1.1.4.a. Getting Started Fields

Getting Started

All Students

Did you received your computer? *
○ Yes
○ No

When did you receive your computer? *

[ ]

When do you expect to receive your computer? *
○ This week
○ Next week
○ Not sure

CDC Students Only

Did you receive your SmartCard? *
○ Yes
○ No

When did you receive your SmartCard? *

[ ]

When do you plan to obtain your SmartCard? *
○ This week
○ Next week
○ Not sure

Please confirm that the email provided in your Profile is current and permanent:
*
☐ I confirm that the email on my Profile is current and permanent

Table 7.1.1.4.a. Getting Started Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Did you receive your computer?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
When did you receive your computer?	-	No	No	No	Yes	No	No	No	No	No
When do you expect to receive your computer?	1. This week 2. Next week 3. Not sure	No	No	No	Yes	No	No	No	No	No
Did you receive your SmartCard?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
When did you receive your SmartCard?	-	No	No	No	Yes	No	No	No	No	No
When do you expect to receive your SmartCard?	1. This week 2. Next week 3. Not sure	No	No	No	Yes	No	No	No	No	No
Please confirm that the email provided in your Profile is current and permanent:	1. I confirm that the email on my Profile is current and permanent	No	No	No	Yes	No	No	No	No	No

7.1.2   Student Exit Survey

7.1.2.1   Main Project and Supervisor

Figure 7.1.2.1.a. Main Project and Supervisor Fields

Table 7.1.2.1.a. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
How would you best classify the main project that you worked on? (Select up to three)	1. Data collection 2. Data entry 3. Data analysis 4. Intervention/program planning 5. Intervention/program implementation 6. Intervention/program evaluation 7. Literature review 8. Scientific writing (e.g., drafting a section of a report) 9. Communications/design (e.g., developing flyers, website content) 10. Field investigation (e.g., Epi Aid) 11. Other	No	No	No	Yes	No	No	No	No	No
Specify:	-	No	No	No	Yes	No	No	No	No	No
What was the title of your main project?	-	No	No	No	Yes	No	No	No	No	No
What deliverables (e.g., literature review, 1-page flyer, clean data set, presentation) did you complete for your main project?	-	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.1.b. Main Project and Supervisor Fields

Table 7.1.2.1.b. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Was the timeframe of your rotation appropriate for you to complete your deliverables?	1. Yes, it was appropriate. 2. No, it was too short. 3. No, it was too long.	No	No	No	Yes	No	No	No	No	No
Please select any of the future roles that you may have related to your main project: (Select all that apply)	1. Being an author on a report or manuscript 2. Giving a presentation 3. Supporting the team with further data analysis 4. Other	No	No	No	Yes	No	No	No	No	No
Specify:	-	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.1.c. Main Project and Supervisor Fields

Indicate the percent of time you spent on each of the types of activities below. (Sum must equal 100%)

Communications/design (e.g., developing flyers, website content) *

Data collection: *

Data entry: *

Data analysis: *

Intervention/program planning: *

Intervention/program implementation: *

Intervention/program evaluation: *

Literature review: *

Scientific writing (e.g., drafting a section of a report): *

Communications/design (e.g., developing flyers, website content): *

Field investigation (e.g., Epi Aid): *

Other: Administrative duties *

Other: Meetings *

Other: Strategic planning *

Table 7.1.2.1.c. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Data collection:	-	No	No	No	Yes	No	No	No	No	No
Data entry:	-	No	No	No	Yes	No	No	No	No	No
Data analysis:	-	No	No	No	Yes	No	No	No	No	No
Intervention/program planning:	-	No	No	No	Yes	No	No	No	No	No
Intervention/program implementation:	-	No	No	No	Yes	No	No	No	No	No
Intervention/program evaluation:	-	No	No	No	Yes	No	No	No	No	No
Literature review:	-	No	No	No	Yes	No	No	No	No	No
Scientific writing (e.g., drafting a section of a report):	-	No	No	No	Yes	No	No	No	No	No
Communications/design (e.g., developing flyers, website content):	-	No	No	No	Yes	No	No	No	No	No
Field investigation (e.g., Epi Aid):	-	No	No	No	Yes	No	No	No	No	No
Other: Administrative duties	-	No	No	No	Yes	No	No	No	No	No
Other: Meetings	-	No	No	No	Yes	No	No	No	No	No
Other: Strategic planning	-	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.1.e. Main Project and Supervisor Fields

Table 7.1.2.1.e. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Other 1: (Please specify)	-	No	No	No	Yes	No	No	No	No	No
Other 1: %	-	No	No	No	Yes	No	No	No	No	No
Other 2: (Please specify)	-	No	No	No	Yes	No	No	No	No	No
Other 2: %	-	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.1.f. Main Project and Supervisor Fields

What did your supervisor do to enhance your EEP experience? (Select all that apply)

☐ Discussed my assignment with me before starting the program
☐ Provided an overview of CDC and how our Center/Division fits into CDC's mission
☐ Met with me each week to provide any feedback
☐ Connected me with other professionals
☐ Facilitated my participation in professional or educational activities within CDC
☐ Other

Specify: *

[   ]

Would you recommend your supervisor to future EEP students? *

○ Yes
○ No

Please explain why not. Your response will be kept confidential. *

[   ]

Select the number of training opportunities you attended during your elective rotation: *

○ 0
○ 1 - 4
○ 5 - 9
○ 10 or more

Table 7.1.2.1.f. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
What did your supervisor do to enhance your EEP experience? (Select all that apply)	1. Discussed my assignment with me before starting the program 2. Provided an overview of CDC and how our Center/Division fits into CDC's mission 3. Met with me each week to provide any feedback 4. Connected me with other professionals 5. Facilitated my participation in professional or educational activities within CDC 6. Other	No	No	No	Yes	No	No	No	No	No
Specify:	-	No	No	No	Yes	No	No	No	No	No
Would you recommend your supervisor to future EEP students?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
Please explain why not. Your response will be kept confidential.	-	No	No	No	Yes	No	No	No	No	No
Select the number of training opportunities you attended during your elective rotation:	1. 0 2. 1-4 3. 5-9 4. 10 or more	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.1.g. Main Project and Supervisor Fields

EEP communications provided useful information for additional training and networking opportunities. *

○ Agree

○ Disagree

○ Neither

Did you assist in a field investigation (e.g., an Epi-Aid)? *

○ Yes

○ No

○ I was not on call for an Epi-Aid

What CDC Center/Institute/Office conducted the field investigation (e.g., Epi-Aid)? (Select all that apply) *

☐ Center for Global Health (CGH)

☐ National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

☐ National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR)

☐ National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

☐ National Center for Injury Prevention and Control (NCIPC)

☐ National Institute for Occupational Safety and Health (NIOSH)

☐ Indian Health Service (IHS)

☐ National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

☐ National Center for Health Statistics (NCHS)

☐ National Center for Immunization and Respiratory Diseases (NCIRD)

☐ National Center on Birth Defects and Developmental Disabilities (NCBDDD)

Division/Branch: *

[   ]

Location of Investigation: *

[Type to begin search...   ▼]

Table 7.1.2.1.g. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
EEP communications provided useful information for additional training and networking opportunities.	1. Agree 2. Disagree 3. Neither	No	No	No	Yes	No	No	No	No	No
Did you assist in a field investigation (e.g., an Epi-Aid)?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
What CDC Center/Institute/Office conducted the field investigation (e.g., Epi-Aid)? (Select all that apply)	**Center/Division/Branch Lookup**	No	No	No	Yes	No	No	No	No	No
Division/Branch:	-	No	No	No	Yes	No	No	No	No	No
Location of Investigation:	**State Lookup**	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.1.h. Main Project and Supervisor Fields

Briefly describe your responsibilities in the field investigation (e.g., Epi Aid): *

Please indicate your level of agreement with the following statements:

Participation in a field investigation (e.g., Epi-Aid) increased my understanding of public health concepts through hands-on experience. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

Participation in a field investigation (e.g., Epi-Aid) increased my interest in pursuing a public health career. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

Participation in a field investigation (e.g, Epi-Aid) connected me with additional public health professionals. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

Table 7.1.2.1.h. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Briefly describe your responsibilities in the field investigation (e.g., Epi Aid):	-	No	No	No	Yes	No	No	No	No	No
Participation in a field investigation (e.g., Epi-Aid) increased my understanding of public health concepts through hands-on experience.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Participation in a field investigation (e.g., Epi-Aid) increased my interest in pursuing a public health career.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Participation in a field investigation (e.g, Epi-Aid) connected me with additional public health professionals.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

7.1.2.2   Competencies

Figure 7.1.2.2.a. Competency Fields

Competencies

In the following section, please rate yourself on the following competencies before and after participating in EEP. Refer to the guide below to determine your competency level. Note that most projects focus on 1-3 domains (e.g., Community Dimensions of Practice, Communication), so you may not have a change in every competency.

Entry/Novice
This level is characterized by:

- Developing awareness of topic
- Limited capabilities
- Little or no experience
- Little or no awareness of potential problems
- Little or no awareness of questions to ask

Proficient/Skilled
This level is characterized by:

- Applying knowledge routinely
- Basic capabilities
- Moderate amount of experience
- Solving problems as they arise
- Awareness of questions to ask
- Knowing where and how to access resources to answer questions

Mastery/Expert
This level is characterized by:

- Applying knowledge effectively, confidently
- Advanced capabilities
- Extensive experience
- Anticipating problems before they arise
- Being sought out for guidance
- Innovating or improving practices for the benefit of others

Figure 7.1.2.2.b. Competency Fields

Community Dimension of Practice

Before EEP

Collaborate in research and intervention efforts to improve global, national, state, and local health and wellbeing. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Incorporate ethical principles as the basis of all interactions with organizations, communities, and individuals. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Ilustrate how ethical principles play a role in the planning and execution of public health activities. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

After EEP

Collaborate in research and intervention efforts to improve global, national, state, and local health and wellbeing. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Incorporate ethical principles as the basis of all interactions with organizations, communities, and individuals. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Ilustrate how ethical principles play a role in the planning and execution of public health activities. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Table 7.1.2.2.a. Competency Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Collaborate in research and intervention efforts to improve global, national, state, and local health and wellbeing.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Incorporate ethical principles as the basis of all interactions with organizations, communities, and individuals.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Illustrate how ethical principles play a role in the planning and execution of public health activities.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.2.b. Competency Fields

Analytical Assessment

Before EEP

Use methods and instruments for collecting valid and reliable quantitative and qualitative data. *
- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Apply epidemiology and biostatistics concepts to analyze quantitative or qualitative public health data. *
- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Use public health data from epidemiologic studies to make evidence-based decisions for action. *
- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

After EEP

Use methods and instruments for collecting valid and reliable quantitative and qualitative data. *
- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Apply epidemiology and biostatistics concepts to analyze quantitative or qualitative public health data. *
- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Use public health data from epidemiologic studies to make evidence-based decisions for action. *
- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Table 7.1.2.2.b. Competency Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Use methods and instruments for collecting valid and reliable quantitative and qualitative data.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Apply epidemiology and biostatistics concepts to analyze quantitative or qualitative public health data.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Use public health data from epidemiologic studies to make evidence-based decisions for action.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.2.c. Competency Fields

Intercultural Sensitivity

Before EEP

Describe how demographic, cultural, socioeconomic, religious/spiritual, and behavioral factors affect the health of individuals and communities in global, national, state, and local contexts. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Discuss how attitudes and perceptions affect health-related behaviors, both in familiar contexts and when attitudes and perceptions are unfamiliar given one's own socialization. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Explain how demographic, cultural, socioeconomic, religious/spiritual, and behavioral factors are taken into consideration when tailoring public health programs and initiatives to improve impact. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

After EEP

Describe how demographic, cultural, socioeconomic, religious/spiritual, and behavioral factors affect the health of individuals and communities in global, national, state, and local contexts. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Discuss how attitudes and perceptions affect health-related behaviors, both in familiar contexts and when attitudes and perceptions are unfamiliar given one's own socialization. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Explain how demographic, cultural, socioeconomic, religious/spiritual, and behavioral factors are taken into consideration when tailoring public health programs and initiatives to improve impact. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Table 7.1.2.2.c. Competency Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Describe how demographic, cultural, socioeconomic, religious/spiritual, and behavioral factors affect the health of individuals and communities in global, national, state, and local contexts.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Discuss how attitudes and perceptions affect health-related behaviors, both in familiar contexts and when attitudes and perceptions are unfamiliar given one's own socialization.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Explain how demographic, cultural, socioeconomic, religious/spiritual, and behavioral factors are taken into consideration when tailoring public health programs and initiatives to improve impact.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.2.d. Competency Fields

Systems Thinking

Before EEP

Analyze issues related to the burden of disease, socioeconomic, cultural, and environmental determinants of health, measures of health status, and the links between health, social and economic development. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Apply a population-based perspective of the distribution and determinants of disease or health conditions. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Exhibit process-oriented thinking by outlining a project timeline, learning objectives, and expected deliverables. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Identify inputs (e.g., community resources, public and/or private organizations, institutions, individuals, environment, or materials), their roles in public health interventions, and the manner in which they can be utilized to achieve public health outputs and outcomes. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

After EEP

Analyze issues related to the burden of disease, socioeconomic, cultural, and environmental determinants of health, measures of health status, and the links between health, social and economic development. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Apply a population-based perspective of the distribution and determinants of disease or health conditions. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Exhibit process-oriented thinking by outlining a project timeline, learning objectives, and expected deliverables. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Identify inputs (e.g., community resources, public and/or private organizations, institutions, individuals, environment, or materials), their roles in public health interventions, and the manner in which they can be utilized to achieve public health outputs and outcomes. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Table 7.1.2.2.d. Competency Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Analyze issues related to the burden of disease, socioeconomic, cultural, and environmental determinants of health, measures of health status, and the links between health, social and economic development.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Apply a population-based perspective of the distribution and determinants of disease or health conditions.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Exhibit process-oriented thinking by outlining a project timeline, learning objectives, and expected deliverables.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Identify inputs (e.g., community resources, public and/or private organizations, institutions, individuals, environment, or materials), their roles in public health interventions, and the manner in which they can be utilized to achieve public health outputs and outcomes.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.2.e. Competency Fields

Public Health Sciences
Before EEP

Describe how a public health perspective and evidence-based approaches can be used to improve community health. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Apply the basic public health sciences (including, but not limited to, biostatistics, epidemiology, prevention science, environmental health sciences, and social and behavioral health sciences) to assess and address public health concerns. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

After EEP

Describe how a public health perspective and evidence-based approaches can be used to improve community health. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Apply the basic public health sciences (including, but not limited to, biostatistics, epidemiology, prevention science, environmental health sciences, and social and behavioral health sciences) to assess and address public health concerns. *

○ No experience
○ Beginner
○ Competent
○ Proficient
○ Expert
○ I did not focus on this competency during my rotation

Table 7.1.2.2.e. Competency Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Describe how a public health perspective and evidence-based approaches can be used to improve community health.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Apply the basic public health sciences (including, but not limited to, biostatistics, epidemiology, prevention science, environmental health sciences, and social and behavioral health sciences) to assess and address public health concerns.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.2.f. Competency Fields

Communication

Before EEP

Use the standard scientific format to clearly and concisely report research findings. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Participate in teams as a member and/or leader. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Communicate orally, electronically, and in writing with linguistic and cultural proficiency. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Solicit and discuss feedback from supervisors and colleagues to improve personal learning. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

After EEP

Use the standard scientific format to clearly and concisely report research findings. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Participate in teams as a member and/or leader. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Communicate orally, electronically, and in writing with linguistic and cultural proficiency. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Solicit and discuss feedback from supervisors and colleagues to improve personal learning. *

- ○ No experience
- ○ Beginner
- ○ Competent
- ○ Proficient
- ○ Expert
- ○ I did not focus on this competency during my rotation

Table 7.1.2.2.f. Competency Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Use the standard scientific format to clearly and concisely report research findings.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Participate in teams as a member and/or leader.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Communicate orally, electronically, and in writing with linguistic and cultural proficiency.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Solicit and discuss feedback from supervisors and colleagues to improve personal learning.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

7.1.2.3   Future Considerations

Figure 7.1.2.3.a. Future Consideration Fields

Future Considerations

Why did you choose to participate in EEP? (Select all that apply) *

☐ Gain experience in applied epidemiology

☐ Gain experience in public health

☐ Learn about preventive medicine

☐ Learn about CDC and/or the Epidemic Intelligence Service (EIS)

☐ Interested in working for CDC and/or EIS

☐ Networking opportunities

☐ Other

Specify: *

[   ]

Please indicate your level of agreement with the following statements:

My EEP experience provided me with a network of public health professionals
with whom I can connect in the futuree *

○ Strongly Disagree

○ Disagree

○ Neither Agree or Disagree

○ Agree

○ Strongly Agree

My EEP experience made me more likely to pursue a public health career. *

○ Strongly Disagree

○ Disagree

○ Neither Agree or Disagree

○ Agree

○ Strongly Agree

Table 7.1.2.3.a. Future Consideration Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Why did you choose to participate in EEP? (Select all that apply)	1. Gain experience in applied epidemiology 2. Gain experience in public health 3. Learn about preventive medicine 4. Learn about CDC and/or the Epidemic Intelligence Service (EIS) and other fellowships 5. Interested in working for CDC and/or EIS 6. Networking opportunities 7. Other	No	No	No	Yes	No	No	No	No	No
Please specify:	-	No	No	No	Yes	No	No	No	No	No
My EEP experience provided me with a network of public health professionals with whom I can connect in the future.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
My EEP experience made me more likely to pursue a public health career.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
My EEP experience made me more likely to incorporate public health perspectives into clinical practice.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
My EEP experience made me more likely to pursue additional public health training.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

Figure 7.1.2.3.b. Future Consideration Fields

My EEP experience made me more likely to pursue additional public health training. *
○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

My EEP experience made me more likely to apply for the Epidemic Intelligence Service (EIS) in the future. *
○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

My EEP experience provided me with a network of public health professionals with whom I can connect in the future. *
○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

My EEP experience made me more likely to pursue a public health career. *
○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

My EEP experience made me more likely to apply for the CDC Preventative Medicine Residency and Fellowship (PMR/F) program in the future. *
○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

In 3-5 sentences, please describe how you plan to apply the knowledge, skills, and experience gained from EEP to your future training and career: *
[   ]

My EEP experience made me more likely to incorporate public health perspectives into clinical practice. *
○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

What are some barriers for you to pursue a public health career? (Select all that apply) *
☐ Potential salary range
☐ High student loan debt
☐ Limited clinical contact hours
☐ Additional training or degrees required

Table 7.1.3.4.b. Future Consideration Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
My EEP experience made me more likely to apply for the Epidemic Intelligence Service (EIS) in the future.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
My EEP experience made me more likely to apply for the CDC Preventative Medicine Residency and Fellowship (PMR/F) program in the future.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
In 3-5 sentences, please describe how you plan to apply the knowledge, skills, and experience gained from EEP to your future training and career:	-	No	No	No	Yes	No	No	No	No	No
What are some barriers for you to pursue a public health career? (Select all that apply)	1. Potential salary range 2. High student loan debt 3. Limited clinical contact hours 4. Additional training or degrees required	No	No	No	Yes	No	No	No	No	No

7.2 SAF

7.2.1   Summer Course Satisfaction Survey

7.2.1.1   Introduction

Figure 7.2.1.1.a. Introduction Fields

Table 7.2.1.1.a. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
1. In the past school year, which grade(s) did you teach? (Select all that apply)	1. Elementary School (grades K-5) 2. Middle School (grades 6-8) 3. High School (grades 9-12) 2. Community College 3. College (Undergraduate) 4. College (Graduate) 5. Other: Curriculum Development 6. Other: Professional Development 7. Other (Specify)	No	No	No	No	Yes	No	No	No	No
Specify:	-	No	No	No	No	Yes	No	No	No	No
2. In the past school year, which subject area(s) did you teach? (Select all that apply)	1. Epidemiology or Public Health 2. Core Sciences (e.g., Life Sciences, Physical Sciences, Earth and Space Sciences, Engineering, and Technology) 3. Health and Medical Sciences 4. Other	No	No	No	No	Yes	No	No	No	No
Specify:	-	No	No	No	No	Yes	No	No	No	No
3. In the past school year, which resource(s) did you use to teach public health? (Select all that apply)	1. N/A 2. CDC Science Ambassador Fellowship Lesson Plans/Activities 3. CDC Website 4. Other Lesson Plans/Activities (e.g., Young Epidemiology Scholars Lesson Plans) or Websites (e.g., Medical Detectives). Please provide at least 1-2 examples:	No	No	No	No	Yes	No	No	No	No
Examples:	-	No	No	No	No	Yes	No	No	No	No
4. In the upcoming school year, do you plan to teach an entire course related to public health?	1. Yes, I plan to in the next year. 2. No, but I plan to in the future. 3. No, but I plan to incorporate public health into my current course. 4. None of the above.	No	No	No	No	Yes	No	No	No	No

Figure 7.2.1.1.b. Introduction Fields

5. Do any of the schools where you teach receive Title I funds? *

○ Yes
○ No
○ I am not sure
○ I prefer not to answer
○ Not applicable

6. Which of the following are barriers to your teaching public health?

Availability of public health activities and lesson plans *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

Basic knowledge to teach public health content *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

Skills to teach public health content *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

Confidence in teaching public health content *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

School support for teaching public health content *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

Student interest in public health *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

Other (Specify):

[   ]

Other: *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

Table 7.2.1.1.b. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
5. Do any of the schools where you teach receive Title I funds?	1. Yes 2. No 3. I am not sure 4. I prefer not to answer 5. Not applicable	No	No	No	No	Yes	No	No	No	No
Availability of public health activities and lesson plans	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Basic knowledge to teach public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Skills to teach public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Confidence in teaching public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
School support for teaching public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Student interest in public health	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Other (Specify)	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Specify:		No	No	No	No	Yes	No	No	No	No

Figure 7.2.1.1.c. Introduction Fields

7. Please provide your best estimations for the following:

Please enter 0 for the following values that are non-applicable to you.

