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

**Application Module**

**Host Site Module**

**Date Submitted: June 2, 2021**

**Revised: June 8, 2021**

This is a change request for the Centers for Disease Control and Prevention (CDC) Fellowship Management System (FMS). The web-based, flexible, and robust data management system allows CDC to electronically collect and process fellowship applications, host site assignment proposals, and fellowship alumni information from nonfederal persons. FMS also supports and monitors ongoing fellowship activities and compliance with fellowship requirements. Through Revisions and Change Requests, CDC has adapted the FMS to reflect changes in the demand for fellowship opportunities, to improve alignment and tailoring of questions for each fellowship program's eligibility criteria, and to clarify questions and instructions in response to user feedback. FMS consists of four modules**.** Each module has specialized functionality, and in the currently approved ICR for FMS (**OMB No. 0920-0765**), information collection occurs for multiple fellowships (see Table A).

In this Change Request, CDC seeks OMB approval to accommodate specific changes to the following fellowship programs: Preventive Medicine Residency and Fellowship (PMR/F), Population Health Training in Place Program (PH-TIPP), Public Health Informatics Fellowship Program (PHIFP), CDC Steven M. Teutsch Prevention Effectiveness Fellowship (PEF), and the Future Leaders in Infections and Global Health Threats (FLIGHT).

The proposed changes will contribute enhancements and provide the CDC with a more efficient and effective mechanism for collecting and monitoring fellowship information and ongoing fellowship activities, and compliance with fellowship requirements. These changes will also help us better assess applicants and host sites during the selection process.

The specific changes include the following:

1. Modifications to sections of our data collections on which we have received feedback from program participants, staff, reviewers, and other partners that support fellowship and training programs' efficiency and effectiveness. The specific modifications are described in **Tables C – D**: **Application Module and Host Site Module,** and **Attachment C – D**: the accompanying screenshots. These changes will apply to the following fellowship programs: PMR/F, PH-TIPP, PHIFP, PEF, and FLIGHT. Many changes below relate to specific fellowships opting in to use questions already approved as part of eFMS.

All the requested changes will add no more than 10 minutes to the FMS modules' entire burden. The approved FMS ICR burden time per response for each module is illustrated in [Table B](#_Table_B:_Estimated). The proposed changes were tested by six (6) CDC staff and external partners, timed, and found that completion of the changes overall modules result in no more than 5 minutes additional time per respondent for each of the two modules included here. The proposed changes do not substantively impact the burden because the modifications to questions and instructional language will help to guide participants through the application process and enhance efficiency.

The details of these changes are described below and depicted in Attachments C-F with screenshots:

1. [Tables C](#_Table_C:_Proposed) (Application Module) and **Attachment C** Application Module Screenshots
2. [Table D](#_Table_D:_Proposed) (Host Site Module) **Attachment D** Host-Site Module Screenshots

# **Table A: CDC FMS Fellowships**

|  |
| --- |
| CDC Fellowships in FMS |
| Epidemic Intelligence Service (EIS) |
| Epidemiology Elective Program (EEP) |
| CDC Steven M. Teutsch Prevention Effectiveness Fellowship (PEF) |
| CDC E-learning Institute (ELI) |
| Future Leaders in Infectious and Global health Threats (FLIGHT) |
| Laboratory Leadership Service (LLS) |
| Population Health Training in Place Program (PH-TIPP) |
| Preventive Medicine Residency and Fellowship (PMR/F) |
| Public Health Associate Program (PHAP) |
| Public Health Informatics Fellowship Program (PHIFP) |
| Science Ambassador Fellowship (SAF) |

# **Table B: Estimated Annualized Burden Hours**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of respondents | Form |  | Number of respondents | Frequency of Response | Average Burden per Response  (in hours) | Total Response Burden (in hours) |
| Fellowship applicants | FMS Application Module | Current Approval | 2,216 | 1 | 66/60 | 2,438 |
| Revision Request | 2,216 | 1 | 71/60 | 2,622 |
| Net Change | 0 | - | +5 minutes | +184 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of respondents | Form |  | Number of respondents | Frequency of Response | Average Burden per Response  (in hours) | Total Response Burden (in hours) |
| Public Health Agency or Organization Staff | FMS Host Site Module | Current Approval | 448 | 1 | 66/60 | 493 |
| Revision Request | 448 | 1 | 71/60 | 530 |
| Net Change | 0 | - | +5 minutes | +37 |