If you teach in a classroom setting, how many students did you teach public health content to as part of your curriculum or elective course in the past school year? *

How many teachers did you train in teaching public health content in the past school year? *

How many students did you coach through extracurricular clubs or programs at your school related to public health (e.g., Science Olympiad Disease Detectives coach; HOSA supervisor for Public Health or Epidemiology event) in the past school year? *

How many instructional hours did you dedicate to teaching public health content in the past school year? *

Table 7.2.1.1.c. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
If you teach in a classroom setting, how many students did you teach public health content to as part of your curriculum or elective course in the past school year?	-	No	No	No	No	Yes	No	No	No	No
How many teachers did you train in teaching public health content in the past school year?	-	No	No	No	No	Yes	No	No	No	No
How many students did you coach through extracurricular clubs or programs at your school related to public health (e.g., Science Olympiad Disease Detectives coach; HOSA supervisor for Public Health or Epidemiology event) in the past school year?	-	No	No	No	No	Yes	No	No	No	No
How many instructional hours did you dedicate to teaching public health content in the past school year?	-	No	No	No	No	Yes	No	No	No	No

Figure 7.2.1.1.d. Introduction Fields

8. For my Science Ambassador Fellowship presentation requirement, I plan to present a session about teaching public health content at: (Select all that apply) *

☐ Local conference, meeting, or professional development training session
☐ State/regional conference, meeting, or professional development training session
☐ National conference, meeting, or professional development training session
☐ International conference, meeting, or professional development training session
☐ Other (Specify)

Specify: *

9. Please indicate your level of agreement with the following statements.

I was satisfied with the pre-course communication about the CDC Science Ambassador Fellowship summer course. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Please explain and provide suggestions for improvement related to pre-course communication. *

Table 7.2.1.1.d. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
8. For my Science Ambassador Fellowship presentation requirement, I plan to present a session about teaching public health content at: (Select all that apply)	1. Local conference, meeting, or professional development training session 2. State/regional conference, meeting, or professional development training session 3. National conference, meeting, or professional development training session 4. International conference, meeting, or professional development training session 5. Other (Specify)	No	No	No	No	Yes	No	No	No	No
Specify:	-	No	No	No	No	Yes	No	No	No	No
I was satisfied with the pre-course communication about the CDC Science Ambassador Fellowship summer course.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Please explain and provide suggestions for improvement related to pre-course communication.	-	No	No	No	No	Yes	No	No	No	No

Figure 7.2.1.1.e. Introduction Fields

10. Please indicate your level of agreement with each of the following: "I found the ___ helpful in increasing my knowledge, skills, or confidence in teaching public health.

Introduction Sessions (CDC Welcome, CDC Mission, CDC Curriculum: Teaching tomorrow's disease detectives) *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Topic Sessions by CDC Subject Matter Experts (SME) *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Activity Planning Sessions *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Teacher Talks *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Table 7.2.1.1.e. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Introduction Sessions (CDC Welcome, CDC Mission, CDC Curriculum: Teaching tomorrow's disease detectives)	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Topic Sessions by CDC Subject Matter Experts (SME)	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Activity Planning Sessions	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Teacher Talks	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

Figure 7.2.1.1.f. Introduction Fields

Tours & Special Sessions *
- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Overall Summer Course *
- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Please comment on sessions were the most helpful and provide suggestions for improvement. *

[   ]

11. Are you serving as a peer leader this year? *
- ○ Yes
- ○ No

Table 7.2.1.1.f. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Tours & Special Sessions	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Overall Summer Course	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Please comment on sessions were the most helpful and provide suggestions for improvement.	-	No	No	No	No	Yes	No	No	No	No
11. Are you serving as a peer leader this year?	1. Yes 2. No	No	No	No	No	Yes	No	No	No	No

7.2.1.2   Reflection on Fellowship – Fellows

Figure 7.2.1.2.a. Reflection on Fellowship - Fellow Fields

Table 7.2.1.2.a. Reflection on Fellowship - Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Prior to participation in the CDC Science Ambassador Fellowship summer course, I felt confident teaching public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship summer course improved my understanding of the basic knowledge needed to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
The CDC Science Ambassador Fellowship summer course improved my skills to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship summer course motivated me to teach public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

Figure 7.2.1.2.b. Reflection on Fellowship - Fellow Fields

After participation in the CDC Science Ambassador Fellowship summer course, I feel confident that I can teach public health content. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

The CDC Science Ambassador Fellowship summer course met my professional expectations. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

The CDC Science Ambassador Fellowship summer course has motivated me to pursue additional public health training and professional development opportunities. Please elaborate. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Elaborate: *

[   ]

14. Do you plan to apply to be a Science Ambassador Fellowship peer leader? *

A peer leader serves as the lead for the curriculum development team. They are a Science Ambassador Alumni and come back to CDC during the fellowship week.

○ Yes, I plan to apply next year.
○ Yes, I plan to apply in the future.
○ Maybe, I am not sure yet.
○ No, while I would like to, it would be difficult to return as a peer leader.
○ No, I do not plan to apply.
○ None of the above.

Table 7.2.1.2.b. Reflection on Fellowship - Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
After participation in the CDC Science Ambassador Fellowship summer course, I feel confident that I can teach public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
The CDC Science Ambassador Fellowship summer course met my professional expectations.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
The CDC Science Ambassador Fellowship summer course has motivated me to pursue additional public health training and professional development opportunities. Please elaborate.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Elaborate:	-	No	No	No	No	Yes	No	No	No	No
14. Do you plan to apply to be a Science Ambassador Fellowship peer leader?	1. Yes, I plan to apply next year. 2. Yes, I plan to apply in the future. 3. Maybe, I am not sure yet. 4. No, while I would like to, it would be difficult to return as a peer leader. 5. No, I do not plan to apply. 6. None of the above.	No	No	No	No	Yes	No	No	No	No

7.2.1.3   Reflection on Fellowship – Peer Leaders

Figure 7.2.1.3.a. Reflection on Fellowship – Peer Leader Fields

Reflection on Fellowship – Peer Leaders

15. Please indicate your level of agreement with the following statements:

Participation in the CDC Science Ambassador Fellowship summer course as a peer leader improved my understanding of the basic knowledge needed to teach public health content effectively. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Participation in the CDC Science Ambassador Fellowship summer course as a peer leader provided me with the opportunity to practice my leadership skills. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Participation in the CDC Science Ambassador Fellowship summer course as a peer leader motivated me to encourage other teachers to teach public health content. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

After participation in the CDC Science Ambassador Fellowship summer course as a peer leader, I feel confident in mentoring other teachers in how to teach public health content effectively. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Participation in the CDC Science Ambassador Fellowship summer course as a peer leader met my professional expectations. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Table 7.2.1.3.a. Reflection on Fellowship – Peer Leader Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Participation in the CDC Science Ambassador Fellowship summer course as a peer leader improved my understanding of the basic knowledge needed to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship summer course as a peer leader provided me with the opportunity to practice my leadership skills.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship summer course as a peer leader motivated me to encourage other teachers to teach public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
After participation in the CDC Science Ambassador Fellowship summer course as a peer leader, I feel confident in mentoring other teachers in how to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship summer course as a peer leader met my professional expectations.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

7.2.2   Fellow Exit Survey

7.2.2.1   Introduction

Figure 7.2.2.1.a. Introduction Fields

SAF Exit Survey

Attachment 1: 2018 Science Ambassador Fellowship Exit Satisfaction Survey

Introduction

Thank you for participating in the 2018 CDC Science Ambassador Fellowship! The information you provide will be used to guide the direction of future Fellowships. Your participation is voluntary and your answers will not affect earning continuing education units.

You may take this survey anonymously. Information will be treated in a secure manner.

This survey will take approximately 10 minutes to complete. By continuing to the next page, you have consented to complete this survey.

Please contact scienceambassador@cdc.gov if you have any questions or problems concerning this survey.

1. In the past school year, which grade(s) did you teach? (Select all that apply) *

☐ Elementary School (grades K-5)

☐ Middle School (grades 6-8)

☐ High School (grades 9-12)

☐ Community College

☐ College (Undergraduate)

☐ College (Graduate)

☐ Other: Curriculum Development

☐ Other: Professional Development

☐ Other (Specify)

Specify: *

Table 7.2.2.1.a. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
1. In the past school year, which grade(s) did you teach? (Select all that apply)	1. Elementary School (grades K-5) 2. Middle School (grades 6-8) 3. High School (grades 9-12) 2. Community College 3. College (Undergraduate) 4. College (Graduate) 5. Other: Curriculum Development 6. Other: Professional Development 7. Other (Specify)	No	No	No	No	Yes	No	No	No	No
Specify:	-	No	No	No	No	Yes	No	No	No	No

Figure 7.2.2.1.b. Introduction Fields

2. In the past school year, which subject area(s) did you teach? (Select all that apply) *

☐ Epidemiology or Public Health

☐ Core Sciences (e.g., Life Sciences, Physical Sciences, Earth and Space Sciences, Engineering, and Technology)

☐ Health and Medical Sciences

☐ Other

Specify: *

[   ]

3. In the past school year, which resource(s) did you use to teach public health content? (Select all that apply) *

☐ N/A

☐ CDC Science Ambassador Fellowship Lesson Plans/Activities

☐ CDC Website

☐ Other Lesson Plans/Activities (e.g., Young Epidemiology Scholars Lesson Plans) or Websites (e.g., Medical Detectives).

Please provide at least 1-2 examples: *

[   ]

5. Do any of the schools where you teach receive Title I funds? *

○ Yes

○ No

○ I am not sure

○ I prefer not to answer

○ Not applicable

Table 7.2.2.1.b. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
2. In the past school year, which subject area(s) did you teach? (Select all that apply)	1. Epidemiology or Public Health 2. Core Sciences (e.g., Life Sciences, Physical Sciences, Earth and Space Sciences, Engineering, Technology, and Applications of Science) 3. Health and Medical Sciences 4. Other (Specify)	No	No	No	No	Yes	No	No	No	No
Specify:		No	No	No	No	Yes	No	No	No	No
3. In the past school year, which resource(s) did you use to teach public health content? (Select all that apply)	1. N/A 2. CDC Science Ambassador Fellowship Lesson Plans/Activities 3. CDC Website 4. Other Lesson Plans/Activities (e.g., Young Epidemiology Scholars Lesson Plans) or Websites (e.g., Medical Detectives). Please provide at least 1-2 examples:	No	No	No	No	Yes	No	No	No	No
Examples:		No	No	No	No	Yes	No	No	No	No
4. In the upcoming school year, do you plan to teach an entire course related to public health?	1. Yes, I plan to in the next year. 2. No, but I plan to in the future. 3. No, but I plan to incorporate public health into my current course. 4. None of the above.	No	No	No	No	Yes	No	No	No	No
5. Do any of the schools where you teach receive Title I funds?	1. Yes 2. No 3. I am not sure 4. I prefer not to answer 5. Not applicable	No	No	No	No	Yes	No	No	No	No

Figure 7.2.2.1.c. Introduction Fields

6. Which of the following are barriers to your teaching public health?

Availability of public health activities and lesson plans *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

Basic knowledge to teach public health content *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

Skills to teach public health content *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

Confidence in teaching public health content *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

School support for teaching public health content *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

Student interest in public health *

○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

Table 7.2.2.1.c. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Availability of public health activities and lesson plans	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Basic knowledge to teach public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Skills to teach public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Confidence in teaching public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
School support for teaching public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Student interest in public health	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No

Figure 7.2.2.1.d. Introduction Fields

Other (Specify):

Other: *
○ Not a barrier
○ Somewhat of a barrier
○ Major barrier

7. Please indicate your level of agreement with the following statements.

After the CDC Science Ambassador Fellowship summer course, I was able to use the network of CDC Science Ambassador fellows and peer leaders as resources. *
○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

The interaction I had with the network of CDC Science Ambassador fellows and peer leaders was helpful to me in teaching public health. *
○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Table 7.2.2.1.d. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Other (Specify)	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Specify:	-	No	No	No	No	Yes	No	No	No	No
After the CDC Science Ambassador Fellowship summer course, I was able to use the network of CDC Science Ambassador fellows and peer leaders as resources.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
The interaction I had with the network of CDC Science Ambassador fellows and peer leaders was helpful to me in teaching public health.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

Figure 7.2.2.1.e. Introduction Fields

8. Please provide your best estimations for the following:

Please enter 0 for the following values that are non-applicable to you.

If you teach in a classroom setting, how many students did you teach public health content to as part of your curriculum or elective course in the past school year? *

[   ]

How many teachers did you train in teaching public health content in the past school year? *

[   ]

How many students did you coach through extracurricular clubs or programs at your school related to public health (e.g., Science Olympiad Disease Detectives coach; HOSA supervisor for Public Health or Epidemiology event) in the past school year? *

[   ]

How many instructional hours did you dedicate to teaching public health in the past school year? *

[   ]

How many teachers/colleagues did you share your team's CDC Science Ambassador Fellowship activity within the past school year? *

[   ]

How many teachers/colleagues have you recommended the CDC Science Ambassador Fellowship to in the past school year? *

[   ]

Table 7.2.2.1.e. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
If you teach in a classroom setting, how many students did you teach public health content to as part of your curriculum or elective course in the past school year?	-	No	No	No	No	Yes	No	No	No	No
How many teachers did you train in teaching public health content in the past school year?	-	No	No	No	No	Yes	No	No	No	No
How many students did you coach through extracurricular clubs or programs at your school related to public health (e.g., Science Olympiad Disease Detectives coach; HOSA supervisor for Public Health or Epidemiology event) in the past school year?	-	No	No	No	No	Yes	No	No	No	No
How many instructional hours did you dedicate to teaching public health in the past school year?	-	No	No	No	No	Yes	No	No	No	No
How many teachers/colleagues did you share your team's CDC Science Ambassador Fellowship activity within the past school year?	-	No	No	No	No	Yes	No	No	No	No
How many teachers/colleagues have you recommended the CDC Science Ambassador Fellowship to in the past school year?	-	No	No	No	No	Yes	No	No	No	No

Figure 7.2.2.1.f. Introduction Fields

Apart from your CDC Science Ambassador Fellowship activity, did you develop any new public health content (e.g., activities, lesson plans, or curricula) in the past school year? *

○ Yes

○ No

In the past school year, did you teach the activity that you developed as part of the Science Ambassador Fellowship summer course? *

○ Yes

○ No

Table 7.2.2.1.f. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Apart from your CDC Science Ambassador Fellowship activity, did you develop any new public health content (e.g., activities, lesson plans, or curricula) in the past school year?	1. Yes 2. No	No	No	No	No	Yes	No	No	No	No
In the past school year, did you teach the activity that you developed as part of the Science Ambassador Fellowship summer course?	1. Yes 2. No	No	No	No	No	Yes	No	No	No	No

Figure 7.2.2.1.g. Introduction Fields

9. Please indicate your level of agreement with the following statements.

I was satisfied with the interaction with CDC Science Ambassador Fellowship team throughout the fellowship year. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Please provide suggestions for improvement on interaction with the CDC Science Ambassador Fellowship team: *

[   ]

I was satisfied with the Quarterly Newsletter. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Please provide suggestions for improvement on the quarterly newsletter. *

[   ]

Table 7.2.2.1.g. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
I was satisfied with the interaction with CDC Science Ambassador Fellowship team throughout the fellowship year.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Please provide suggestions for improvement on interaction with the CDC Science Ambassador Fellowship team.	-	No	No	No	No	Yes	No	No	No	No
I was satisfied with the Quarterly Newsletter.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Please provide suggestions for improvement on the quarterly newsletter.		No	No	No	No	Yes	No	No	No	No

Figure 7.2.2.1.h. Introduction Fields

Table 7.2.2.1.h. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Which aspects of the CDC Science Ambassador Fellowship were most helpful to you?	-	No	No	No	No	Yes	No	No	No	No
What could be improved to make the CDC Science Ambassador Fellowship a more effective learning experience?	-	No	No	No	No	Yes	No	No	No	No
11. Did you serve as a peer leader this year?	1. Yes 2. No	No	No	No	No	Yes	No	No	No	No

7.2.2.2 Reflections on Fellowship – Fellows

Figure 7.2.2.2.a. Reflections on Fellowship - Fellow Fields

12. Please indicate your level of agreement with the following statements:

Participation in the CDC Science Ambassador Fellowship improved my understanding of the basic knowledge needed to teach public health content effectively. *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

The CDC Science Ambassador Fellowship improved my skills to teach public health content effectively. *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Participation in the CDC Science Ambassador Fellowship motivated me to teach public health content. *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

After participation in the CDC Science Ambassador Fellowship, I feel confident teaching public health content. *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Table 7.2.2.2.a. Reflections on Fellowship - Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Participation in the CDC Science Ambassador Fellowship improved my understanding of the basic knowledge needed to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
The CDC Science Ambassador Fellowship improved my skills to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship motivated me to teach public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
After participation in the CDC Science Ambassador Fellowship, I feel confident teaching public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

Figure 7.2.2.2.b. Reflections on Fellowship - Fellow Fields

The CDC Science Ambassador Fellowship met my professional expectations. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

The CDC Science Ambassador Fellowship has motivated me to pursue additional public health training and professional development opportunities. Please elaborate. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Elaborate: *

[ ]

I would recommend the CDC Science Ambassador Fellowship to others. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

13. Do you plan to apply to be a Science Ambassador Fellowship peer leader? *

A peer leader serves as the lead for the curriculum development team. They are a Science Ambassador Alumni and come back to CDC during the fellowship week.

- ○ Yes, I plan to apply next year.
- ○ Yes, I plan to apply in the future.
- ○ Maybe, I am not sure yet.
- ○ No, while I would like to, it would be difficult to return as a peer leader.
- ○ No, I do not plan to apply.
- ○ None of the above.

Table 7.2.2.2.b. Reflections on Fellowship - Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
The CDC Science Ambassador Fellowship met my professional expectations.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
The CDC Science Ambassador Fellowship has motivated me to pursue additional public health training and professional development opportunities. Please elaborate.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Elaborate:	-	No	No	No	No	Yes	No	No	No	No
I would recommend the CDC Science Ambassador Fellowship to others.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
13. Do you plan to apply to be a Science Ambassador Fellowship peer leader?	1. Yes, I plan to apply next year. 2. Yes, I plan to apply in the future. 3. Maybe, I am not sure yet. 4. No, while I would like to, it would be difficult to return as a peer leader. 5. No, I do not plan to apply. 6. None of the above.	No	No	No	No	Yes	No	No	No	No

7.2.2.3 Reflections on Fellowship – Peer Leaders

Figure 7.2.2.3.a. Reflections on Fellowship – Peer Leader Fields

Reflection on Fellowship - Peer Leaders

15. In what year did you first participate in the Science Ambassador Fellowship or Science Ambassador Workshop? *

16. Please indicate your level of agreement with the following statements:

Participation in the CDC Science Ambassador Fellowship as a peer leader improved my understanding of the basic knowledge needed to teach public health effectively. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Participation in the CDC Science Ambassador Fellowship as a peer leader provided me with the opportunity to practice my leadership skills. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Participation in the CDC Science Ambassador Fellowship as a peer leader motivated me to encourage other teachers to teach public health. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Table 7.2.2.3.a. Reflections on Fellowship – Peer Leader Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
14. In what year did you first participate in the Science Ambassador Fellowship or Science Ambassador Workshop?	-	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship as a peer leader improved my understanding of the basic knowledge needed to teach public health effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship as a peer leader provided me with the opportunity to practice my leadership skills.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship as a peer leader motivated me to encourage other teachers to teach public health.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

Figure 7.2.2.3.b. Reflections on Fellowship – Peer Leader Fields

After participation in the CDC Science Ambassador Fellowship as a peer leader, I feel confident in mentoring other teachers in how to teach public health effectively. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Participation in the CDC Science Ambassador Fellowship as a peer leader met my professional expectations. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

I would encourage other CDC Science Ambassador Fellows to apply to become a peer leader. *

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Table 7.2.2.3.b. Reflections on Fellowship – Peer Leader Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
After participation in the CDC Science Ambassador Fellowship as a peer leader, I feel confident in mentoring other teachers in how to teach public health effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship as a peer leader met my professional expectations.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
I would encourage other CDC Science Ambassador Fellows to apply to become a peer leader.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

7.3 LLS

7.3.1 Supervisor 1-Year Survey

7.3.1.1 Introduction

Figure 7.3.1.1.a. Introduction Fields

Table 7.3.1.1.a. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Supervisor Handbook	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
Supervisor Orientation	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
Supervisor Meetings	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
Administrative support provided to fellows (e.g., onboarding)	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
If you selected, "not at all useful" or "not very useful" please explain in the space provided below.		No	Yes	No	No	No	No	No	No	No

Figure 7.3.1.1.b. Introduction Fields

Selecting an LLS Fellow: *
- ○ Less Support
- ○ The same level of support
- ○ More support
- ○ No support needed
- ○ N/A

Ensuring the LLS Fellow completes CALs (Core Activities of Learning) *
- ○ Less Support
- ○ The same level of support
- ○ More support
- ○ No support needed
- ○ N/A

Assistance with planning projects for LLS Fellow *
- ○ Less Support
- ○ The same level of support
- ○ More support
- ○ No support needed
- ○ N/A

3. Reflecting back on your experience as a supervisor for the past year, please identify any support services that you did not receive from the LLS program that would have been beneficial or that you wish you had. *

[ ]

Table 7.3.1.1.b. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Selecting an LLS Fellow	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No
Ensuring the LLS Fellow completes CALs (Core Activities of Learning)	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No
Assistance with planning projects for LLS Fellow	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No
If you selected, "less support" or "more support" please specify in the space provided below.	-	No	Yes	No	No	No	No	No	No	No
3. Reflecting back on your experience as a supervisor for the past year, please identify any support services that you did not receive from the LLS program that would have been beneficial or that you wish you had.	-	No	Yes	No	No	No	No	No	No	No

Figure 7.3.1.1.c. Introduction Fields


```
4. Would you be willing to host another LLS fellow? *

  ○ Yes
  ○ No
  ○ Undecided

5. Would you recommend participation as a host laboratory in the LLS
Fellowship Program to other public health laboratories? *

  ○ Yes
  ○ No
  ○ Undecided

6. What additional training or experiences would be helpful for LLS Fellows to
receive? Please include your thoughts below and indicate the respective course
that it pertains to. *

  [                                                            ]
```

Table 7.3.1.1.c. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
4. Would you be willing to host another LLS fellow?	1. No 2. Yes 3. Undecided	No	Yes	No	No	No	No	No	No	No
If you selected, "no" or "undecided" please explain.	-	No	Yes	No	No	No	No	No	No	No
5. Would you recommend participation as a host laboratory in the LLS Fellowship Program to other public health laboratories?	1. No 2. Yes 3. Undecided	No	Yes	No	No	No	No	No	No	No
If you selected, "no" or "undecided" please explain.	-	No	Yes	No	No	No	No	No	No	No
6. What additional training or experiences would be helpful for LLS Fellows to receive? Please include your thoughts below and indicate the respective course that it pertains to.		No	Yes	No	No	No	No	No	No	No

7.3.1.2   Communication

Figure 7.3.1.2.a. Communication Fields

Table 7.3.1.2.a. Communication Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
The communications between you and the LLS program.	1. Very Dissatisfied 2. Dissatisfied 3. Satisfied 4. Very Satisfied 5. Not Applicable	No	Yes	No	No	No	No	No	No	No
Your interactions with your CIO ADLS about an LLS-related question or problem.	-	No	Yes	No	No	No	No	No	No	No

7.3.1.3   Feedback on Hosting an LLS Fellow

Figure 7.3.1.3.a. Feedback on Hosting an LLS Fellow Fields

Feedback on Hosting an LLS Fellow

8. Thinking about the LLS Fellow you supervise, please indicate to what extent you agree or disagree with the following statements.

Your LLS Fellow serves as an active member of the laboratory team: *

○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Your LLS Fellow contributes toward advancing laboratory assessments, protocols, or procedures: *

○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Your LLS Fellow supports the development of laboratory safety in the laboratory: *

○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Your LLS Fellow supports the development of laboratory quality in the laboratory: *

○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

25

Table 7.3.1.3.a. Feedback on Hosting an LLS Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Your LLS Fellow serves as an active member of the laboratory team.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow contributes toward advancing laboratory assessments, protocols, or procedures.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow supports the development of laboratory safety in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow supports the development of laboratory quality in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No

Figure 7.3.1.3.b. Feedback on Hosting an LLS Fellow Fields

Your LLS Fellow contributes to the advancement of applied health research in the laboratory: *

○ Strongly Disagree

○ Disagree

○ Agree

○ Strongly Agree

My team values the LLS Fellow's contributions: *

○ Strongly Disagree

○ Disagree

○ Agree

○ Strongly Agree

My team has gained knowledge or skills as a result of participating in the LLS Program: *

○ Strongly Disagree

○ Disagree

○ Agree

○ Strongly Agree

Hosting my LLS Fellow has changed the way I or team members approach laboratory safety: *

○ Strongly Disagree

○ Disagree

○ Agree

○ Strongly Agree

Table 7.3.1.3.b. Feedback on Hosting an LLS Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Your LLS Fellow contributes to the advancement of applied health research in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
My team values the LLS Fellow's contributions.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
My team has gained knowledge or skills as a result of participating in the LLS Program.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Hosting my LLS Fellow has changed the way I or team members approach laboratory safety.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No

Figure 7.3.1.3.c. Feedback on Hosting an LLS Fellow Fields

Table 7.3.1.3.c. Feedback on Hosting an LLS Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Hosting my LLS Fellow has changed the way I or team members approach laboratory quality.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Hosting my LLS Fellow has changed the way I or team members approach laboratory management.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Please share some examples to support your responses to the questions above.	-	No	Yes	No	No	No	No	No	No	No

7.3.2   Supervisor Exit Survey

7.3.2.1   Introduction

Figure 7.3.2.1.a. Introduction Fields

Table 7.3.2.1.a. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Supervisor Handbook	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
Supervisor Orientation	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
Supervisor Meetings	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
If you selected, "not at all useful" or "not very useful" please explain in the space provided below.	-	No	Yes	No	No	No	No	No	No	No

Figure 7.3.2.1.b. Introduction Fields

2. Please indicate the level of support you would like to receive in the future from the LLS office for the
following processes:

Selecting an LLS Fellow: *

○ Less Support

○ The same level of support

○ More support

○ No support needed

○ N/A

Ensuring the LLS Fellow completes CALs (Core Activities of Learning) *

○ Less Support

○ The same level of support

○ More support

○ No support needed

○ N/A

Assistance with planning projects for LLS Fellow *

○ Less Support

○ The same level of support

○ More support

○ No support needed

○ N/A

If you selected, "less support" or "more support" please specify in the space
provided below. *

Table 7.3.2.1.b. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Selecting an LLS Fellow	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No
Ensuring the LLS Fellow completes CALs (Core Activities of Learning)	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No
Assistance with planning projects for LLS Fellow	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No
If you selected, "less support" or "more support" please specify in the space provided below.	-	No	Yes	No	No	No	No	No	No	No

Figure 7.3.2.1.c. Introduction Fields

3. Reflecting back on your experience as a supervisor for the past two years, please identify any support services that you did not receive from the LLS program that would have been beneficial or that you wish you had: *

4. Please refer to the 2019 CAL list for the questions listed below. The CAL list for 2019 included:

- CAL 1 - Conduct applied laboratory research to address a public health or safety-related issue.
- CAL 2 - Conduct a risk assessment to evaluate the probability and potential consequences of
  exposure to a given hazard.
- CAL 3 - Evaluate a quality management system.
- CAL 4 - Incorporate bioinformatics principles into applied public health laboratory science.
- CAL 5 - Give a 10-20 minute oral presentation to a scientific audience.
- CAL 6 - Give an in-depth public health talk on the fellow's original LLS work or field of study.
- CAL 7 - Write and submit, as first author, a scientific manuscript for a peer-reviewed journal.
- CAL 8 - Participate in laboratory operations management.
- CAL 9 - Communicate complex scientific concepts to an external lay audience.
- CAL 10 - Provide service to the agency."

Are there any CALs that you would recommend removing from the list? *

⊙ Yes
○ No

If you selected, "yes" to this question, please explain. *

Figure 7.3.2.1.c. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
3. Reflecting back on your experience as a supervisor for the past two years, please identify any support services that you did not receive from the LLS program that would have been beneficial or that you'd wished you had.	-	No	Yes	No	No	No	No	No	No	No
Are there any CALs that you would recommend removing from the list?	1. Yes 2. No	No	Yes	No	No	No	No	No	No	No
If you selected, "yes" to either question, please explain.	-	No	Yes	No	No	No	No	No	No	No

Figure 7.3.2.1.d. Introduction Fields

5. Would you be willing to host another LLS fellow? *
○ Yes
○ No
○ Undecided

6. Would you recommend participation as a host laboratory in the LLS Fellowship Program to other CDC or state public health laboratories? *
○ Yes
○ No
○ Undecided

If you selected, "no" or "undecided" please explain. *

7. In what topics did your fellow need additional training? (Please list)

Table 7.3.2.1.d. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
5. Would you be willing to host another LLS fellow?	1. Yes 2. No 3. Undecided	No	Yes	No	No	No	No	No	No	No
If you selected, "no" or "undecided" please explain.	-	No	Yes	No	No	No	No	No	No	No
6. Would you recommend participation as a host laboratory in the LLS Fellowship Program to other CDC or state public health laboratories?	1. Yes 2. No 3. Undecided	No	Yes	No	No	No	No	No	No	No
If you selected, "no" or "undecided" please explain.	-	No	Yes	No	No	No	No	No	No	No
7. In what topics did your fellow need additional training? (Please list)	-	No	Yes	No	No	No	No	No	No	No

7.3.2.2 Communications

Figure 7.3.2.1.a. Communications Fields

Table 7.3.2.1.a. Communications Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
The communication between you and the LLS program.	1. Very Dissatisfied 2. Dissatisfied 3. Satisfied 4. Very Satisfied 5. Not Applicable	No	Yes	No	No	No	No	No	No	No
Your interactions with your CIO ADLS about an LLS-related question or problem.	1. Very Dissatisfied 2. Dissatisfied 3. Satisfied 4. Very Satisfied 5. Not Applicable	No	Yes	No	No	No	No	No	No	No
9. Please share any suggestions that you have to help LLS Fellows obtain public health laboratory positions after graduation.	-	No	Yes	No	No	No	No	No	No	No

7.3.2.3   Feedback on Hosting an LLS Fellow

Figure 7.3.2.3.a. Feedback on Hosting an LLS Fellow Fields

Feedback on Hosting an LLS Fellow

10. Would you like to provide feedback regarding LLS Fellow accomplishments? If you do not have any feedback please write, N/A. *

11. Thinking about the LLS Fellow you supervised, please indicate to what extent you agree or disagree with the following statements.

Your LLS Fellow serves as an active member of the laboratory team: *
○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Your LLS Fellow contributes toward advancing laboratory assessments, protocols, or procedures: *
○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Your LLS Fellow supports the development of laboratory safety in the laboratory: *
○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Table 7.3.2.3.a. Feedback on Hosting an LLS Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
10. Would you like to provide feedback regarding LLS Fellow accomplishments? If you do not have any feedback please write, N/A.	-	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow serves as an active member of the laboratory team.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow contributes toward advancing laboratory assessments, protocols, or procedures.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow supports the development of laboratory safety in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No

Figure 7.3.2.3.b. Feedback on Hosting an LLS Fellow Fields

Your LLS Fellow supports the development of laboratory quality in the laboratory: *
○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Your LLS Fellow contributes to the advancement of applied health research in the laboratory: *
○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

My team values the LLS Fellow's contributions: *
○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

My team has gained knowledge or skills as a result of participating in the LLS Program: *
○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Hosting my LLS Fellow has changed the way I or team members approach laboratory safety: *
○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Hosting my LLS Fellow has changed the way I or team members approach laboratory quality: *
○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Hosting my LLS Fellow has changed the way I or team members approach laboratory management: *
○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Please share some examples to support your responses to the questions above: *

I had a good working relationship with my fellow. *
○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

What were the most challenging parts of hosting an LLSF? *

Please describe how you approached supervising your LLSF (i.e., how do you interact with your officer, what is your management style)? *

Table 7.3.2.3.b. Feedback on Hosting an LLS Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Your LLS Fellow supports the development of laboratory quality in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow contributes to the advancement of applied health research in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
My team values the LLS Fellow's contributions.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
My team has gained knowledge or skills as a result of participating in the LLS Program.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Hosting my LLS Fellow has changed the way I or team members approach laboratory safety.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Hosting my LLS Fellow has changed the way I or team members approach laboratory quality.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Hosting my LLS Fellow has changed the way I or team members approach laboratory management.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Please share some examples to support your responses to the question above.	-	No	Yes	No	No	No	No	No	No	No
I had a good working relationship with my fellow.	1. Strongly Disagree	No	Yes	No	No	No	No	No	No	No
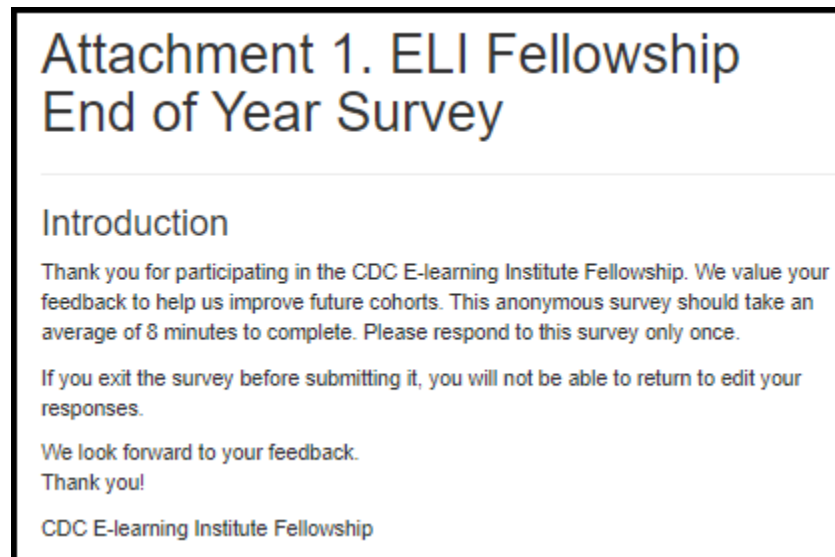
Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
	2. Disagree 3. Agree 4. Strongly Agree									
What were the most challenging parts of hosting an LLSF?	-	No	Yes	No	No	No	No	No	No	No
Please describe how you approached supervising your LLSF (i.e., how do you interact with your officer, what is your management style)?	-	No	Yes	No	No	No	No	No	No	No

7.4 ELI

7.4.1 End of Year Survey

7.4.1.1 Introduction

Figure 7.4.1.1.a Introduction Fields

> ## Attachment 1. ELI Fellowship End of Year Survey
>
> ### Introduction
>
> Thank you for participating in the CDC E-learning Institute Fellowship. We value your feedback to help us improve future cohorts. This anonymous survey should take an average of 8 minutes to complete. Please respond to this survey only once.
>
> If you exit the survey before submitting it, you will not be able to return to edit your responses.
>
> We look forward to your feedback.
> Thank you!
>
> CDC E-learning Institute Fellowship

7.4.1.2 Increases in Knowledge, Skill, Self-Efficacy

Figure 7.4.1.2.a Increases in Knowledge, Skill, Self-Efficacy Fields

Table 7.4.1.2.a Increases in Knowledge, Skill, Self-Efficacy Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
I am more knowledgeable about how online training products are created.	1. Strongly Disagree 2. Disagree 3. Neither 4. Agree 5. Strongly Agree	No	No	No	No	No	No	No	Yes	No
I have increased my skill level to develop online training products.	1. Strongly Disagree 2. Disagree 3. Neither 4. Agree 5. Strongly Agree	No	No	No	No	No	No	No	Yes	No
I feel more prepared to develop an online training product on my own in the future.	1. Strongly Disagree 2. Disagree 3. Neither 4. Agree 5. Strongly Agree	No	No	No	No	No	No	No	Yes	No
I have been able to directly apply what I have learned to my job.	1. Strongly Disagree 2. Disagree 3. Neither 4. Agree 5. Strongly Agree	No	No	No	No	No	No	No	Yes	No

7.4.1.3   Instructional Design Competencies

Figure 7.4.1.3.a Instructional Design Competencies Fields

Attachment 6 – FMS Activity Tracking Module

Table 7.4.1.3.a Instructional Design Competencies Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Instructional Design (process and application)	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Data collection and analysis	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Needs assessment	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Design of instructional interventions	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Learning assessment design	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Formative evaluation	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Summative evaluation	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Project management	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No

7.4.1.4   Capacity Increases Attributed to Fellowship

Figure 7.4.1.4.a. Capacity Increases Attributed to Fellowship Fields

Figure 7.4.1.4.b Capacity Increases Attributed to Fellowship Fields

Learner Assessment

Before the Fellowship: *

- Not at all knowledgeable
- Slightly Knowledgeable
- Moderately Knowledgeable
- Very Knowledgeable
- Extremelely Knowledgeable

After the Fellowship: *

- Not at all knowledgeable
- Slightly Knowledgeable
- Moderately Knowledgeable
- Very Knowledgeable
- Extremelely Knowledgeable

Accessibility

Before the Fellowship: *

- Not at all knowledgeable
- Slightly Knowledgeable
- Moderately Knowledgeable
- Very Knowledgeable
- Extremelely Knowledgeable

After the Fellowship: *

- Not at all knowledgeable
- Slightly Knowledgeable
- Moderately Knowledgeable
- Very Knowledgeable
- Extremelely Knowledgeable

Interface and Navigation

Before the Fellowship: *

- Not at all knowledgeable
- Slightly Knowledgeable
- Moderately Knowledgeable
- Very Knowledgeable
- Extremelely Knowledgeable

After the Fellowship: *

- Not at all knowledgeable
- Slightly Knowledgeable
- Moderately Knowledgeable
- Very Knowledgeable
- Extremelely Knowledgeable

Interactivity

Before the Fellowship: *

- Not at all knowledgeable
- Slightly Knowledgeable
- Moderately Knowledgeable
- Very Knowledgeable
- Extremelely Knowledgeable

After the Fellowship: *

- Not at all knowledgeable
- Slightly Knowledgeable
- Moderately Knowledgeable
- Very Knowledgeable
- Extremelely Knowledgeable

Product Evaluation

Before the Fellowship: *

- Not at all knowledgeable
- Slightly Knowledgeable
- Moderately Knowledgeable
- Very Knowledgeable
- Extremelely Knowledgeable

After the Fellowship: *

- Not at all knowledgeable
- Slightly Knowledgeable
- Moderately Knowledgeable
- Very Knowledgeable
- Extremelely Knowledgeable

Table 7.4.1.4.a. Capacity Increases Attributed to Fellowship Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Before the Fellowship:	1. Not at all knowledgeable 2. Slightly Knowledgeable 3. Moderately Knowledgeable 4. Very Knowledgeable 5. Extremely Knowledgeable	No	No	No	No	No	No	No	Yes	No
After the Fellowship:	1. Not at all knowledgeable 2. Slightly Knowledgeable 3. Moderately Knowledgeable 4. Very Knowledgeable 5. Extremely Knowledgeable	No	No	No	No	No	No	No	Yes	No

7.4.1.5 Post-Fellowship Implementation

Figure 7.4.1.5.a Post-Fellowship Implementation Fields

Post-Fellowship Implementation

4. Select the answer that best describes what the fellowship enabled you to do, if anything. *

○ It DID NOT enable me to UNDERSTAND NEW CONCEPTS or USE NEW SKILLS.