New totals

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of respondents | Form |  | Number of respondents | Frequency of Response | Average Burden per Response | Total Response Burden (in hours) |
| Across all modules (not just the 2 above) | Across all modules (not just the 2 above) | Current Approval | 9708 | - | - | 5552 |
| Revision Request | 9708 | - | - | 5773 |
| Net Change | 0 | - | - | +221 |

# **Table C: Proposed Changes to the FMS Application Module**

**Attachment 3 – Application Module**

| **Program** | **Page/ Section** | **Current Question/Item** | **Requested Change** |
| --- | --- | --- | --- |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** Select your primary degree that makes you eligible to apply for this training program:  -Options are various degree listings |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** Are you a physician with an active, unrestricted license in a U.S. jurisdiction; have applied for or are currently on active duty in the US Public Health Service; and have one or more years of U.S. ACGME-accredited training in a clinical specialty (outside of Pathology training)?   1. Yes 2. No |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** Do you have experience in applied epidemiology?   1. Yes 2. No |
| PMR/F | 6.4.1 Eligibility | None | **New Instructional Text:**  You do not meet eligibility criteria to apply for the Residency, please review the eligibility criteria. |
| PMR/F | 6.4.1 Eligibility | None | **New Instructional Text:**  You do not meet eligibility criteria to apply for the PMR/F without previous applied epidemiology experience. |
| PMR/F | 6.4.1 Eligibility | None | **New Question:**  Do you have experience in applied epidemiology, and 2 or more years of experience in Program Administration, Population Health Improvement, and Grants Management?   1. Yes 2. No |
| PMR/F | 6.4.1 Eligibility | Provide epidemiologic support to a public health agency | **Change Question:**  Provide epidemiologic support |
| PMR/F | 6.4.1 Eligibility | Do you intend to seek certification by the American Board of Preventive Medicine? | **Change Question:** Are you seeking certification by the American Board of Preventive Medicine? |
| PMR/F | 6.4.1 Eligibility | Do you have any Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOCA) - accredited post-graduate clinical training?” | **Change Question:**  How many years of completed post-graduate clinical training do you have in an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) – accredited program? (note that Pathology training is not currently accepted as clinical training for this specialty by ACGME or the American Board of Preventive Medicine) |
| PMR/F | 6.4.1 Eligibility | Do you have an MPH or an equivalent degree? | **Change Question:** Do you have an MPH or equivalent coursework from a CEPH-accredited school? |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** How many years of completed post-graduate clinical training do you have in an accredited Canadian post-graduate clinical training program? |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** Please describe the type and duration of any completed post-graduate clinical training. |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** Policy Analysis and Development |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** Program Evaluation |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** Program Administration |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** Population Health Improvement |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** Grant Proposal Evaluation and Development |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** You are likely eligible for the 24-month Internal Preventive Medicine Residency Track that requires obtaining an MPH. Do you want to continue and apply for this Track?”   1. Yes 2. No |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** You are likely eligible to apply for the 24-month Internal Residency Track. Do you wish to continue and apply for this Track?   1. Yes 2. No |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** You are likely eligible to apply for the 12-month Internal Residency Track. Do you wish to continue and apply for this Track?   1. Yes 2. No |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** You are likely eligible to apply for the 12-month External Residency Track. Do you wish to continue and apply for this Track?   1. Yes 2. No |
| PMR/F | 6.4.1 Eligibility | None | **New Question:** You are likely eligible to apply for the 12-month Fellowship Track. Do you wish to continue and apply for this Track?   1. Yes 2. No |
| PHIFP | 6.5.1 Eligibility | None | **New Instructional Text:** Instructions: Please review the PHIFP website (https://www.cdc.gov/phifp/application/eligibility.html) for eligibility criteria for master-level vs. doctoral-level applications. PHIFP requires 3 years of experience in Public Health Informatics and Public Health for Master-level (e.g., MPH, MSc) applicants; however, that is not required for doctoral-level applicants (e.g., PhD, MD). All applicants need to demonstrate research/evaluation experience, and your academic degree has to be from an accredited academic institution. |
| PHIFP | 6.5.1 Eligibility | None | **New Question:** How many years of experience do you have in public health or related field? |
| PHIFP | 6.5.1 Eligibility | None | **New Question:** How many years of experience do you have in informatics and/or data science? |
| PHIFP | 6.5.1 Eligibility | Do you have documented experience in performing research or evaluation during or after academic training? This includes publications, thesis, poster presentations, or a research or evaluation proposal. | **Modify Question To:** Add a “Please Specify” text box if applicant answers “YES” |
| PHIFP | 6.2 Citizenship Status | Do you have a completed degree from the approved TOEFL exempt countries list? | **Change Option for PHIFP To:**  Yes |
| PHIFP | 6.2 Citizenship Status | Which degree is your country from? | **Change Option for PHIFP To:**  Yes |
| PHIFP | 6.2 Citizenship Status | None | **New Instructional Text:** Test of English as a Foreign Language (TOEFL) for Non-U.S. Citizens and Non-U.S. Permanent Residents:  • Non-U.S Citizens and Non-U.S. Permanent Residents must demonstrate their English Proficiency either by:  o Indicating they were born in a country in which English is the native Language and that English is their native language, or  o Providing TOEFL scores equal to 100 or higher on the internet-based TOEFL, 250 on the computer-based TOEFL, or 600 on the paper-based TOEFL  • For more information about the TOEFL Requirements please click here  • Please contact the PHIFP program via email at PHIFP@cdc.gov if you have any additional questions. |
| PHIFP | 6.5.1 Eligibility | Do you have doctoral (PhD, MD, PharmD) or masters level experience from an accredited academic institute in one of the following” to include:   * Public health, medicine, healthcare, health services research, * Computer science, information science, information systems * Statistics * Epidemiology * Public Health Informatics or related discipline | **Change Text:** “Do you have doctoral (PhD, MD, PharmD) or masters level experience from an accredited academic institute in one of the following” to include:   * Public Health Informatics * General Informatics or related Field * Data Science and Computer Science * Information Technology * Statistics and Epidemiology * Medicine * Health Care Research and Practice   . |
| FLIGHT | 6.9 FLIGHT | None | **New Question:**  Please Upload CV |
| PEF | 6.2 Citizenship Status | None | **New Question:**  Please Upload CV |
| PEF | 6.2 Citizenship Status | None | **New Question**: Do you have or are you in the process of completing a PhD degree?   1. Yes 2. No |
| PH-TIPP | 6.10 PH-TIPP | None | **New Question:** Select your primary degree that makes you eligible to apply for this training program:  -Options are various degree listings |
| PH-TIPP | 6.10 PH-TIPP | None | **New Question:** Will you be able to attend Orientation in either August or September in Atlanta, Georgia?   1. Yes 2. No |
| PH-TIPP | 6.10 PH-TIPP | None | **New Question:** Will you be able to attend all monthly Preventive Medicine Grand Rounds Webinars?   1. Yes 2. No |
| PH-TIPP | 6.10 PH-TIPP | None | **Change Text:** Will you be able to attend all Monthly Group Check-in Webinars?   1. Yes 2. No |
| PH-TIPP | 6.4 PMR/F | Do you intend to seek certification by the American Board of Preventive Medicine? | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | Are you either an EIS Officer or Alumnus? | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | Has your EIS experience been within the past two years? | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | EIS Activity Report Upload: | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | Conduct or participate in a field investigation of a potentially serious public health problem that requires a timely response: | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | Design, conduct, and interpret an epidemiologic analysis: | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | Evaluate a public health surveillance system: | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | Give an in-depth public health talk on your original work or in your field of study: | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | Write a scientific manuscript for a peer-reviewed journal: | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | Communicate complex scientific concepts to a lay audience: | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | Provide epidemiologic support: | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | What personnel system are you currently in? | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | Have you applied or do you plan on applying to be a Commissioned Officer in the U.S. Public Health Service within the next 6 months? | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | What is the status of your application? | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | What is the date of your Commission? | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | What is your current temporary rank? | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.4 PMR/F | Do you intend to seek certification by the American Board of Preventive Medicine? | **Change Option for PH-TIPP To:**  Yes |