○ It enabled me to UNDERSTAND SOME NEW CONCEPTS, but did NOT PREPARE ME TO USE THE NEW SKILLS on the job.

○ It enabled me to BEGIN TRYING TO USE NEW SKILLS on the job.

○ It enabled me to CONFIDENTLY USE NEW SKILLS on the job.

○ It enabled me to BE THOROUGHLY CONFIDENT AND PRACTICED IN USING NEW SKILLS on the job.

○ It enabled me to ACT LIKE AN EXPERT IN APPLYING NEW SKILLS on the job.

5. In regards to the best practices taught in the fellowship, how motivated will you be to UTILIZE these skills in your work? *

○ I will NOT MAKE THIS A PRIORITY when I get back to my day-to-day job.

○ I will make this a PRIORITY – BUT A LOW PRIORITY – when I get back to my day-to-day job.

○ I will make this a MODERATE PRIORITY when I get back to my day-to-day job.

○ I will make this a HIGH PRIORITY when I get back to my day-to-day job.

○ I will make this one of my HIGHEST PRIORITIES when I get back to my day-to-day job.

Table 7.4.1.5.a Post-Fellowship Implementation Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
4. Select the answer that best describes what the fellowship enabled you to do, if anything.	1. It DID NOT enable me to UNDERSTAND NEW CONCEPTS or USE NEW SKILLS. 2. It enabled me to UNDERSTAND SOME NEW CONCEPTS, but did NOT PREPARE ME TO USE THE NEW SKILLS on the job. 3. It enabled me to BEGIN TRYING TO USE NEW SKILLS on the job. 4. It enabled me to CONFIDENTLY USE NEW SKILLS on the job. 5. It enabled me to BE THOROUGHLY CONFIDENT AND PRACTICED IN USING NEW SKILLS on the job. 6. It enabled me to ACT LIKE AN EXPERT IN APPLYING NEW SKILLS on the job.	No	No	No	No	No	No	No	Yes	No
5. In regards to the best practices taught in the fellowship, how motivated will you be to UTILIZE these skills in your work?	1. I will NOT MAKE THIS A PRIORITY when I get back to my day-to-day job. 2. I will make this a PRIORITY – BUT A LOW PRIORITY – when I get back to my day-to-day job. 3. I will make this a MODERATE PRIORITY when I get back to my day-to-day job. 4. I will make this a HIGH PRIORITY when I get back to my day-to-day job. 5. I will make this one of my HIGHEST PRIORITIES when I get back to my day-to-day job.	No	No	No	No	No	No	No	Yes	No

7.4.1.6   Overall

Figure 7.4.1.6.a Overall Fields

Overall

6. How relevant is this fellowship to your current work? *

○ Not at all relevant
○ Slightly relevant
○ Moderately relevant
○ Very relevant
○ Extremely relevant

7. What is your opinion of the balance of written material, webinars, and interactivity in this fellowship? *

○ Too much written materials and webinars, and not enough interactive learning
○ Right amount of written materials, webinars, and interactive learning
○ Too much interactive learning and not enough written materials and webinars

8. How much of what you learned during the fellowship do you expect to use in your position? *

○ None
○ A little
○ Some
○ A lot
○ Don't Know

9. What, if anything, do you plan to use from this fellowship? *

10. Rate your level of agreement with the following statements about your fellowship experience.

I would recommend my MENTOR to an incoming ELI fellow. *

○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree
○ Not Applicable

I would recommend the ELI fellowship program to others. *

○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree
○ Not Applicable

11. How many individuals (peers and mentors) have you developed and plan to maintain a professional relationship with beyond the fellowship? For what purposes? *

12. What part of this fellowship was most helpful to your learning? *

13. Is there anything you want to tell us? *

Table 7.4.1.6.a Overall Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
6. How relevant is this fellowship to your current work?	1. Not at all relevant 2. Slightly relevant 3. Moderately relevant 4. Very relevant 5. Extremely relevant	No	No	No	No	No	No	No	Yes	No
7. What is your opinion of the balance of written material, webinars, and interactivity in this fellowship?	1. Too much written materials and webinars, and not enough interactive learning 2. Right amount of written materials, webinars, and interactive learning 3. Too much interactive learning and not enough written materials and webinars	No	No	No	No	No	No	No	Yes	No
8. How much of what you learned during the fellowship do you expect to use in your position?	1. None 2. A little 3. Some 4. A lot 5. Don't know	No	No	No	No	No	No	No	Yes	No

Table 7.4.1.6.b Overall Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
I would recommend my MENTOR to an incoming ELI fellow.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
I would recommend the ELI fellowship program to others.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
11. How many individuals (peers and mentors) have you developed and plan to maintain a professional relationship with beyond the fellowship? For what purposes?	-	No	No	No	No	No	No	No	Yes	No
12. What part of this fellowship was most helpful to your learning?	-	No	No	No	No	No	No	No	Yes	No
13. Is there anything you want to tell us?	-	No	No	No	No	No	No	No	Yes	No

7.5 EIS

7.5.1   Supervisor Exit Survey

7.5.1.1   Feedback on General EIS Program Support

Figure 7.5.1.1.a Feedback on General EIS Program Support Fields

EIS Supervisor Exit Survey

Thank you for serving as a supervisor for the Epidemic Intelligence Service (EIS). This survey will take approximately 15 minutes to complete. Your responses will be kept private. Your responses are critical to ensuring program improvements. Please contact eis@cdc.gov with any questions about this survey.

Feedback on general EIS Program Support

Thinking about your experience hosting and supervising an EIS officer, please indicate your level of agreement with each statement.

a) The EIS Handbook was a useful resource. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not applicable

b) Supervisor orientation provided me with the information I needed to begin supervising my officer. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not applicable

c) The EIS program clearly communicated supervisory expectations before the fellowship started. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not applicable

d) When I had a question or issue to discuss with the EIS program, I knew which person to contact. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not applicable

e) When I had a question or issue to discuss with the EIS program, the question or issue was resolved within a timely manner. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not applicable

f) I am satisfied with the support received from the EIS program. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not applicable

Figure 7.5.1.1.b Feedback on General EIS Program Support Fields

f) I am satisfied with the support received from the EIS program. *

○ Strongly Disagree

○ Disagree

○ Agree

○ Strongly Agree

○ Not applicable

Please identify any support services that you did not receive from the EIS program BEFORE the fellowship started that would have improved your experience.

Please identify any support services that you did not receive from the EIS program DURING the past 2 years that would have improved your experience.

Table 7.5.1.1.a Feedback on General EIS Program Support Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
a) The EIS Handbook was a useful resource.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
b) Supervisor orientation provided me with the information I needed to begin supervising my officer.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
c) The EIS program clearly communicated supervisory expectations before the fellowship started.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
d) When I had a question or issue to discuss with the EIS program, I knew which person to contact.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
e) When I had a question or issue to discuss with the EIS program, the question or issue was resolved within a timely manner.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No

Table 7.5.1.1.b Feedback on General EIS Program Support Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
f) I am satisfied with the support received from the EIS program.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
If you selected "strongly disagree" or "disagree," please explain in the space provided below.	-	Yes	No	No	No	No	No	No	No	No
Please identify any support services that you did not receive from the EIS program before the fellowship started that would have improved your experience.	-	Yes	No	No	No	No	No	No	No	No
Please identify any support services that you did not receive from the EIS program during the past 2 years that would have improved your experience.	-	Yes	No	No	No	No	No	No	No	No

7.5.1.2   Feedback on Supervisor Training

Figure 7.5.1.2.a Feedback on Supervisor Training Fields

Feedback on Supervisor Support & Training

Including this EIS officer, how many EIS officers have you supervised? *

[   ]

Not including EIS officers, how many other fellows (e.g., ORISE fellows) have you supervised? *

[   ]

Please indicate your level of agreement: Supervisor seminars provided me with the information needed to supervise my officer throughout the year. *

○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree
○ I did not attend any supervisor seminars

Please identify any training areas that you did not receive from the EIS program that would have improved your supervisor experience, knowledge, or skills.

[   ]

Table 7.5.1.2.a Feedback on Supervisor Training Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Including this EIS officer, how many EIS officers have you supervised?	-	Yes	No	No	No	No	No	No	No	No
Not including EIS officers, how many other fellows (e.g., ORISE fellows) have you supervised?	-	Yes	No	No	No	No	No	No	No	No
Please indicate your level of agreement: Supervisor seminars provided me with the information needed to supervise my officer throughout the year.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. I did not attend any supervisor seminars.	Yes	No	No	No	No	No	No	No	No
If you selected "strongly disagree," "disagree," or "I did not attend any supervisor seminars," please explain in the space provided below.	-	Yes	No	No	No	No	No	No	No	No
Please identify any training areas that you did not receive from the EIS program that would have improved your supervisor experience, knowledge, or skills.	-	Yes	No	No	No	No	No	No	No	No

7.5.1.3 Feedback on EIS Officer

Figure 7.5.1.3.a Feedback on EIS Officer Fields

Feedback on EIS Officer

Thinking about your experience supervising your EIS officer, please indicate your level of agreement with each statement.

a) My EIS officer provided valuable contributions to our team. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

b) My EIS officer provided additional epidemiology expertise to our team. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

c) My team has gained knowledge or skills as a result of hosting the EIS officer. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

d) I am satisfied with my EIS officer's contributions to our team. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

e) My EIS officer demonstrated effective written communication skills. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

f) My EIS officer demonstrated effective oral communication skills. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

g) My EIS officer had a desire to learn and improve. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

h) My EIS officer was able to quickly adapt to changing needs and priorities. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

i) My EIS officer was effective at solving problems. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

j) My EIS officer was able to resolve conflicts effectively. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Figure 7.5.1.3.b Feedback on EIS Officer Fields

k) At the end of the fellowship, the EIS officer demonstrated the qualities of a leader. *

○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree

Will any of the EIS officer's products or activities listed below continue to benefit your organization after the end of the fellowship? Only include items if the officer made a meaningful contribution to the work. Check all that apply. *

☐ Public health programs or initiatives
☐ Policies or formal guidelines
☐ Scientific publications or presentations
☐ Communication with lay audiences
☐ Data for public health decision making (including creation of registries, surveillance)
☐ Data for continuous quality improvement
☐ Training or technical assistance materials (e.g., curricula, job aids)
☐ Budgets
☐ Public health information systems
☐ Partnerships
☐ Improvements to organizational efficiencies (e.g., standard operating procedures)
☐ No lasting effect after service ends
☐ Other

Our organization plans to or is the process of: *

○ Hiring the officer into the immediate work group where the fellowship occurred
○ Hiring the officer into another work group
○ Continuing to work with the officer through a mechanism other than hiring (e.g., contracting, another fellowship, etc.)
○ Not retaining the officer through any mechanism

Overall Feedback

Do you plan to serve as a supervisor for another EIS officer in the future? *

[▼]

Please comment on anything else you would like the EIS program to know about your experience supervising an EIS officer.

[   ]

Table 7.5.1.3.a Feedback on EIS Officer Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
a) The EIS officer provided valuable contributions to the host site.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
b) The EIS officer provided additional epidemiology expertise to the host site.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
c) The host site has gained knowledge or skills as a result of hosting the EIS officer.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
d) I had a good working relationship with my officer.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
e) At the end of the fellowship, the EIS officer demonstrated effective written communication skills.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
f) At the end of the fellowship, the EIS officer demonstrated effective oral communication skills.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
g) At the end of the fellowship, the EIS officer had a desire to learn and improve.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No

Figure 7.5.1.3.b Feedback on EIS Officer Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
h) At the end of the fellowship, the EIS officer was able to quickly adapt to changing needs and priorities.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
i) At the end of the fellowship, the EIS officer was effective at solving problems.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
j) At the end of the fellowship, the EIS officer was able to resolve conflicts effectively.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
k) At the end of the fellowship, the EIS officer demonstrated the qualities of a leader.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
If you selected "strongly disagree" or "disagree," please explain in the space provided below.	-	Yes	No	No	No	No	No	No	No	No

Figure 7.5.1.3.c Feedback on EIS Officer Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
15. Will any of the EIS officer's products or activities listed below continue to benefit your organization after the end of the fellowship? Only include items if the officer made a meaningful contribution to the work. (Check all that apply)	1. Public health programs or initiatives 2. Policies or formal guidelines 3. Scientific publications or presentations 4. Communication with lay audiences 5. Data for public health decision making (including creation of registries, surveillance) 6. Data for continuous quality improvement 7. Training or technical assistance materials (e.g., curricula, job aids) 8. Budgets 9. Public health information systems 10. Partnerships 11. Improvements to organizational efficiencies (e.g., standard operating procedures) 12. No lasting effect after service ends 13. Other	Yes	No	No	No	No	No	No	No	No
Specify:		Yes	No	No	No	No	No	No	No	No
16. Our organization plans to or is the process of:	1. Hiring the officer into the immediate work group where the fellowship occurred 2. Hiring the officer into another work group 3. Continuing to work with the officer through a mechanism other than hiring (e.g., contracting, another fellowship, etc.) 4. Not retaining the officer through any mechanism	Yes	No	No	No	No	No	No	No	No

Figure 7.5.1.3.d Feedback on EIS Officer Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
17. Which of these are reasons why your organization is not planning to hire the officer or continue to work with the officer through another mechanism? (Check all that apply)	1. No position available 2. No funds available 3. Officer is not interested (e.g., accepted another position) 4. Officer does not have the knowledge and skills needed for the work 5. My organization already has the knowledge and skills the officer would bring (i.e., no value added) 6. Personal qualities of the officer (e.g., dependability, work ethic) 7. Other	Yes	No	No	No	No	No	No	No	No
Specify:	-	Yes	No	No	No	No	No	No	No	No
18. Which of these are reasons why your organization is planning to work with your officer? (Check all that apply)	1. Officer has the knowledge and skills needed for the work 2. Officer brings additional knowledge and skills the team would not otherwise have 3. Personal qualities of the officer (e.g., dependability, work ethic) 4. Easier than recruiting for a new person for the position 5. Familiarity with your organization and its work 6. Other	Yes	No	No	No	No	No	No	No	No
Specify:	-	Yes	No	No	No	No	No	No	No	No

7.5.1.4 Overall Feedback

Figure 7.5.1.4.a Overall Feedback Fields

Table 7.5.1.4.a Overall Feedback Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Do you plan to serve as a supervisor for another EIS officer in the future?	1. Yes 2. No 3. Undecided	Yes	No	No	No	No	No	No	No	No
If you selected "No" or "Undecided," please explain:	-	Yes	No	No	No	No	No	No	No	No
Please comment on anything else you would like the EIS program to know about your experience supervising an EIS officer.	-	Yes	No	No	No	No	No	No	No	No

7.5.2   Supervisor Survey

7.5.2.1   Introduction

Figure 7.5.2.1.a Introduction Fields

EIS Supervisor Survey

Introduction

Thank you for serving as a supervisor for the Epidemic Intelligence Service (EIS). This survey will take approximately 5 minutes to complete. Your responses will be kept confidential. Your responses are critical to ensuring program improvements.

Please contact eis@cdc.gov with any questions about this survey.

1. Supervisor Name: *

2. Host Site Name: *

Table 7.5.2.1.a Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
1. Supervisor Name:	-	Yes	No	No	No	No	No	No	No	No
2. Host Site Name:	-	Yes	No	No	No	No	No	No	No	No

7.5.2.2 Feedback on EIS Program Support

Figure 7.5.2.2.a. Feedback on EIS Program Support Fields

Feedback on EIS Program Support

3. Thinking about your experience hosting and supervising an EIS officer, please indicate your level of agreement with each statement.

a) The EIS Handbook is a useful resource. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Applicable

b) Supervisor orientation provided me with the information I needed to begin supervising my officer. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Applicable

c) The EIS program clearly communicated supervisory expectations before the fellowship started. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Applicable

d) When I have a question or issue to discuss with the EIS program, I know which person to contact. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Applicable

e) When I have a question or issue to discuss with the EIS program, the question or issue is resolved within a timely manner. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Applicable

f) I am satisfied with the support that I am receiving from the EIS program. *
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Applicable

Figure 7.5.2.2.b. Feedback on EIS Program Support Fields

4. If you selected "strongly disagree" or "disagree," please explain in the space provided below. *

5. Please identify any support services that you have not received from the EIS program before the fellowship started that would have improved your experience. *

6. Please identify any support services that you have not received from the EIS program during the past year that would have improved your experience. *

Table 7.5.2.2.a. Feedback on EIS Program Support Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
a) The EIS Handbook is a useful resource.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
b) Supervisor orientation provided me with the information I needed to begin supervising my officer.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
c) The EIS program clearly communicated supervisory expectations before the fellowship started.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
d) When I have a question or issue to discuss with the EIS program, I know which person to contact.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No

Table 7.5.2.2.b. Feedback on EIS Program Support Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
e) When I have a question or issue to discuss with the EIS program, the question or issue is resolved within a timely manner.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
f) I am satisfied with the support that I am receiving from the EIS program.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
4. If you selected "strongly disagree" or "disagree," please explain in the space provided below.	-	Yes	No	No	No	No	No	No	No	No
5. Please identify any support services that you have not received from the EIS program before the fellowship started that would have improved your experience.	-	Yes	No	No	No	No	No	No	No	No
6. Please identify any support services that you have not received from the EIS program during the past year that would have improved your experience.	-	Yes	No	No	No	No	No	No	No	No

7.5.2.3 Feedback on Supervisor Training

Figure 7.5.2.3.a. Feedback on Supervisor Training Fields

Feedback on Supervisor Training

7. Please indicate your level of agreement: Supervisor seminars provided me with the information needed to supervise my officer throughout the year. *

○ Strongly Disagree
○ Disagree
○ Agree
○ Strongly Agree
○ I have not attended any supervisor seminars.

8. If you selected "strongly disagree," "disagree," or "I have not attended any supervisor seminars," please explain in the space provided below. *

9. Please identify any training areas that you have not received from the EIS program that would improve your supervisor experience, knowledge, or skills. *

10. Describe your management style: *

Table 7.5.2.3.a. Feedback on Supervisor Training Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
7. Please indicate your level of agreement: Supervisor seminars provided me with the information needed to supervise my officer throughout the year.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. I have not attended any supervisor seminars.	Yes	No	No	No	No	No	No	No	No
8. If you selected "strongly disagree," "disagree," or "I have not attended any supervisor seminars," please explain in the space provided below.	-	Yes	No	No	No	No	No	No	No	No
9. Please identify any training areas that you have not received from the EIS program that would improve your supervisor experience, knowledge, or skills.	-	Yes	No	No	No	No	No	No	No	No
10. Describe your management style:	-	Yes	No	No	No	No	No	No	No	No

7.5.2.4   Overall Feedback

Figure 7.5.2.4.a. Overall Feedback Fields

Overall Feedback

11. Please comment on anything else you would like the EIS program to know about your experience supervising an EIS officer. *

Table 7.5.2.4.a. Overall Feedback Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PH-TIPP	PHIFP	PE	ELI	PHAP
11. Please comment on anything else you would like the EIS program to know about your experience supervising an EIS officer.	-	Yes	No	No	No	No	No	No	No	No	No

7.5.3   Position Description Survey

7.5.3.1   Introduction

Figure 7.5.3.1.a Introduction Fields

Table 7.5.3.1.a Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
2. Are you interested in hosting a CDC Epidemiology Elective student next year?	1. Yes 2. No	Yes	No	No	No	No	No	No	No	No
3. Are you interested in hosting a medical or veterinary student (Select all that apply):	1. Medical Student 2. Veterinary Student 3. Not Interested	Yes	No	No	No	No	No	No	No	No
4. Would you be interested in hosting a student for 6 or 8 weeks (Select all that apply):	1. 6 weeks 2. 8 weeks	Yes	No	No	No	No	No	No	No	No

7.5.3.2   EIS Officer Professional Category Needs Assessment

Figure 7.5.3.2.a EIS Officer Professional Category Needs Assessment Fields

EIS Officer Professional Category Needs Assessment

As a program, we want to know about the knowledge and skills that positions prefer officers to have prior to the start of the EIS fellowship. These data will help us think about the knowledge and skills necessary among applicants during the recruitment and selection of future EIS classes.

Note that your preferences will not be shared with incoming officers and will not reduce the number of officers approaching your position in any way. Please also consider that EIS is a training program and that no officer should be required to have all skills at the start of the EIS fellowship. Please answer on behalf of the position that you have submitted, and not about EIS training in general.

For your position, how suitable are the following professional categories?

Physician *

Highly Suitable ▼

If a Physician is "highly suitable" or "suitable" for your position, please indicate which of the following areas of study are preferred. (Check all that apply.) *

☐ Infectious disease
☐ Pediatric infectious disease
☐ Internal medicine
☐ Emergency medicine
☐ Family medicine
☐ Obstetrics and gynecology
☐ Pediatrics
☐ Surgery
☑ Other

Other (please specify):

Figure 7.5.3.2.b EIS Officer Professional Category Needs Assessment Fields

If a Doctoral Scientist is "highly suitable" or "suitable" for your position, please indicate which of the following areas of study are preferred. (Check all that apply.) *

- ☐ Epidemiology, general
- ☐ Infectious disease epidemiology
- ☐ Chronic disease epidemiology
- ☐ Global or international epidemiology
- ☐ Environmental epidemiology
- ☐ Biostatistics
- ☐ Behavioral sciences, general
- ☐ Psychology
- ☐ Social sciences (anthropology, sociology, etc.)
- ☐ Social Work
- ☐ Biology, general
- ☐ Microbiology
- ☐ Molecular biology
- ☐ Nutrition
- ☐ Veterinary Preventative Medicine
- ☐ Public or Community Health
- ☐ Health Management or policy
- ☐ Heath Education
- ☑ Other

Other (please specify):

Veterinarian *

Nurse *

Pharmacist *

Dentist *

Other licensed healthcare professionals *

In addition to the matrix above, what other professional background(s) are highly suitable or suitable for this position?

Please provide your rationale for any professional categories as not suitable for your position:

Is there anything else about the suitability of professional categories of officers you would like for us to know?

Table 7.5.3.2.a EIS Officer Professional Category Needs Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Physician:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
9. If a Physician is "highly suitable" or "suitable" for your position, please indicate which of the following areas of study are preferred. (Check all that apply)	1. Infectious disease 2. Pediatric infectious disease 3. Internal medicine 4. Emergency medicine 5. Family medicine 6. Obstetrics and gynecology 7. Pediatrics 8. Surgery 9. Other	Yes	No	No	No	No	No	No	No	No
Please List:	-	Yes	No	No	No	No	No	No	No	No
Doctoral Scientist:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
8. If a Doctoral Scientist is "highly suitable" or "suitable" for your position, please indicate which of the following areas of study are preferred. (Select all that apply)	1. Epidemiology, general 2. Infectious disease epidemiology 3. Chronic disease epidemiology 4. Global or international epidemiology 5. Environmental epidemiology 6. Biostatistics 7. Behavioral sciences, general 8. Psychology 9. Social sciences (anthropology, sociology, etc.) 10. Social Work 11. Biology, general 12. Microbiology 13. Molecular biology 14. Nutrition 15. Veterinary Preventative Medicine 16. Public or Community Health 17. Health Management or policy 18. Heath Education 19. Other	Yes	No	No	No	No	No	No	No	No
Please List:	-	Yes	No	No	No	No	No	No	No	No

Figure 7.5.3.2.b EIS Officer Professional Category Needs Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Veterinarian:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
Nurse:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
Pharmacist:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
Dentist:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
Other licensed healthcare professionals:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
6. In addition to the matrix above, what other professional background(s) are highly suitable or suitable for this position?	-	Yes	No	No	No	No	No	No	No	No
7. Please provide your rationale for any professional categories as not suitable for your position:	-	Yes	No	No	No	No	No	No	No	No
10. Is there anything else about the suitability of professional categories of officers you would like for us to know?	-	Yes	No	No	No	No	No	No	No	No

7.5.3.3 EIS Officer Knowledge and Skills Needs Assessment

Figure 7.5.3.3.a EIS Officer Knowledge and Skills Needs Assessment Fields

Table 7.5.3.3.a EIS Officer Knowledge and Skills Needs Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Clinical skills, knowledge, and experience:	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
What type of clinical experience?	1. Human 2. Animal 3. No Preference	Yes	No	No	No	No	No	No	No	No
Medical chart review	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
Foreign language	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
If yes, what languages?	-	Yes	No	No	No	No	No	No	No	No
Global field experience	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No

Table 7.5.3.3.b EIS Officer Knowledge and Skills Needs Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Experience working with international partners	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
Qualitative or anthropological methods	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
Large secondary data management	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
Advanced epidemiologic or behavioral science analytical methods	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
Scientific writing		Yes	No	No	No	No	No	No	No	No

Figure 7.5.3.3.c EIS Officer Knowledge and Skills Needs Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
12. In addition to the matrix above, what other knowledge, skill, or experience areas would greatly benefit your position at the start of EIS?	-	Yes	No	No	No	No	No	No	No	No
13. Is there anything else about the knowledge, skill, or experience areas for your position you would like for us to know?	-	Yes	No	No	No	No	No	No	No	No

8. Assessments & Evaluations

8.1 EEP

8.1.1   Supervisor Evaluation of Student Survey

8.1.1.1   General Information

Figure 8.1.1.1.a. General Information Fields

Supervisor Evaluation of Student Survey

Introduction

Thank you for hosting a CDC Epidemiology Elective Program (EEP) student! This exit survey should take less than 5 minutes to complete. Please e-mail any questions regarding this survey to epielective@cdc.gov.

8.1.1.2   Main Project

Figure 8.1.1.2.a. Main Project Fields

Main Project

Please indicate your level of agreement with the following statements regarding the student's performance and contributions to the project you assigned to them during the EEP rotation.

The student had knowledge of the public health sciences prior to his/her EEP rotation that contributed to the project. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

The student had skills in public health sciences prior to his/her EPP rotation that contributed to the project. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

We were able to teach the student new knowledge of public health sciences. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

We were able to teach the student new skills in public health sciences. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

The student contributed to the overall goals of the project. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

Table 8.1.1.2.a. Main Project Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
The student had knowledge of the public health sciences prior to his/her EEP rotation that contributed to the project.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
The student had skills in public health sciences prior to his/her EPP rotation that contributed to the project.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
We were able to teach the student new knowledge of public health sciences.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
We were able to teach the student new skills in public health sciences.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
The student contributed to the overall goals of the project.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

8.1.1.3 Student Professional Skills

Figure 8.1.1.3.a. Student Professional Skills Fields

Table 8.1.1.3.a. Student Professional Skills Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Demonstrated the ability to set goals and objectives.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Accomplished necessary tasks and completed assigned work.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Organized and used time efficiently.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Was able to quickly adapt to changing needs and priorities to support the team.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Developed working relationships with a variety of people.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

Figure 8.1.1.3.b. Student Professional Skills Fields

contributed positively to the team dynamic. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

demonstrated effective oral communication skills. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

demonstrated effective written communication skills. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

was effective at solving problems. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

presented innovative ideas in a professional manner. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

Table 8.1.1.3.b. Student Professional Skills Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Contributed positively to the team dynamic.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Demonstrated effective oral communication skills.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Demonstrated effective written communication skills.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Was effective at solving problems.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Presented innovative ideas in a professional manner.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

Figure 8.1.1.3.c. Student Professional Skills Fields

was able to evaluate personal effort and the work of others. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

was able to take and respond to constructive criticism. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

displayed qualities of a future leader. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

overall demonstrated skills need to enter the public health profession. *

○ Strongly Disagree
○ Disagree
○ Neither Agree or Disagree
○ Agree
○ Strongly Agree

Table 8.1.1.3.c. Student Professional Skills Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Was able to evaluate personal effort and the work of others.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Was able to take and respond to constructive criticism.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Displayed qualities of a future leader.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Overall demonstrated skills need to enter the public health profession.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

8.1.1.4   Future Considerations

Figure 8.1.1.4.a. Future Consideration Fields

Table 8.1.1.4.a. Future Consideration Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Were the rotation dates set at a convenient time of year for you to host a student and provide a project?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
If No, when would you suggest and why?	-	No	No	No	Yes	No	No	No	No	No
Are you interested in hosting an EEP student next year?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
If No, why?	-	No	No	No	Yes	No	No	No	No	No
Please provide any comments regarding your experience with EEP.	-	No	No	No	Yes	No	No	No	No	No

8.1.2   Project Review

Figure 8.1.2.a. Project Review Fields

EEP Project Review

What Competencies has the Student listed for this project? *
☐ Systems Thinking
☐ Public Health Sciences
☐ Analytic Assessment
☐ Community Dimensions of Practice
☐ Intercultural Sensitivity
☐ Communication

I concur that the Systems Thinking Competency requirements for this Project: *
○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the Public Health Sciences Competency requirements for this Project: *
○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the Analytic Assessment Competency requirements for this Project: *
○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the Community Dimensions of Practice Competency requirements for this Project: *
○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the Intercultural Sensitivity Competency requirements for this Project: *
○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the Communication Competency requirements for this Project: *
○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

Missing Requirements: *

Additional Information Needed: *

General Comments or Feedback:

Overall Status

I concur that the overall status of this Project is: *
○ Project In Progress
○ Completed and meets all Competencies listed above

Table 8.1.2.a. Project Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP
What competencies has the student listed for this project?	1. Systems Thinking 2. Public Health Sciences 3. Analytic Assessment 4. Community Dimensions of Practice 5. Intercultural Sensitivity 6. Communication	No	No	Yes	No	No	No	No	No
I concur that the competency requirements for this project:	1. Have been met for this Project 2. Have NOT been met for this Project 3. Project is still In Progress 4. Need Further Information	No	No	Yes	No	No	No	No	No
Missing requirements:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Additional information needed:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
General comments or feedback:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
I concur that the overall status of this project is:	1. Project in Progress 2. Completed and meets all the Competencies listed above	No	No	Yes	No	No	No	No	No

8.2 LLS

8.2.1   Fellow Assessment

Figure 8.2.1.a. Fellow Assessment Fields

LLS Fellow Assessment

Provide a response to the following statements about your fellow:

Fellow will meet the Core Activities of Learning (CALs) during this LLS assignment: *

- ◉ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

If you disagree with any statement listed above, please provide comments for why you disagree: *

What concerns do you have or challenges do you anticipate in the next 6 months? *

What changes or additions to support would you like to see from the LLS Program? Why? *

Table 8.2.1.a. Fellow Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Fellow will meet the Core Activities of Learning (CALs) during this LLS assignment	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	Yes	No	No	No	No	No	No	No
If you disagree with any statement listed above, please provide comments for why you disagree:	-	No	Yes	No	No	No	No	No	No	No
What concerns do you have or challenges do you anticipate in the next 6 months?	-	No	Yes	No	No	No	No	No	No	No
What changes or additions to support would you like to see from the LLS Program? Why?	-	No	Yes	No	No	No	No	No	No	No

8.2.2   6-Month CAL Assessment

8.2.2.1   Section I.

Figure 8.2.2.1.a. CAL 1 Fields

Table 8.2.2.1.a. CAL 1 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
<u>Activities:</u> **Describe the activities associated with this CAL.**	-	No	Yes	No	No	No	No	No	No	No
<u>Topic:</u> **What is the public health or safety issue?**	-	No	Yes	No	No	No	No	No	No	No
<u>Status:</u> **What is the status of this CAL?**	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	-	No	Yes	No	No	No	No	No	No	No
<u>Strength(s):</u> **What are some of the fellow's strengths in achieving the competencies associated with this CAL?**	-	No	Yes	No	No	No	No	No	No	No
<u>Area(s) for Growth:</u> **What are some areas for growth in achieving the competencies associated with this CAL?**	-	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.1.b. CAL 2 Fields

CAL 2: Conduct a safety risk assessment to evaluate the probability and potential consequences of exposure to a given hazard.

Activities: Describe the activities associated with this CAL. *

Topic: What is the public health or safety issue? *

Status: What is the status of this CAL? *

○ 0%
○ 25%
○ 50%
○ 75%
○ 100%

If Status is "Not Started " state why: *

Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL? *

Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL? *

Table 8.2.2.1.b. CAL 2 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
<u>Activities:</u> Describe the activities associated with this CAL.	-	No	Yes	No	No	No	No	No	No	No
<u>Topic:</u> What is the public health or safety issue?	-	No	Yes	No	No	No	No	No	No	No
<u>Status:</u> What is the status of this CAL?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	-	No	Yes	No	No	No	No	No	No	No
<u>Strength(s):</u> What are some of the fellow's strengths in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
<u>Area(s) for Growth:</u> What are some areas for growth in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.1.c. CAL 3 Fields

CAL 3: Evaluate a quality management system.

Activities: Describe the activities associated with this CAL. *

Topic: What is the public health or safety issue? *

Status: What is the status of this CAL? *

○ 0%

○ 25%

○ 50%

○ 75%

○ 100%

If Status is "Not Started " state why: *

Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL? *

Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL? *

Table 8.2.2.1.c. CAL 3 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	-	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	-	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this CAL?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	-	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.1.d. CAL 4 Fields

CAL 4: Incorporate bioinformatics principles into applied public health laboratory science

Activities: Describe the activities associated with this CAL. *

Topic: What is the public health or safety issue? *

Status: What is the status of this CAL? *

○ Not Started
○ In Progress
○ Completed

If Status is "Not Started " state why: *

Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL? *

Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL? *

Table 8.2.2.1.d. CAL 4 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
<u>Activities:</u> Describe the activities associated with this CAL.	-	No	Yes	No	No	No	No	No	No	No
<u>Topic:</u> What is the public health or safety issue?	-	No	Yes	No	No	No	No	No	No	No
<u>Status:</u> What is the status of this CAL?	1. Not Started 2. In Progress 3. Completed	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	-	No	Yes	No	No	No	No	No	No	No
<u>Strength(s):</u> What are some of the fellow's strengths in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
<u>Area(s) for Growth:</u> What are some areas for growth in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.1.e. CAL 5 Fields

CAL 5: Give a 10–20 minute oral presentation to a scientific audience.

Activities: Describe the activities associated with this CAL. *

Topic: What is the public health or safety issue? *

Status: What is the status of this CAL? *

○ 0%
○ 25%
○ 50%
○ 75%
○ 100%

If Status is "Not Started " state why: *

Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL? *

Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL? *

If CAL has been completed, please provide the following information:

Presentation Title:

Event or Conference (e.g., EIS Conference):

Approximate Number of Attendees:

Please contact LLS program if the presentation was not given at a scientific conference.

Table 8.2.2.1.e. CAL 5 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
<u>Activities:</u> Describe the activities associated with this CAL.	-	No	Yes	No	No	No	No	No	No	No
<u>Topic:</u> What is the public health or safety issue?	-	No	Yes	No	No	No	No	No	No	No
<u>Status:</u> What is the status of this CAL?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	-	No	Yes	No	No	No	No	No	No	No
<u>Strength(s):</u> What are some of the fellow's strengths in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
<u>Area(s) for Growth:</u> What are some areas for growth in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
Presentation Title:	-	No	Yes	No	No	No	No	No	No	No
Event or Conference (e.g., EIS Conference):	-	No	Yes	No	No	No	No	No	No	No
Approximate Number of Attendees:	-	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.1.f. CAL 6 Fields

CAL 6: Give an in depth public health talk on the fellow's original LLS work or field of study.

Activities: Describe the activities associated with this CAL. *

Topic: What is the public health or safety issue? *

Status: What is the status of this CAL? *

○ 0%
○ 25%
○ 50%
○ 75%
○ 100%

If Status is "Not Started " state why: *

Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL? *

Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL? *

If CAL has been completed, please provide the following information:

Presentation Title:

Event or Conference (e.g., EIS Conference):

Approximate Number of Attendees:

Table 8.2.2.1.f. CAL 6 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
<u>Activities:</u> Describe the activities associated with this CAL.	-	No	Yes	No	No	No	No	No	No	No
<u>Topic:</u> What is the public health or safety issue?	-	No	Yes	No	No	No	No	No	No	No
<u>Status:</u> What is the status of this CAL?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	-	No	Yes	No	No	No	No	No	No	No
<u>Strength(s):</u> What are some of the fellow's strengths in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
<u>Area(s) for Growth:</u> What are some areas for growth in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
Presentation Title:	-	No	Yes	No	No	No	No	No	No	No
Event or Conference (e.g., EIS conference):	-	No	Yes	No	No	No	No	No	No	No
Approximate Number of Attendees	-	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.1.g. CAL 7 Fields

CAL 7: Write and submit, as first author, a
scientific manuscript for a peer-reviewed journal.

Activities: Describe the activities associated with this CAL. *

Topic: What is the public health or safety issue? *

Status: What is the status of this CAL? *

- ○ 0%
- ○ 25%
- ○ 50%
- ○ 75%
- ○ 100%

If Status is "Not Started " state why: *

Clearance Submission: When was the manuscript submitted to clearance? *

Strength(s): What are some of the fellow's strengths in achieving the
competencies associated with this CAL? *

Area(s) for Growth: What are some areas for growth in achieving the
competencies associated with this CAL? *

If manuscript has been published, provide the following information::

Manuscript Title: *

Name of Journal: *

Citation: *

Table 8.2.2.1.g. CAL 7 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	-	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	-	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this CAL?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	-	No	Yes	No	No	No	No	No	No	No
Clearance Submission: When was the manuscript submitted to clearance?	-	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
Manuscript Title:	-	No	Yes	No	No	No	No	No	No	No
Name of Journal:	-	No	Yes	No	No	No	No	No	No	No
Citation:	-	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.1.h. CAL 8 Fields

CAL 8: Participate in laboratory operations management

Activities: Describe the activities associated with this CAL. *

Topic: What is the public health or safety issue? *

Status: What is the status of this CAL? *

○ Not Started
○ In Progress
○ Completed

If Status is "Not Started " state why: *

Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL? *

Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL? *

Figure 8.2.2.1.h. CAL 8 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
<u>Activities:</u> Describe the activities associated with this CAL.	-	No	Yes	No	No	No	No	No	No	No
<u>Topic:</u> What is the public health or safety issue?	-	No	Yes	No	No	No	No	No	No	No
<u>Status:</u> What is the status of this CAL?	1. Not Started 2. In Progress 3. Completed	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	-	No	Yes	No	No	No	No	No	No	No
<u>Strength(s):</u> What are some of the fellow's strengths in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
<u>Area(s) for Growth:</u> What are some areas for growth in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.1.i. CAL 9 Fields

CAL 9: Communicate complex scientific concepts to an external lay audience.

Activities: Describe the activities associated with this CAL. *

Topic: What is the public health or safety issue? *

Status: What is the status of this CAL? *

○ 0%
○ 25%
○ 50%
○ 75%
○ 100%

If Status is "Not Started " state why: *

Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL? *

Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL? *

Table 8.2.2.1.i. CAL 9 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
<u>Activities:</u> Describe the activities associated with this CAL.	-	No	Yes	No	No	No	No	No	No	No
<u>Topic:</u> What is the public health or safety issue?	-	No	Yes	No	No	No	No	No	No	No
<u>Status:</u> What is the status of this CAL?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	-	No	Yes	No	No	No	No	No	No	No
<u>Strength(s):</u> What are some of the fellow's strengths in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
<u>Area(s) for Growth:</u> What are some areas for growth in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.1.j. CAL 10 Fields

CAL 10: Provide service to the agency (laboratory or CDC-wide).

Activities: Describe the activities associated with this CAL. *

Topic: What is the public health or safety issue? *

Status: What is the status of this CAL? *

- Not Started
- In Progress
- Completed

If Status is "Not Started " state why: *

Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL? *

Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL? *

Table 8.2.2.1.j. CAL 10 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	-	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	-	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this CAL?	1. Not Started 2. In Progress 3. Completed	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	-	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	-	No	Yes	No	No	No	No	No	No	No

8.2.2.2 Section II.

Figure 8.2.2.2.a. Project 1 Fields

Section II.

Please list any additional projects and/or other activities of note that the fellow has completed or is involved with at this time.