| PH-TIPP | 6.10 PH-TIPP | Do you have an MPH or an equivalent degree? | **Modify Question To:** Do you have an MPH or equivalent coursework from a CEPH-accredited school? |
| PH-TIPP | 6.10 PH-TIPP | None | **New Instructional Text:** All physicians seeking ABPM certification must apply through the CDC Preventive Medicine Residency Application. |
| All Programs | 7.7 Degree | Transcript Upload | **Change Option for All Programs To:**  Yes |
| PHIFP | 7.1 Adding Education or Licenses | None | **New Instructional Text:** Applicants who have received a foreign academic degree will be required to submit their transcripts for a foreign credential evaluation. This evaluation helps ensure that foreign degree requirements are equivalent to that in the United States. |
| PEF | 7.7 Degree | None | **New Question:** Is this a master’s thesis or dissertation?   1. Yes 2. No |
| PEF | 7.7 Degree | Major 1 Classification: | **Change Option for PEF To:**  Yes |
| PEF | 7.7 Degree | Is this degree a double major? | **Change Option for PEF To:**  Yes |
| PEF | 7.7 Degree | Major 2 Classification: | **Change Option for PEF To:**  Yes |
| PHIFP | 7.3 Coursework Type | Which type of coursework do you need to add? | **Change Option for PHIFP To:**  **Yes** |
| PHIFP | 7.6 Status | Course Status: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 7.8 Additional Coursework | Number of Credits: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 7.8 Additional Coursework | Course Name: | **Change Option for PHIFP To:**  Yes |
| PMR/F | 9.3 Clinical Training | None | **New Question:** Certification of completion of clinical training upload: |
| PMR/F | 9.4 U.S. Board Certifications and Specialty | None | **New Question:** Certificate of Completion Upload: |
| FLIGHT | 9.8 Language Skills | Language: | Change Option for FLIGHT To:  Yes |
| FLIGHT | 9.8 Language Skills | Other Language: | Change Option for FLIGHT To:  Yes |
| FLIGHT | 9.8 Language Skills | Read: | **Change Option for FLIGHT To:**  Yes |
| FLIGHT | 9.8 Language Skills | Write: | Change Option for FLIGHT To:  Yes |
| FLIGHT | 9.8 Language Skills | Speak: | **Change Option for FLIGHT To:**  Yes |
| PMR/F, PH-TIPP | 11.1 All Fellowships except FLIGHT | What makes you a good candidate for this fellowship/program? | **Change Option for PMR/F, PH-TIPP To:**  Yes |
| PMR/F, PH-TIPP | 11.1 All Fellowships except FLIGHT | Understanding that there are different topical and geographical assignments, in which do you prefer to work and why? | **Change Option for PMR/F, PH-TIPP To:**  Yes |
| PMR/F, PH-TIPP | 11.1 All Fellowships except FLIGHT | For re-applicants: When did you apply and what has changed since your last application? | **Change Option for PMR/F, PH-TIPP To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | None | **New Question:** Describe your greatest professional challenge so far and how you overcame it. |
| PEF | 11.1 All Fellowships except FLIGHT | None | **New Question:** Describe your use of economic or decision-analytic methods. What methods would you like to learn more about? |
| PEF | 11.1 All Fellowships except FLIGHT | What influenced you to consider a career in public health service? | **Change Option for PEF To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | Compared with other similar individuals you have supervised or advised, how do you rank this candidate at developing effective working relationships with a variety of different people? | **Change Option for PEF To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | Please provide an example(s) about this candidate’s experience developing effective working relationships, e.g., with internal or external partners, team members, or state/local health professionals. | **Change Option for PEF To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | Compared with other similar individuals you have supervised or advised, how do you rank this candidate at managing tasks or projects? | **Change Option for PEF To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | Please provide an example that describes the effectiveness of task or project management, e.g., was management of tasks and projects timely, complete, and responsive. | **Change Option for PEF To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | Compared with other similar individuals you have supervised or advised, how do you rank this candidate at effectively prioritizing efforts? | **Change Option for PEF To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | Please provide an example that describes the effective prioritization of efforts, e.g., could this candidate identify and act on the most important tasks first? | **Change Option for PEF To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | Compared with other similar individuals you have supervised or advised, how do you rank this candidate’s ability to take initiative? | **Change Option for PEF To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | Please provide an example that describes the candidate’s ability to take initiative, e.g., did this person actively seek to identify issues and address them without being told? | **Change Option for PEF To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | Compared with other similar individuals you have supervised or advised, how well did this candidate respond to constructive feedback? | **Change Option for PEF To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | Please provide an example(s) of how the candidate responded to constructive feedback. This could include feedback on e.g., their performance, behavior, or scientific work. | **Change Option for PEF To:**  Yes |