Project 1

Activities: Describe the activities of this project. *

Status: What is the status of this project? *

○ 0%
○ 25%
○ 50%
○ 75%
○ 100%

Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this project? *

Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this project? *

Table 8.2.2.2.a. Project 1 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities of this project.	-	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this project?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this project?	-	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this project?	-	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.2.b. Project 2 Fields

Table 8.2.2.2.b. Project 2 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities of this project.	-	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this project?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this project?	-	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this project?	-	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.2.c. Project 3 Fields

Table 8.2.2.2.c. Project 3 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities of this project.	-	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this project?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this project?	-	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this project?	-	No	Yes	No	No	No	No	No	No	No

8.2.3   Activity Review

Figure 8.2.3.a. Activity Review Fields

Figure 8.2.3.b. Activity Review Fields

I concur that the Lay Audience CAL requirements for this Activity: *
- ○ Have been met for this Activity
- ○ Have NOT been met for this Activity
- ○ Activity is still In Progress
- ○ Need Further Information

I concur that the Service to Agency CAL requirements for this Activity: *
- ○ Have been met for this Activity
- ○ Have NOT been met for this Activity
- ○ Activity is still In Progress
- ○ Need Further Information

Missing Requirements: *

Additional Information Needed: *

General Comments or Feedback:

Overall Status

I concur that the overall status of this Activity is: *
- ○ Activity In Progress
- ○ Completed and meets all the CALs listed above

Table 8.2.3.a. Activity Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP
What CALs has the Fellow listed for this activity?	1. Applied Laboratory Research 2. Safety Risk Assessment 3. Quality Management System Evaluation 4. Long Presentation 5. Short Presentation 6. Peer-reviewed Manuscript 7. Bioinformatics 8. Laboratory Operations Management 9. Lay Audience 10. Service to Agency	No	Yes	No	No	No	No	No	No
I concur that the CAL requirements for this Activity:	1. Have been met for this Activity 2. Have NOT been met for this Activity 3. Activity is still In Progress 4. Need Further Information	No	Yes	No	No	No	No	No	No
Missing Requirements:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Additional Information Needed:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
General Comments or Feedback:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
I concur that the overall status of this Activity is:	1. Activity in Progress 2. Completed and meets all the CALs listed above	No	Yes	No	No	No	No	No	No

8.3 PE

8.3.1   Supervisor Evaluation of PE Fellow – End of Year 1 and Year 2

8.3.1.1   Introduction

Figure 8.3.1.1.a. Introduction Fields

PE Fellow Supervisor Evaluation of PE Fellow – End of Year One and Year Two

A critical element of the CDC Steven M. Teutsch Prevention Effectiveness Fellowship's professional development is a PE Fellow's successful performance in both the didactic and experiential areas of training. This performance evaluation is a competency-based assessment of the PE Fellow's performance. Please complete this evaluation based on the PE Fellow's performance and professionalism observed during their two year PE Fellowship.

Please complete this evaluation by **June xx, 20xx.**

Supervisor:

Assignment CIO:

Table 8.3.1.1.a. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Supervisor:	-	No	No	No	No	No	No	Yes	No	No
Assignment CIO:	-	No	No	No	No	No	No	Yes	No	No

8.3.1.2   Development of Competencies

Figure 8.3.1.2.a. Analytic / Assessment Skills Fields

Development of Competencies

Indicate your assessment of the PE Fellow's general proficiency in each competency domain on a scale of 1 to 5, with 5 being the highest.

Related to the competency domain, briefly comment on:

- Particular strengths of the PE Fellow
- Areas in need of special attention and/or areas of growth during PE Fellowship

According to each competency domain, the PE Fellow will be able to:

Analytic / Assessment Skills

- Explain prevention effectiveness research (e.g., economic analysis, health services research, policy analysis, operations research) methods.
- Conduct prevention effectiveness research of, or to inform, public health programs, policies, or problems.
- Explain epidemiology methods, studies, and investigations.

Proficiency: *

- 1 - Basic Proficiency
- 2 -
- 3 -
- 4 -
- 5 - Advanced Proficiency

Strengths of the PE Fellow: *

[   ]

Areas in need of special attention and/or areas of growth during PE Fellowship: *

[   ]

Table 8.3.1.2.a. Analytic / Assessment Skills Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Proficiency:	1. 1 - Basic Proficiency 2. 2 - 3. 3 - 4. 4 - 5. 5 - Advanced Proficiency	No	No	No	No	No	No	Yes	No	No
Strengths of the PE Fellow:	-	No	No	No	No	No	No	Yes	No	No
Areas in need of special attention and/or areas of growth during PE Fellowship:	-	No	No	No	No	No	No	Yes	No	No

Figure 8.3.1.2.b. Policy Assessment and Communication Fields

Figure 8.3.1.2.b. Policy Assessment and Communication Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Proficiency:	1. 1 - Basic Proficiency 2. 2 - 3. 3 - 4. 4 - 5. 5 - Advanced Proficiency	No	No	No	No	No	No	Yes	No	No
Strengths of the PE Fellow:	-	No	No	No	No	No	No	Yes	No	No
Areas in need of special attention and/or areas of growth during PE Fellowship:	-	No	No	No	No	No	No	Yes	No	No

Figure 8.3.1.2.c. Interpersonal and Professional Communication Fields

Table 8.3.1.2.c. Interpersonal and Professional Communication Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Proficiency:	1. 1 - Basic Proficiency 2. 2 - 3. 3 - 4. 4 - 5. 5 - Advanced Proficiency	No	No	No	No	No	No	Yes	No	No
Strengths of the PE Fellow:	-	No	No	No	No	No	No	Yes	No	No
Areas in need of special attention and/or areas of growth during PE Fellowship:	-	No	No	No	No	No	No	Yes	No	No

Figure 8.3.1.2.d. Foundations for Leadership Fields

Foundations for Leadership

- Demonstrate self-awareness and self-management strategies to accomplish job duties.
- Collaborate with others to accomplish job duties
- Demonstrate effective action and organizational strategies to accomplish job duties.

Proficiency: *

○ 1 - Basic Proficiency

○ 2 -

○ 3 -

○ 4 -

○ 5 - Advanced Proficiency

Strengths of the PE Fellow: *

Areas in need of special attention and/or areas of growth during PE Fellowship: *

Table 8.3.1.2.d. Foundations for Leadership Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Proficiency:	1. 1 - Basic Proficiency 2. 2 - 3. 3 - 4. 4 - 5. 5 - Advanced Proficiency	No	No	No	No	No	No	Yes	No	No
Strengths of the PE Fellow:	-	No	No	No	No	No	No	Yes	No	No
Areas in need of special attention and/or areas of growth during PE Fellowship:	-	No	No	No	No	No	No	Yes	No	No

8.3.1.3   Leadership Inventory

Figure 8.3.1.3.a. Leadership Inventory Fields

Leadership Inventory

Please review the statements below and assess your PE Fellow's capabilities.

Self-Awareness and Leadership Presence

Displaying confidence, commitment, and passion in day-to-day actions: *

○ Very Weak
○ Weak
○ Average
○ Strong
○ Very Strong

Prioritizing activities and managing timelines and deadlines: *

○ Very Weak
○ Weak
○ Average
○ Strong
○ Very Strong

Making significant changes in my behavior when necessary: *

○ Very Weak
○ Weak
○ Average
○ Strong
○ Very Strong

Table 8.3.1.3.a. Leadership Inventory Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Displaying confidence, commitment, and passion in day-to-day actions:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Prioritizing activities and managing timelines and deadlines:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Making significant changes in my behavior when necessary:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No

Figure 8.3.1.3.b. Leadership Inventory Fields

Collaboration, Relationship Management, and Influencing

Listening and communicating clearly and effectively: *

○ Very Weak
○ Weak
○ Average
○ Strong
○ Very Strong

Managing conflict and differences of opinion between myself and others or among others: *

○ Very Weak
○ Weak
○ Average
○ Strong
○ Very Strong

Working effectively as a team member: *

○ Very Weak
○ Weak
○ Average
○ Strong
○ Very Strong

Navigating Organizational Culture and Change

Displaying flexibility in adapting to changing or ambiguous situations or overcoming obstacles: *

○ Very Weak
○ Weak
○ Average
○ Strong
○ Very Strong

Managing the administrative and bureaucratic tensions of the workplace: *

○ Very Weak
○ Weak
○ Average
○ Strong
○ Very Strong

Keeping issues and challenges in context while maintaining a balanced viewpoint: *

○ Very Weak
○ Weak
○ Average
○ Strong
○ Very Strong

Table 8.3.1.3.b. Leadership Inventory Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Listening and communicating clearly and effectively:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Managing conflict and differences of opinion between myself and others or among others:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Working effectively as a team member:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Displaying flexibility in adapting to changing or ambiguous situations or overcoming obstacles:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Managing the administrative and bureaucratic tensions of the workplace:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Keeping issues and challenges in context while maintaining a balanced viewpoint:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No

8.3.1.4   Progress on Performance Requirements

Figure 8.3.1.4.a. Progress on Performance Requirements Fields

Table 8.3.1.4.a. Progress on Performance Requirements Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
A. Develop two scientific papers suitable for publication:	-	No	No	No	No	No	No	Yes	No	No
B. Deliver two scientific presentations:	-	No	No	No	No	No	No	Yes	No	No
C. Deliver two methods-based educational sessions:	-	No	No	No	No	No	No	Yes	No	No
D. Develop one policy brief based on a policy issue relevant to the host CIO:	-	No	No	No	No	No	No	Yes	No	No

8.3.1.5   Overall Performance

Figure 8.3.1.5.a. Overall Performance Fields

Table 8.3.1.5.a. Overall Performance Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Overall Proficiency:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Overall Comments (What are your PE Fellow's strengths? How has the PE Fellow improved?):	-	No	No	No	No	No	No	Yes	No	No

8.3.1.6   Statement of Value

Figure 8.3.1.6.a. Statement of Value Fields

Table 8.3.1.6.a. Statement of Value Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Please provide a comment on how valuable you believe the work of your PE Fellow was to your program of research and practice:	-	No	No	No	No	No	No	Yes	No	No

8.3.2   Accomplishment Review

Figure 8.3.2.a. Accomplishment Review Fields

Table 8.3.2.a. Accomplishment Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP
What Competencies has the Fellow listed for this Accomplishment?	1. Analytic / Assessment Skills 2. Policy Assessment and Communication 3. Interpersonal and Professional Communication 4. Foundations for Leadership	No	No	No	No	No	Yes	No	No
I concur that the Competency requirements for this Accomplishment:	1. Have been met for this Accomplishment 2. Have NOT been met for this Accomplishment 3. Accomplishment is still In Progress 4. Need Further Information	No	No	No	No	No	Yes	No	No
Missing Requirements:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Additional Information Needed:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
General Comments or Feedback:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
I concur that the overall status of this Accomplishment is:	1. Accomplishment in Progress 2. Completed and meets all the Competencies listed above	No	No	No	No	No	Yes	No	No

8.4 PHAP

8.4.1   Semi-Annual Activity Reporting (SAAR)

8.4.1.1   Section 1: Associate Activity

Figure 8.4.1.1.a. Section 1: Associate Activity Fields

Table 8.4.1.1.a. Section 1: Associate Activity Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Associate Activity:	-	No	No	No	No	No	No	No	No	Yes
Activity Status:	1. Not Started 2. In Progress 3. Completed 4. Eliminated 5. Other	No	No	No	No	No	No	No	No	Yes
Specify:	-	No	No	No	No	No	No	No	No	Yes
Activity Subject Area:	**Subject Area Lookup**	No	No	No	No	No	No	No	No	Yes
Description of Progress Made:	-	No	No	No	No	No	No	No	No	Yes
Description of Completed Activity:	-	No	No	No	No	No	No	No	No	Yes
Description of Activity Delays:	-	No	No	No	No	No	No	No	No	Yes
Description of Reason Eliminated:	-	No	No	No	No	No	No	No	No	Yes

8.4.1.2   Section 2: Competency Training

Figure 8.4.1.2.a. Section 2: Competency Training Fields

Section 2: Competency Training

Select Competency: *
[Type to begin search...]

Competency Training Status: *
○ Not Started
○ In Progress
○ Completed

Description of Progress Made: *

Description of Delays / Challenges: *

Description of Completed Competency Training: *

Table 8.4.1.2.a. Section 2: Competency Training Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Select Competency:	-	No	No	No	No	No	No	No	No	Yes
Competency Training Status:	1. Not Started 2. In Progress 3. Completed	No	No	No	No	No	No	No	No	Yes
Description of Progress Made:	-	No	No	No	No	No	No	No	No	Yes
Description of Delays / Challenges:	-	No	No	No	No	No	No	No	No	Yes
Description of Completed Competency Training:	-	No	No	No	No	No	No	No	No	Yes

8.4.1.3 Section 3: Learning Outcome

Figure 8.4.1.3.a. Section 3: Learning Outcome Fields

Table 8.4.1.3.a. Section 3: Learning Outcome Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Select Learning Outcome:	1. Conduct data collection activities 2. Deliver an oral presentation 3. Develop a health communication or educational product 4. Plan and lead a meeting 5. Identify a need and propose a solution 6. Produce a written report 7. Write and submit an abstract	No	No	No	No	No	No	No	No	Yes
Learning Outcome Completion Date:	-	No	No	No	No	No	No	No	No	Yes

8.4.1.4   Section 4: Priority Training Needs

Figure 8.4.1.4.a. Section 3: Learning Outcome Fields

Table 8.4.1.4.a. Section 3: Learning Outcome Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Top Three Recommended Trainings:	-	No	No	No	No	No	No	No	No	Yes

8.4.2 Project Review

Figure 8.4.2.a. Project Review Fields

PHAP Project Review

What Competencies has the Associate listed for this Project? *

☐ 1.1 Monitors health risks and factors affecting the community

☐ 1.2 Uses data that are valid and reliable for assessing the health of a community

☐ 1.3 Synthesizes public health information to accurately assess problems

☐ 1.4 Applies ethical principles in using (e.g., accessing, analyzing, using, maintaining, and disseminating) public health data a

☐ 1.5 Uses information technology in accessing, collecting, analyzing, using maintaining, and disseminating data and information

☐ 1.6 Defends decisions using logic as well as qualitative and quantitative data

☐ 2.1 Applies knowledge of various approaches to improving population-based health

☐ 2.2 Describes the basic public health sciences (i.e., laboratory, epidemiology, surveillance, and informatics)

☐ 2.3 Describes how public health sciences are used in the delivery of the 10 Essential Public Health services

☐ 2.4 Incorporates public health informatics practices and procedures

☐ 2.5 Defines the roles, responsibilities and contributions of various organizations and agencies to specific federal, state, trib

☐ 2.6 Describes public health as part of a larger inter-related system of organizations that influence the health of populations a

☐ 3.1 Identifies information required in the program planning process

☐ 3.2 Gathers information for evaluating policies, programs, and services

☐ 3.3 Contributes to the implementation of an organizational strategic plan

☐ 3.4 Contributes to state/tribal/community health improvement planning

☐ 4.1 Describes the public health laws and regulations governing public health programs

☐ 4.2 Adheres to laws, regulations, policies, and procedures for ethical public health practice

☐ 4.3 Analyzes public health legislation, policy, and regulation issuances that impact public health

☐ 5.1 Treats others courteously and respectfully

☐ 5.2 Exercises initiative, persistence, tact, and resourcefulness in establishing and continuing work relationships

☐ 5.3 Elicits and applies feedback to build professional skills and competencies

☐ 5.4 Makes decisions that are focused on desired results

☐ 5.5 Uses the chain of command to address risks, issues, or concerns

☐ 6.1 Communicates in writing and orally with linguistic and cultural proficiency to target audience

☐ 6.2 Communicates information that is clear, timely, accurate and uses plain language

☐ 6.3 Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, em

☐ 6.4 Applies communication and group dynamic strategies in interactions with individuals and groups

☐ 6.5 Demonstrates active listening skills

☐ 7.1 Incorporates strategies for interacting with people from diverse backgrounds

☐ 7.2 Recognizes the ways in which diversity influences policies, program, and the overall health of a community

☐ 7.3 Recognizes the benefit of using a diverse workforce to better serve target populations

☐ 7.4 Uses cultural and social aspects to increase an intervention's effectiveness

☐ 7.5 Develops and maintains relationships with diverse partners to improve population-based health

☐ 8.1 Establishes relationships to improve health in a community (e.g., partnerships, academic, colleagues, customers, others)

Figure 8.4.2.b. Project Review Fields

I concur that the 1.1 Monitors health risks and factors affecting the community Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 1.2 Uses data that are valid and reliable for assessing the health of a community Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 1.3 Synthesizes public health information to accurately assess problems Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 1.4 Applies ethical principles in using (e.g., accessing, analyzing, using, maintaining, and disseminating) public health data and information Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

☐ 8.2 Collaborates with community partners to improve health in a community

☐ 8.3 Serves as a public health ambassador

☐ 8.4 Identifies policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the nee

☐ 9.1 Describes public health funding mechanisms

☐ 9.2 Provides assistance on grants, cooperative agreements, contracts, and other awards

☐ 9.3 Describes components of a budget

☐ 9.4 Tracks program spending to current and forecasted budget constraints

I concur that the 1.5 Uses information technology in accessing, collecting, analyzing, using maintaining, and disseminating data and information Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

Figure 8.4.2.c. Project Review Fields

I concur that the 1.6 Defends decisions using logic as well as qualitative and quantitative data Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 2.1 Applies knowledge of various approaches to improving population-based health Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 2.2 Describes the basic public health sciences (i.e., laboratory, epidemiology, surveillance, and informatics) Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 2.3 Describes how public health sciences are used in the delivery of the 10 Essential Public Health services Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 2.4 Incorporates public health informatics practices and procedures Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 2.5 Defines the roles, responsibilities and contributions of various organizations and agencies to specific federal, state, tribal, local, and territorial public health programs Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 2.6 Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 3.1 Identifies information required in the program planning process Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 3.2 Gathers information for evaluating policies, programs, and services Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 3.3 Contributes to the implementation of an organizational strategic plan Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

Figure 8.4.2.d. Project Review Fields

I concur that the 3.4 Contributes to state/tribal/community health improvement planning Competency requirements for this Project: *

- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 4.1 Describes the public health laws and regulations governing public health programs Competency requirements for this Project: *

- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 4.2 Adheres to laws, regulations, policies, and procedures for ethical public health practice Competency requirements for this Project: *

- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 4.3 Analyzes public health legislation, policy, and regulation issuances that impact public health Competency requirements for this Project: *

- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 5.1 Treats others courteously and respectfully Competency requirements for this Project: *

- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 5.2 Exercises initiative, persistence, tact, and resourcefulness in establishing and continuing work relationships Competency requirements for this Project: *

- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 5.3 Elicits and applies feedback to build professional skills and competencies Competency requirements for this Project: *

- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 5.4 Makes decisions that are focused on desired results Competency requirements for this Project: *

- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 5.5 Uses the chain of command to address risks, issues, or concerns Competency requirements for this Project: *

- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 6.1 Communicates in writing and orally with linguistic and cultural proficiency to target audience Competency requirements for this Project: *

- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

Figure 8.4.2.d. Project Review Fields

I concur that the 6.2 Communicates information that is clear, timely, accurate and uses plain language Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 6.3 Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases) Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 6.4 Applies communication and group dynamic strategies in interactions with individuals and groups Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 6.5 Demonstrates active listening skills Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 7.1 Incorporates strategies for interacting with people from diverse backgrounds Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 7.2 Recognizes the ways in which diversity influences policies, program, and the overall health of a community Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 7.3 Recognizes the benefit of using a diverse workforce to better serve target populations Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 7.4 Uses cultural and social aspects to increase an intervention's effectiveness Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 7.5 Develops and maintains relationships with diverse partners to improve population-based health Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

Figure 8.4.2.e. Project Review Fields

I concur that the 8.1 Establishes relationships to improve health in a community (e.g., partnerships, academic, colleagues, customers, others) Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 8.2 Collaborates with community partners to improve health in a community Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 8.3 Serves as a public health ambassador Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 8.4 Identifies policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program) Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 9.1 Describes public health funding mechanisms Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 9.2 Provides assistance on grants, cooperative agreements, contracts, and other awards Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 9.3 Describes components of a budget Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 9.4 Tracks program spending to current and forecasted budget constraints Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

Figure 8.4.2.f. Project Review Fields

Table 8.4.2.a. Project Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP
What Competencies has the Associate listed for this Project?	1. 1.1 Monitors health risks and factors affecting the community 2. 1.2 Uses data that are valid and reliable for assessing the health of a community 3. 1.3 Synthesizes public health information to accurately assess problems 4. 1.4 Applies ethical principles in using (e.g., accessing, analyzing, using, maintaining, and disseminating) public health data and information 5. 1.5 Uses information technology in accessing, collecting, analyzing, using maintaining, and disseminating data and information 6. 1.6 Defends decisions using logic as well as qualitative and quantitative data 7. 2.1 Applies knowledge of various approaches to improving population-based health 8. 2.2 Describes the basic public health sciences (i.e., laboratory, epidemiology, surveillance, and informatics) 9. 2.3 Describes how public health sciences are used in the delivery of the 10 Essential Public Health services 10. 2.4 Incorporates public health informatics practices and procedures 11. 2.5 Defines the roles, responsibilities and contributions of various organizations and agencies to specific federal, state, tribal, local, and territorial public health programs 12. 2.6 Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels 13. 3.1 Identifies information required in the program planning process 14. 3.2 Gathers information for evaluating policies, programs, and services 15. 3.3 Contributes to the implementation of an organizational strategic plan 16. 3.4 Contributes to state/tribal/community health improvement planning 17. 4.1 Describes the public health laws and regulations governing public health programs 18. 4.2 Adheres to laws, regulations, policies, and procedures for ethical public health practice 19. 4.3 Analyzes public health legislation, policy, and regulation issuances that impact public health 20. 5.1 Treats others courteously and respectfully 21. 5.2 Exercises initiative, persistence, tact, and resourcefulness in establishing and continuing work relationships 22. 5.3 Elicits and applies feedback to build professional skills and competencies 23. 5.4 Makes decisions that are focused on desired results 24. 5.5 Uses the chain of command to address risks, issues, or concerns 25. 6.1 Communicates in writing and orally with linguistic and cultural proficiency to target audience 26. 6.2 Communicates information that is clear, timely, accurate and uses plain language 27. 6.3 Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases) 28. 6.4 Applies communication and group dynamic strategies in interactions with individuals and groups 29. 6.5 Demonstrates active listening skills 30. 7.1 Incorporates strategies for interacting with people from diverse backgrounds 31. 7.2 Recognizes the ways in which diversity influences policies, program, and the overall health of a community 32. 7.3 Recognizes the benefit of using a diverse workforce to better serve target populations 33. 7.4 Uses cultural and social aspects to increase an intervention's effectiveness 34. 7.5 Develops and maintains relationships with diverse partners to improve population-based health 35. 8.1 Establishes relationships to improve health in a community (e.g., partnerships, academic, colleagues, customers, others) 36. 8.2 Collaborates with community partners to improve health in a community 37. 8.3 Serves as a public health ambassador 38. 8.4 Identifies policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program) 39. 9.1 Describes public health funding mechanisms 40. 9.2 Provides assistance on grants, cooperative agreements, contracts, and other awards 41. 9.3 Describes components of a budget 42. 9.4 Tracks program spending to current and forecasted budget constraints	No	No	No	No	No	No	No	Yes

Table 8.4.2.b. Project Review Fields

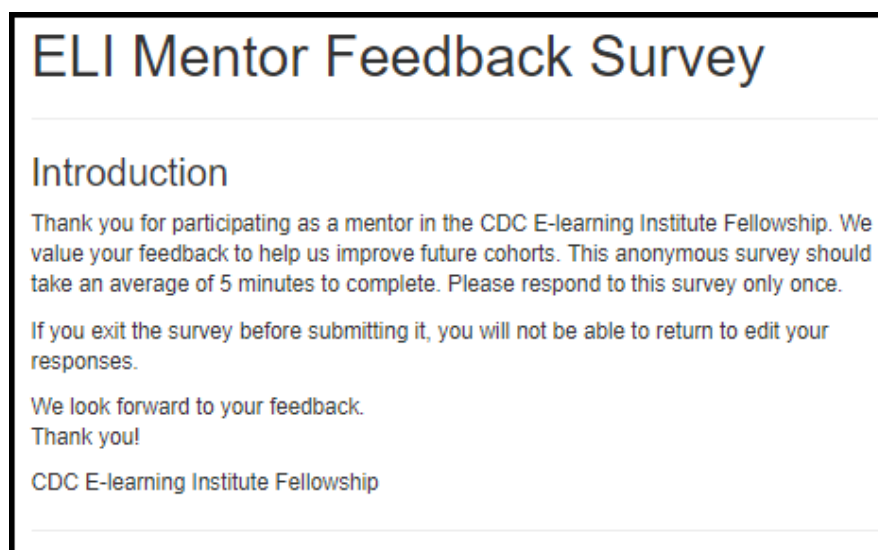| Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP

I concur that the Competency requirements for this Project:	1. Have been met for this Project 2. Have NOT been met for this Project 3. Project is still In Progress 4. Need Further Information	No	No	No	No	No	No	No	Yes
Missing Requirements:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Additional Information Needed:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
General Comments or Feedback:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
I concur that the overall status of this Project is:	1. Project in Progress 2. Completed and meets all the Competencies listed above	No	No	No	No	No	No	No	Yes

8.5 ELI

8.5.1   Mentor Feedback Survey

8.5.1.1   Introduction

Figure 8.5.1.1.a. Introduction Fields

ELI Mentor Feedback Survey

Introduction

Thank you for participating as a mentor in the CDC E-learning Institute Fellowship. We value your feedback to help us improve future cohorts. This anonymous survey should take an average of 5 minutes to complete. Please respond to this survey only once.

If you exit the survey before submitting it, you will not be able to return to edit your responses.

We look forward to your feedback.
Thank you!

CDC E-learning Institute Fellowship

8.5.1.2   Instructional Design Competencies and Program Design

Figure 8.5.1.2.a. Instructional Design Competencies and Program Design Fields

Table 8.5.1.2.a. Instructional Design Competencies and Program Design Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Instructional Design (process and application)	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Data collection and analysis	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Needs assessment	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Design of instructional interventions	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Design learning assessment	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Formative evaluation	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Summative evaluation	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Project management	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No

Table 8.5.1.2.b. Instructional Design Competencies and Program Design Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
2. What is your opinion of the balance of written material, webinars, and interactivity in this fellowship?	1. Too much written materials and webinars, and not enough interactive learning 2. Right amount of written materials, webinars, and interactive learning 3. Too much interactive learning and not enough written materials and webinars	No	No	No	No	No	No	No	Yes	No
3. Rate your level of agreement with the following statement about the design of the fellowship. **Content provided in the fellowship reflect current best practices in e-learning and development.**	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable / Don't know	No	No	No	No	No	No	No	Yes	No
4. How could the design of this fellowship be improved to make it a more effective learning experience?	-	No	No	No	No	No	No	No	Yes	No

8.5.1.3　　Your Mentoring Experience

Figure 8.5.1.3.a. Your Mentoring Experience Fields

Your Mentoring Experience

5. Rate your level of agreement with the following statements about your mentoring experience.

My fellow and I were properly matched. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not Applicable

My fellow developed the necessary skills to successfully complete the fellowship. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not Applicable

I felt adequately supported by the program administrator. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not Applicable

Mentor orientation sufficiently prepared me to participate in the fellowship. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not Applicable

The time commitment required for mentoring matched my expectations. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not Applicable

Other mentors were available to assist me when I needed help. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not Applicable

I would recommend becoming an ELI mentor to others. *
- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ Not Applicable

6. How many individuals (peers and fellows) have you developed and plan to maintain a professional relationship with beyond the fellowship? For what purposes? *

7. How could the mentoring experience be improved to make it more effective? *

8. Is there anything else you want to tell us? *

Table 8.5.1.3.a. Your Mentoring Experience Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
My fellow and I were properly matched.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
My fellow developed the necessary skills to successfully complete the fellowship.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
I felt adequately supported by the program administrator.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
Mentor orientation sufficiently prepared me to participate in the fellowship.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
The time commitment required for mentoring matched my expectations.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No

Table 8.5.1.3.b. Your Mentoring Experience Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Other mentors were available to assist me when I needed help.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
I would recommend becoming an ELI mentor to others.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
6. How many individuals (peers and fellows) have you developed and plan to maintain a professional relationship with beyond the fellowship? For what purposes?	-	No	No	No	No	No	No	No	Yes	No
7. How could the mentoring experience be improved to make it more effective?	-	No	No	No	No	No	No	No	Yes	No
8. Is there anything else you want to tell us?	-	No	No	No	No	No	No	No	Yes	No

8.6 EIS

8.6.1   EIS Progress Assessment

Figure 8.6.1.a. EIS Progress Assessment Fields

Table 8.6.1.a. EIS Progress Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Primary Supervisor Name:	**Supervisor Lookup**	Yes	No	No	No	No	No	No	No	No
EIS Officer Name:	**Officer Lookup**	Yes	No	No	No	No	No	No	No	No
Assessment Period:	1. 6 Month 2. 12 Month 3. 18 Month 4. 24 Month	Yes	No	No	No	No	No	No	No	No
Host Site:	-	Yes	No	No	No	No	No	No	No	No
Applied Epidemiology Skills (Oral and Written Communication, Data Analysis, Surveillance, and Field Investigations): What are the officer's strengths?	-	Yes	No	No	No	No	No	No	No	No
Applied Epidemiology Skills (Oral and Written Communication, Data Analysis, Surveillance, and Field Investigations): What are the officer's areas for improvement?	-	Yes	No	No	No	No	No	No	No	No
Applied Epidemiology Skills (Oral and Written Communication, Data Analysis, Surveillance, and Field Investigations): What are your recommendations for addressing the areas for improvement?	-	Yes	No	No	No	No	No	No	No	No
Professionalism Skills (Communication, Decision-making, Leadership, Teamwork): What are the officer's strengths?	-	Yes	No	No	No	No	No	No	No	No
Professionalism Skills (Communication, Decision-making, Leadership, Teamwork): What are the officer's areas for improvement?	-	Yes	No	No	No	No	No	No	No	No
Professionalism Skills (Communication, Decision-making, Leadership, Teamwork): What are your recommendations for addressing the areas for improvement?	-	Yes	No	No	No	No	No	No	No	No

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Comments and Suggestions:	-	Yes	No	No	No	No	No	No	No	No
Signature:	1. Checking this box indicates my signature on this form.	Yes	No	No	No	No	No	No	No	No
Today's Date:		Yes	No	No	No	No	No	No	No	No

8.6.2 Activity Review

Figure 8.6.2.a. Activity Review Fields

Figure 8.6.2.b. Activity Review Fields

I concur that the Public Health Update CAL requirements for this Activity: *

○ Have been met for this Activity
○ Have NOT been met for this Activity
○ Activity is still In Progress
○ Need Further Information

I concur that the Surveillance Evaluation CAL requirements for this Activity: *

○ Have been met for this Activity
○ Have NOT been met for this Activity
○ Activity is still In Progress
○ Need Further Information

Missing Requirements: *

Additional Information Needed: *

General Comments or Feedback:

Overall Status

I concur that the overall status of this Activity is: *

○ Activity In Progress
○ Completed and meets all the CALs listed above

Table 8.6.2.a. Activity Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI
What CALs has the Officer listed for this activity?	1. Field Investigation 2. Epi Analysis 3. Short Presentation 4. Long Presentation 5. Service to the Agency 6. Abstract 7. Manuscript 8. Lay Audience Presentation 9. Public Health Update 10. Surveillance Evaluation	Yes	No	No	No	No	No	No
I concur that the CAL requirements for this Activity:	1. Have been met for this Activity 2. Have NOT been met for this Activity 3. Activity is still In Progress 4. Need Further Information	Yes	No	No	No	No	No	No
Missing Requirements:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Additional Information Needed:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes
General Comments or Feedback:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes
I concur that the overall status of this Activity is:	1. Activity in Progress 2. Completed and meets all the CALs listed above	Yes	No	No	No	No	No	No

8.7 PHIFP

8.7.1   Project Review

Figure 8.7.1.a. Project Review Fields

Figure 8.7.1.b. Project Review Fields

I concur that the 2.3 Apply team management strategies, such as conflict resolution, active listening, and negotiation skills, with individuals and groups Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 2.4 Develop strategies for interacting with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 3.1 Apply software engineering models and methods to software development life cycle Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 3.2 Recommend solutions that assure confidentiality, security, and integrity while maximizing availability of information public health Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 2.4 Develop strategies for interacting with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 3.1 Apply software engineering models and methods to software development life cycle Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 3.2 Recommend solutions that assure confidentiality, security, and integrity while maximizing availability of information public health Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 3.3 Formulate models for acquisition, representation, processing, display, or transmission of public health information Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

I concur that the 3.4 Apply information standards in developing public health information systems projects and interoperable public health information systems Competency requirements for this Project: *

○ Have been met for this Project
○ Have NOT been met for this Project
○ Project is still In Progress
○ Need Further Information

Figure 8.7.1.c. Project Review Fields

I concur that the 3.4 Apply information standards in developing public health information systems projects and interoperable public health information systems Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 4.1 Develops a vision for system change Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 4.2 Demonstrates self-awareness and one's impact on others Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

I concur that the 4.3 Plan with community partners to solve an informatics problem Competency requirements for this Project: *
- ○ Have been met for this Project
- ○ Have NOT been met for this Project
- ○ Project is still In Progress
- ○ Need Further Information

Missing Requirements: *

Additional Information Needed: *

General Comments or Feedback:

Overall Status

I concur that the overall status of this Project is: *
- ○ Project In Progress
- ○ meets all Competencies listed above

Table 8.7.1.a. Project Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP
What Competencies has the Fellow listed for this project?	1. 1.1 Formulate a public health informatics problem to enable design of effective solutions 2. 1.2 Assess data, information, knowledge needs and resources to support decision making and problem solving 3. 1.3 Apply the scientific method to PHI problem solving 4. 2.1 Implement a communication plan to engage stakeholders 5. 2.2 Synthesize information for dissemination to technical and non-technical audiences 6. 2.3 Apply team management strategies, such as conflict resolution, active listening, and negotiation skills, with individuals and groups 7. 2.4 Develop strategies for interacting with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds 8. 3.1 Apply software engineering models and methods to software development life cycle 9. 3.2 Recommend solutions that assure confidentiality, security, and integrity while maximizing availability of information public health 10. 3.3 Formulate models for acquisition, representation, processing, display, or transmission of public health information 11. 3.4 Apply information standards in developing public health information systems projects and interoperable public health information systems 12. 4.1 Develops a vision for system change 13. 4.2 Demonstrates self-awareness and one's impact on others 14. 4.3 Plan with community partners to solve an informatics problem	No	No	No	No	Yes	No	No	No
I concur that the Competency requirements for this Project:	1. Have been met for this Project 2. Have NOT been met for this Project 3. Activity is still In Progress 4. Need Further Information	No	No	No	No	Yes	No	No	No
Missing Requirements:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Additional Information Needed:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
General Comments or Feedback:	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
I concur that the overall status of this Project is:	1. Project in Progress 2. Completed and meets all the Competencies listed above	No	No	No	No	Yes	No	No	No

9. Appendix

I. Field Value Tables

Appendix of Field Value Tables

Field Name	Application Locations	Values 1	Values 2	Values 3	Values 4
Approved Country List	6.2 Citizenship Status	United States Anguilla Antigua Australia Bahamas Barbados Barbuda Belize Bermuda British Virgin Islands Canada Dominica Grand Cayman Islands	Grenada Guyana Irish Republic Jamaica Montserrat New Zealand Saint Kitts and Nevis St. Lucia St. Vincent & the Grenadine Tabago Trinidad Turks and Caicos Islands United Kingdom		

II. Lookup Tables

Appendix of Lookup Tables

Lookup Table Name	Application Locations	Values 1	Values 2	Values 3	Values 4	Values 5
Fellowship Lookup	3. eFMS System Help Desk Ticket	CDC E-learning Institute Fellowship Program (ELI) CDC Steven M. Teutsch Prevention Effectiveness (PE) Fellowship Epidemic Intelligence Service (EIS) Epidemiology Elective Program (EEP) Future Leaders in Infections and Global Health Threats (FLIGHT) Laboratory Leadership Service (LLS) Population Health Training in Place Program (PH-TIPP) Population Health Workforce Initiative (PHWI) Preventive Medicine Residency and Fellowship (PMR/F) Public Health Associate Program (PHAP) Public Health Informatics Fellowship Program (PHIFP) Science Ambassador Fellowship (SAF)				
State/Territory Lookup	6.2.1 Conference Presentation 6.4.3 Success Story 7.1.2 Student Exit Survey	Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware Washington, DC Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota	Nevada New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming Puerto Rico			

		Mississippi Missouri Montana Nebraska	Pacific Islands U.S. Virgin Islands Guam Northern Mariana Islands			
Center/Division/Branch Lookup	[7.1.2 Student Exit Survey](#)	NIOSH / Office of the Director / Administrative Svcs Branch (Cincinnati) NIOSH / Office of the Director / Administrative Svcs Branch (Morgantown) NIOSH / Office of the Director / Administrative Svcs Branch (Spokane) NIOSH / Office of the Director / Administrative Svrcs Branch (Pittsburgh) NCHS / Office of Analysis & Epidemiology / Aging & Chronic Disease Statistics Branch NIOSH / Health Effects Laboratory Division / Allergy & Clinical Immunology Branch NCHS / Division of Health Care Statistics / Ambulatory and Hospital Care Statistics Branch NIOSH / Division of Safety Research / Analysis & Field Branch NCHS / Division of Health & Nutrition Examination Surveys / Analysis Branch NCHS / Office of Analysis & Epidemiology / Analytic Studies Branch NCEZID / Division of Scientific Resources / Animal Resources Branch NCCDPHP / Division for Heart Disease and Stroke Prevention / Applied Research and Evaluation Branch NCCDPHP / Division of Population Health / Applied Research and Translation Branch CPR / Division of State and Local Readiness / Applied Science and Evaluation Branch NCCDPHP / Division of Reproductive Health / Applied Sciences Branch NCEZID / Division of Vector-Borne Diseases / Arboviral Diseases Branch NCEZID / Division of Preparedness and Emerging Infections / Arctic Investigations Program NCCDPHP / Division of Population Health / Arthritis, Epilepsy and Well-Being Branch NCIRD / Immunization Services	NCHS / Division of Health Interview Statistics / Data Analysis & Quality Assurance Branch CSELS / Division of Scientific Education and Professional Development / Education and Training Se... NCHHSTP / Division of Tuberculosis Elimination / Data Management and Statistics Branch NIOSH / Pittsburgh Mining Research Division / Electrical & Mechanical Systems Safety Branch NCHS / Division of Health Interview Statistics / Data Production & Systems Branch CPR / Division of Emergency Operations / Emergency and Risk Communications Branch NCEZID / Division of Vector-Borne Diseases / Dengue Branch NCEH / Division of Environmental Health Science and Practice / Emergency Management, Radiation, a... NCBDDD / Division of Congenital and Developmental Disorders / Developmental Disabilities Branch NCEZID / Division of Preparedness and Emerging Infections / Emergency Preparedness and Response B... NCBDDD / Division of Human Development and Disability / Disability and Health Branch CGH / Division of Global Health Protection / Emergency Response and Recovery Branch NIOSH / Division of Compensation Analysis & Support / Division of Compensation Analysis & Support NCEH / Division of Laboratory Science / Emergency response branch NCCDPHP / Division of Oral	NIOSH / Pittsburgh Mining Research Division / Fires and Explosions Branch NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Food Safety Office NCEZID / Division of Global Migration and Quarantine / Geographic Medicine and Health Promotion B... NCHS / Office of Analysis & Epidemiology / Health Promotion Statistics Branch ATSDR / Division of Toxicology and Human Health Sciences / Geospatial Research, Analysis, and Ser... CGH / Division of Global Health Protection / Global Non-communicable Disease Branch NCCDPHP / Office on Smoking and Health / Global Tobacco Control Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Health Services Research and Eval... CGH / Division of Global HIV and TB / Global Tuberculosis Branch NCIPC / Division of Unintentional Injury Prevention / Health Systems and Trauma Systems Branch NIOSH / Pittsburgh Mining Research Division / Ground Control Branch NCEH / Division of Emergency and Environmental Health Services / Healthy Community Design Initiative NIOSH / Division of Surveillance, Hazard Evaluations & Field Studies / Hazard Evaluations & Techn... NCEH / Division of Emergency and Environmental Health Services / Healthy Homes and Lead Poisoning... NIOSH / Health Effects Laboratory Division / Health Communication Research Branch NCBDDD / Division of Blood Disorders / Hemostasis	Research and Evaluation Branch NCEH / Division of Laboratory Science / Inorganic and radiation analytical toxicology branch CSELS / Division of Laboratory Systems / Laboratory Training and Services Branch NCEH / Division of Environmental Health Science and Practice / Lead Poisoning Prevention and Envi... CSELS / Division of Public Health Information and Dissemination / Library Science Branch CPR / Division of Strategic National Stockpile / Logistics Branch CPR / Division of Emergency Operations / Logistics Support Branch NCHS / Division of Health Care Statistics / Long-Term Care Statistics Branch CGH / Division of Parasitic Diseases and Malaria / Malaria Branch CGH / Division of Global HIV and TB / Management and Operations Branch NIOSH / Office of the Director / Management Systems Branch CGH / Division of Global HIV and TB / Maternal and Child Health Branch NCCDPHP / Division of Reproductive Health / Maternal and Infant Health Branch NCIRD / Division of Bacterial Diseases / Meningitis and Vaccine Preventable Diseases Branch CGH / Division of Global HIV and TB / Monitoring, Evaluation, and Data Analysis Branch NCHS / Office of the Director / Office of Extramural Coordination & Special Projects NCHS / Division of Vital Statistics / Mortality Statistics Branch	CPR / Division of Select Agents and Toxins / Operations Branch NCEZID / Office of the Director / Office of the Director NCEH / Division of Laboratory Science / Organic analytical toxicology branch NCHS / Office of the Director / Office of the Director NIOSH / Division of Applied Research & Technology / Organizational Science & Human Factors Branch NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Outbreak Response and Pre... CGH / Division of Global Health Protection / Overseas Business Operations Branch CGH / Division of Global HIV and TB / Overseas Strategy and Management Branch CGH / Division of Parasitic Diseases and Malaria / Parasitic Diseases Branch CSELS / Division of Health Informatics and Surveillance Systems / Partnerships and Evaluation Branch NIOSH / Health Effects Laboratory Division / Pathology & Physiological Research Branch NCCDPHP / Division of Nutrition, Physical Activity, & Obesity / Physical Activity and Health Branch CPR / Division of Strategic National Stockpile / Planning and Analysis Branch NCHS / Division of Health & Nutrition Examination Surveys / Planning Branch CPR / Division of Emergency Operations / Plans, Training, Exercise and Evaluation Branch NCIPC / Division of Violence Prevention / Prevention Practice and Translation Branch NCBDDD / Office of the Director / Policy, Planning,