| PEF | 11.1 All Fellowships except FLIGHT | Do you have any concerns about this applicant and their potential performance in this fellowship/program? | **Change Option for PEF To:**  Yes |
| PHIFP, PEF | 11.1 All Fellowships except FLIGHT | Describe how this fellowship/program will help you achieve your goals. | **Change Option for PHIFP, PEF To:**  Yes |
| PHIFP | 11.1 All Fellowships except FLIGHT | What Influenced you to consider a career in public health service? | **Change Option for PHIFP To:**  Yes |
| PMR/F, PH-TIPP | 12.3 Letters of Recommendation | Compared with other similar individuals you have supervised or advised, how do you rank the candidate’s flexibility and resilience? | **Change Option for PMR/F, PH-TIPP To:**  Yes |
| PMR/F, PH-TIPP | 12.3 Letters of Recommendation | Please provide an example(s) of the candidate’s flexibility and resilience. | **Change Option for PMR/F, PH-TIPP To:**  Yes |
| PHIFP, PEF | 12.3 Letters of Recommendation | Please provide an example(s) about this candidate’s experience developing effective working relationships, e.g., with internal or external partners, team members, or state/local health professionals. | **Change Option for PHIFP, PEF To:**  Yes |
| PHIFP, PEF | 12.3 Letters of Recommendation | Please provide an example that describes the effectiveness of task or project management, e.g., was management of tasks and projects timely, complete, and responsive. | **Change Option for PHIFP, PEF To:**  Yes |
| PEF | 12.3 Letters of Recommendation | Please provide an example that describes the candidate’s ability to take initiative, e.g., did this person actively seek to identify issues and address them without being told? | **Change Option for PEF To:**  Yes |
| PEF | 12.3 Letters of Recommendation | Please provide an example(s) of how the candidate responded to constructive feedback. This could include feedback on e.g., their performance, behavior, or scientific work. | **Change Option for PEF To:**  Yes |
| PHIFP | 13.1 Self-Assessment of Skills | None | **New Instructional Text:** Instructions: If desired, list up to three additional software applications (i.e., DataViz, GIS, etc.) that you routinely use in health research and indicate your level of experience with each software. |
| PHIFP | 13.1 Self-Assessment of Skills | STATA: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 13.1 Self-Assessment of Skills | SAS: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 13.1 Self-Assessment of Skills | R: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 13.1 Self-Assessment of Skills | MATLAB: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 13.1 Self-Assessment of Skills | Excel: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 13.1 Self-Assessment of Skills | Other Software #1: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 13.1 Self-Assessment of Skills | Other Software #1 Skill Level: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 13.1 Self-Assessment of Skills | Other Software #2: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 13.1 Self-Assessment of Skills | Other Software #2 Skill Level: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 13.1 Self-Assessment of Skills | Other Software #3: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 13.1 Self-Assessment of Skills | Other Software #3 Skill Level: | **Change Option for PHIFP To:**  Yes |
| PEF | 13.1 Self-Assessment of Skills | 1. Data Sciences (Wrangling, Cleansing, Modeling, Analytics): | **Change Option for PEF To:**  Yes |
| PEF | 13.1 Self-Assessment of Skills | Data Sciences Experience: | **Change Option for PEF To:**  Yes |
| PEF | 13.1 Self-Assessment of Skills | 2. Data Science Methods (e.g. machine learning, NLP, deep learning): | **Change Option for PEF To:**  Yes |
| PEF | 13.1 Self-Assessment of Skills | Data Science Methods Experience: | **Change Option for PEF To:**  Yes |
| PEF | 13.1 Self-Assessment of Skills | 4. Database Design and Development (Big Data, data modeling, information retrieval): | **Change Option for PEF To:**  Yes |
| PEF | 13.1 Self-Assessment of Skills | Database Design and Development Experience: | **Change Option for PEF To:**  Yes |
| PEF | 13.1 Self-Assessment of Skills | 5. Programming Languages and Scripting (Python, R, C, C++, Java, Scala, C#, JavaScript, PHP): | **Change Option for PEF To:**  Yes |
| PEF | 13.1 Self-Assessment of Skills | Programming Languages and Scripting Experience: | **Change Option for PEF To:**  Yes |

# **Table D: Proposed Changes to the FMS Host Site Module**

**Attachment 5 – Host Site Module**

| **Program** | **Page/ Section** | **Current Question/Item** | **Requested Change** |
| --- | --- | --- | --- |
| PMR/F | 6.11.1 Long-Term Trainee Support & Projects | Project Management | **Change Question to:** Program Administration |
| PMR/F | 6.11.1 Long-Term Trainee Support & Projects | None | **New Question:** Applied Epidemiology: |
| PMR/F | 6.11.1 Long-Term Trainee Support & Projects | None | **New Question:** Workstation, Supervisors, and Host Site Building pictures upload: |
| PMR/F | 6.11.1 Long-Term Trainee Support & Projects | None | **New Question:**  I approve the use of any uploaded photos for recruiting PMR/F candidates |
| PMR/F, PHIFP | 7.3 Supervisor Experience | Describe the public health experience of the supervisor (or additional staff) relevant to the associate’s assignment: | **Change Option for PMR/F, PHIFP To:**  Yes |
| PMR/F | 7.3 Supervisor Experience | Has the Supervisor had formal supervisor training? | **Change Option for PMR/F To:**  Yes |
| PMR/F | 7.3 Supervisor Experience | Describe the Supervisor's supervisory experience and style: | **Change Option for PMR/F To:**  Yes |
| PMR/F | 7.3 Supervisor Experience | Describe how the primary supervisor will provide direct supervision, foster growth, and on-the-job training: | **Change Option for PMR/F To:**  Yes |
| PMR/F | 7.3 Supervisor Experience | Describe how you would handle staff issues with poor performance or conduct: | **Change Option for PMR/F To:**  Yes |
| PMR/F | 7.3 Supervisor Experience | Describe how the primary supervisorwill provide direct supervision, foster growth, and on-the-job training | **Change Option for PMR/F To:**  Yes |
| PMR/F | 7.3 Supervisor Experience | Describe your experience with managing and supervising staff from cultures different than yours: | **Change Option for PMR/F To:**  Yes |
| PHIFP | 7.3 Supervisor Experience | None | **New Instructional Text:** Instructions: Please provide the following information for each Supervisor (e.g., Primary and Secondary) and mentor that will support the PHIFP fellow. Additionally, in describing their public health experiences, please include information about their public health knowledge and technical skill sets that may be applicable to supporting the PHIFP fellow. |
| PHIFP | 6.2 Position Assignment Details | Background: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 6.2 Position Assignment Details | Proposed Initial Project(s): | **Change Option for PHIFP To:**  Yes |
| PHIFP | 6.2 Position Assignment Details | Describe the breadth of work that the candidate will experience: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 6.5 Position Assignment Location | Is the Position Assignment Location the same as the Public Health Agency Location? | **Change Option for PHIFP To:**  Yes |
| PHIFP | 6.7.1 Proposed Projects | Briefly describe the host site proposed projects: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 6.7.1 Proposed Projects | Opportunities to collaborate with public health partners: | **Change Option for PHIFP To:**  Yes |
| PHIFP | 8.1 Activity/Project Details | Describe the required skills the fellow must have/contribute: | **Change Option for PHIFP To:**  Yes |