		Division / Assessment Branch NCEH / Division of Environmental Health Science and Practice / Asthma and Community Health Branch NCEZID / Division of Vector-Borne Diseases / Bacterial Diseases Branch NCEZID / Division of High Consequence Pathogens & Pathology / Bacterial Special Pathogens Branch NCHHSTP / Division of HIV/AIDS Prevention Surveillance & Epidemiology / Behavioral And Clinical S... NIOSH / Division of Applied Research & Technology / Biomonitoring & Health Assessment Branch NIOSH / Health Effects Laboratory Division / Biostatistics & Epidemiology Branch NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Biostatistics and Informa... NCEZID / Division of Scientific Resources / Biotechnology Core Facility Branch NCBDDD / Division of Congenital and Developmental Disorders / Birth Defects Branch NCHS / Office of Management & Operations / Building Operations & Services Staff NCHS / Office of Management & Operations / Business Logistics Staff NCCDPHP / Division of Cancer Prevention and Control / Cancer Surveillance Branch NCHHSTP / Division of HIV/AIDS Prevention-Intervention & Support / Capacity Building Branch CPR / Division of State and Local Readiness / Capacity Building Branch ATSDR / Division of Community Health Investigations / Central Branch NIOSH / Division of Applied Research & Technology / Chemical Exposure & Monitoring NCBDDD / Division of Human Development and Disability / Child Development and Disability Branch NCEZID / Division of High Consequence Pathogens & Pathology / Chronic Viral Diseases	Health / Division of Oral Health ATSDR / Division of Toxicology and Human Health Sciences / Emergency Response Program NIOSH / Health Effects Laboratory Division / Engineering & Control Branch NIOSH / Division of Applied Research & Technology / Engineering & Physical Hazards Branch NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Enteric Diseases Epidemio... NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Enteric Diseases Laborato... CGH / Division of Parasitic Diseases and Malaria / Entomology Branch ATSDR / Division of Toxicology and Human Health Sciences / Environmental Epidemiology Branch NCCDPHP / Division of Population Health / Epidemiology and Surveillance Branch NCEH / Division of Emergency and Environmental Health Services / Environmental Health Services Br... ATSDR / Division of Toxicology and Human Health Sciences / Environmental Health Surveillance Branch NCHHSTP / Division of Viral Hepatitis / Epidemiology and Surveillance Branch ATSDR / Division of Toxicology and Human Health Sciences / Environmental Medicine Branch NCHHSTP / Division of HIV/AIDS Prevention Surveillance & Epidemiology / Epidemiology Branch NCEH / Division of Emergency and Environmental Health Services / Environmental Public Health Read...	Laboratory Branch NCCDPHP / Office of the Director / Health Communication Science Office NCHHSTP / Office of the Director / Health Communication Science Office CGH / Division of Global HIV and TB / HIV Care and Treatment Branch NCBDDD / Office of the Director / Health Communication Science Office NCHHSTP / Division of HIV/AIDS Prevention Surveillance & Epidemiology / HIV Incidence and Case Su... NIOSH / Pittsburgh Mining Research Division / Health Communication, Surveillance, Research Suppor... CGH / Division of Global HIV and TB / HIV Prevention Branch NCCDPHP / Office on Smoking and Health / Health Communications Branch NCIPC / Division of Unintentional Injury Prevention / Home, Recreation, and Transportation Branch CGH / Division of Global HIV and TB / Health Informatics, Data Management, and Statistics Branch NIOSH / Pittsburgh Mining Research Division / Human Factors Branch NCEZID / Division of Global Migration and Quarantine / Immigrant, Refugee, and Migrant Health Branch NCIRD / Immunization Services Division / Immunization Information System Support Branch NCEZID / Division of Healthcare Quality Promotion / Immunization Safety Office CGH / Global Immunization Division / Immunization System Branch NCIRD / Influenza Division / Immunology and Pathogenesis Branch NIOSH / Division of Surveillance, Hazard Evaluations & Field Studies /	NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Mycotic Diseases Branch NCEH / Office of the Director / Office of Financial, Administrative, and Information Services NCIRD / Division of Laboratory Science / Newborn screening and molecular biology branch NCIRD / Office of the Director / Office of Health Communication Science NCCDPHP / Division of Nutrition, Physical Activity, & Obesity / Nutrition Branch NCHHSTP / Office of the Director / Office of Health Equity NCEH / Division of Laboratory Science / Nutritional biomarkers branch NCIRD / Office of the Director / Office of Informatics NCCDPHP / Division of Nutrition, Physical Activity, & Obesity / Obesity Prevention and Control Br... NCIRD / Office of the Director / Office of Laboratory Science NIOSH / Office of the Director / Office of Administrative & Management Svcs NCIRD / Office of the Director / Office of Management and Operations NCEH / Office of the Director / Office of Communication NCHHSTP / Office of the Director / Office of Management and Program Support NCIPC / Office of the Director / Office of Communication NCHS / Office of Planning Budget and Legislation / Office of Planning Budget and Legislation NCIRD / Office of the Director / Office of Policy NCIPC / Office of the Director / Office of Policy and Partnerships NCEH / Office of the Director / Office of Policy, Planning, and Evaluation NCIPC / Office of the Director / Office of Program Management and Operations	and Evaluation Team NCHHSTP / Division of HIV/AIDS Prevention-Intervention & Support / Prevention Program Branch NCIRD / Division of Viral Diseases / Polio and Picornavirus Laboratory Branch NCBDDD / Division of Congenital and Developmental Disorders / Prevention Research and Translation... CGH / Global Immunization Division / Polio Eradication NCCDPHP / Division of Population Health / Population Health Surveillance Branch NCHHSTP / Division of HIV/AIDS Prevention-Intervention & Support / Prevention Research Branch CSELS / Division of Scientific Education and Professional Development / Population Health Workfor... NCEZID / Division of High Consequence Pathogens & Pathology / Prion & Public Health Office NCEZID / Division of High Consequence Pathogens & Pathology / Poxvirus and Rabies Branch NCHHSTP / Office of the Director / Program and Performance Improvement Office NCIPC / Division of Analysis, Research, and Practice Integration / Practice Integration and Evalu... CGH / Division of Global HIV and TB / Program Budget and Extramural Management Branch NCEZID / Division of Healthcare Quality Promotion / Prevention & Response Branch NCCDPHP / Division of Nutrition, Physical Activity, & Obesity / Program Development and Evaluatio... NCHHSTP / Division of Viral Hepatitis / Prevention Branch NCCDPHP / Division for Heart Disease and Stroke Prevention / Program Development and Services

		Branch NCHS / Classification & Public Health Data Standards Staff / Classification & Public Health Data … NCEZID / Division of Healthcare Quality Promotion / Clinical & Environmental Microbiology Branch NCEH / Division of Laboratory Science / Clinical chemistry branch NCHHSTP / Division of Tuberculosis Elimination / Clinical Research Branch NCHS / Division of Research & Methodology / Collaborating Center for Questionnaire Design & Evalu… NCHS / Division of Research & Methodology / Collaborating Center for Statistical Research & Surve… NCIRD / Immunization Services Division / Communication and Education Branch NCHHSTP / Division of Tuberculosis Elimination / Communications, Education, and Behavioral Studie… CSELS / Division of Public Health Information and Dissemination / Community Guide Branch NCCDPHP / Division of Cancer Prevention and Control / Comprehensive Cancer Control Branch ATSDR / Division of Toxicology and Human Health Sciences / Computational Toxicology and Methods D… NIOSH / Education & Information Division / Document Development Branch NIOSH / National Personal Protective Technology Laboratory / Conformity Verification & Standards … NCCDPHP / Division of Population Health / Coordinated State Support Branch NIOSH / Pittsburgh Mining Research Division / Dust, Ventilation & Toxic Substances Branch CGH / Division of Global Health Protection / Country Strategy and Implementation Branch ATSDR / Division of Community Health Investigations / Eastern Branch NCHS / Division of Vital	NCCDPHP / Office on Smoking and Health / Epidemiology Branch ATSDR / Division of Toxicology and Human Health Sciences / Environmental Toxicology Branch NCEZID / Division of Healthcare Quality Promotion / Epidemiology Research and Innovations Branch NCCDPHP / Division of Cancer Prevention and Control / Epidemiology and Applied Research Branch CSELS / Division of Scientific Education and Professional Development / Epidemiology Workforce Br… NCIRD / Influenza Division / Epidemiology and Prevention Branch CGH / Division of Global Health Protection / Epidemiology, Informatics, Surveillance and Lab Branch NCCDPHP / Division of Diabetes Translation / Epidemiology and Statistics Branch NIOSH / National Personal Protective Technology Laboratory / Evaluation & Testing Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Epidemiology and Statistics Branch NIOSH / Health Effects Laboratory Division / Exposure Assessment Branch NCCDPHP / Division for Heart Disease and Stroke Prevention / Epidemiology and Surveillance Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Field Services Branch NCBDDD / Division of Blood Disorders / Epidemiology and Surveillance Branch CPR / Division of State and Local Readiness / Field Services Branch CGH / Division of Global HIV and TB / Epidemiology and Surveillance Branch NCHHSTP / Division of Tuberculosis Elimination /	Industrywide Studies Branch NCHS / Office of Analysis & Epidemiology / Infant, Child, & Women?s Health Statistics Branch NCEZID / Division of High Consequence Pathogens & Pathology / Infectious Diseases Pathology Branch NCIRD / Office of the Director / Influenza Coordination Unit CGH / Division of Global HIV and TB / International Laboratory Branch NCHS / Division of Health & Nutrition Examination Surveys / Informatics Branch CSELS / Division of Public Health Information and Dissemination / Informatics Innovation Unit NCHHSTP / Division of HIV/AIDS Prevention Surveillance & Epidemiology / Laboratory Branch NCHHSTP / Office of the Director / Informatics Office NCHHSTP / Division of Tuberculosis Elimination / Laboratory Branch NCHS / Office of Information Services / Information Design & Publishing Staff NCHHSTP / Division of Viral Hepatitis / Laboratory Branch NCHS / Office of Information Services / Information Dissemination Staff NIOSH / Education & Information Division / Information Resources and Dissemination Branch CSELS / Division of Laboratory Systems / Laboratory Practice Standards Branch NCEZID / Division of Preparedness and Emerging Infections / Laboratory Preparedness and Response … CSELS / Division of Health Informatics and Surveillance Systems / Information Systems Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Laboratory Reference and Research… NCHS / Division of Vital Statistics / Information Technology Branch NCHS / Office of Information	NCHHSTP / Office of the Director / Office of Program Planning & Policy Coordination CSELS / Division of Public Health Information and Dissemination / Office of Public Health Genomics NCCDPHP / Office of the Director / Office of Public Health Practice NCIRD / Office of the Director / Office of Science and Integrated Programs NCHHSTP / Office of the Director / Office of the Associate Director for Laboratory Science NCHHSTP / Office of the Director / Office of the Associate Director for Science NCIPC / Office of the Director / Office of the Associate Director for Science NCHS / Office of the Director / Office of the Director NCHS / Division of Health & Nutrition Examination Surveys / Office of the Director NCHS / Division of Health Care Statistics / Office of the Director CPR / Office of the Director / Office of the Director NCHS / Division of Health Interview Statistics / Office of the Director NCEZID / Division of Healthcare Quality Promotion / Office of the Director/International Infectio… NCCDPHP / Division of Reproductive Health / Office of the Director NCCDPHP / Division of Cancer Prevention and Control / Office of the Director/Office of Internatio… NCHS / Division of Vital Statistics / Office of the Director NCEZID / Office of the Director / One Health Office NCHS / Office of Analysis & Epidemiology / Office of the Director CPR / Division of Emergency Operations / Operations Branch	Branch NCHHSTP / Division of HIV/AIDS Prevention-Intervention & Support / Prevention Communications Branch NCHHSTP / Division of Adolescent and School Health / Program Development and Services Branch NCHHSTP / Division of HIV/AIDS Prevention-Intervention & Support / Program Evaluation Branch NCCDPHP / Division of Diabetes Translation / Program Implementation Branch CPR / Division of Select Agents and Toxins / Program Management and Operations Branch NCIRD / Immunization Services Division / Program Operations Branch NCCDPHP / Division of Cancer Prevention and Control / Program Services Branch CPR / Division of Select Agents and Toxins / Program Services Branch CPR / Division of State and Local Readiness / Program Services Branch NCCDPHP / Office of the Director / Program Services Branch NCCDPHP / Office on Smoking and Health / Program Services Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Programs Development and Quality … NIOSH / Division of Safety Research / Protective Technology Branch NCIRD / Division of Viral Diseases / Respiratory Viruses Branch NCHHSTP / Division of HIV/AIDS Prevention Surveillance & Epidemiology / Quantitative Sciences and… NCEZID / Division of Global Migration and Quarantine / Quarantine and Border Health Services Branch CPR / Division of Strategic

		Statistics / Data Acquisition, Classification & Evaluation Branch CGH / Division of Global HIV and TB / Economics and Health Services Research Branch	Field Services Branch NIOSH / Respiratory Health Division / Field Studies Branch NCCDPHP / Division of Reproductive Health / Field Support Branch	Technology / Information Technology Solutions & Services Staff CSELS / Division of Laboratory Systems / Laboratory	CGH / Office of the Director / Office of the Director NCHS / Division of Health & Nutrition Examination Surveys / Operations Branch CSELS / Office of the Director / Office of the Director	National Stockpile / Response Branch NCHS / Division of Vital Statistics / Reproductive Statistics Branch NCEZID / Division of Vector-Borne Diseases / Rickettsial Zoonoses Branch NCIPC / Division of Violence Prevention / Research and Evaluation Branch NIOSH / Education & Information Division / Risk Evaluation Branch NCHHSTP / Division of Adolescent and School Health / Research Application and Evaluation Branch NCCDPHP / Division of Population Health / School Health Branch NIOSH / National Personal Protective Technology Laboratory / Research Branch NCHS / Division of Research & Methodology / Research Data Center NCHHSTP / Division of Adolescent and School Health / School-Based Surveillance Branch NCBDDD / Office of the Director / Resource Management Office NCBDDD / Office of the Director / Science and Public Health Team NCIRD / Division of Bacterial Branch / Respiratory Diseases Branch CGH / Division of Global HIV and TB / Science Integrity Branch ATSDR / Division of Community Health Investigations / Science Support Branch NCEZID / Division of Preparedness and Emerging Infections / Scientific and Program Services Branch NCEZID / Division of Scientific Resources / Scientific Products and Support Branch CSELS / Division of Public Health Information and Dissemination / Scientific Publications Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Social and Behavioral Research an…

						CGH / Division of Global HIV and TB / Special Initiatives Branch
						NCHS / Office of Analysis & Epidemiology / Special Projects Branch
						NCIPC / Division of Violence Prevention / Special Surveys & Prevention Initiatives Branch (proposed)
						NCEZID / Division of Scientific Resources / Specimen Management Branch
						NIOSH / Spokane Mining Research Division / Spokane Mining Research Division
						NIOSH / Division of Surveillance, Hazard Evaluations & Field Studies / Statistical Support Most E…
						NCIPC / Division of Analysis, Research, and Practice Integration / Statistics, Programming, and E…
						CGH / Global Immunization Division / Strategic Information and Workforce Development Branch
						NCHS / Division of Health Interview Statistics / Survey Planning & Special Surveys Branch
						CGH / Division of Global HIV and TB / Strategy, Policy, and Communication Branch
						CSELS / Division of Health Informatics and Surveillance Systems / Surveillance and Data Branch
						NCHS / Division of Health Care Statistics / Technical Services Branch
						NCHHSTP / Division of Sexually Transmitted Disease Prevention / Surveillance and Data Management …
						NCEH / Division of Laboratory Science / Tobacco and volatiles branch
						NIOSH / Health Effects Laboratory Division / Toxicology & Molecular Biology Branch
						NIOSH / Division of Safety Research / Surveillance and Field Investigations Branch
						NIOSH / Education & Information Division / Training Research & Evaluation Branch
						NCEZID / Division of Healthcare Quality

						Promotion / Surveillance Branch
						NCCDPHP / Division of Diabetes Translation / Translation, Health Education and Evaluation Branch
						NIOSH / Division of Surveillance, Hazard Evaluations & Field Studies / Surveillance Branch
						NCEZID / Division of Global Migration and Quarantine / U.S. - Mexico Unit
						NCIPC / Division of Violence Prevention / Surveillance Branch
						NCIRD / Immunization Services Division / Vaccine Supply and Assurance Branch
						NIOSH / Respiratory Health Division / Surveillance Branch
						NCIRD / Division of Viral Diseases / Viral Gastroenteritis Branch
						NCHHSTP / Division of Tuberculosis Elimination / Surveillance, Epidemiology, & Outbreak Investiga…
						NCEZID / Division of High Consequence Pathogens & Pathology / Viral Special Pathogens Branch
						NCIRD / Division of Viral Diseases / Viral Vaccine Preventable Diseases Branch
						NCIRD / Influenza Division / Virology, Surveillance and Diagnosis Branch
						NCEH / Division of Environmental Health Science and Practice / Water, Food, and Environmental Hea…
						NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Waterborne Diseases Preve…
						ATSDR / Division of Community Health Investigations / Western Branch
						NIOSH / Western States Division / Western States Division
						NCCDPHP / Division of Reproductive Health / Women?s Health and Fertility Branch
						NCHS / Office of Management & Operations / Workforce & Career Development Staff

						CGH / Division of Global Health Protection / Workforce and Institute Development Branch NIOSH / Pittsburgh Mining Research Division / Workplace Health Branch NIOSH / World Trade Center Health Program / World Trade Center Health Program NCBDDD / Division of Congenital and Developmental Disorders / Zika Transition Unit CGH / Global Immunization Division / Accelerated Disease Control and Vaccine Preventable Diseases… NCCDPHP / Office on Smoking and Health / Office of the Director
Subject Area Lookup	[8.4.1 Semi-Annual Activity Reporting (SAAR)](#)	Adolescent & School Health (non-STI) Community Health Improvement Planning (CHIP)/Community Health Assessments (CHA) Chronic Disease Emergency/Disaster Preparedness and Response Environmental Health Genomics Health Equity/Access to Care Health Department Improvement/Accreditation Immunizations/Vaccine Preventable Disease Investigation Sexually Transmitted Disease Prevention Tuberculosis Prevention HIV Prevention Viral Hepatitis Prevention Adolescent/school-based Sexually Transmitted Disease prevention Other Infectious Disease Injury Prevention Maternal & Infant Health Public Health Policy & Law Public Health Surveillance Oral Health				