

**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](#). 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](#) (Application Module) and **Attachment C** Application Module Screenshots
2. [Table D](#) (Host Site Module) **Attachment D** Host-Site Module Screenshots

**Table A: CDC FMS Fellowships**

**CDC Fellowships in FMS**

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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	<b><u>New Question:</u></b> 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	<b><u>New Question:</u></b> 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	<b><u>New Question:</u></b> Do you have experience in applied epidemiology?  1. Yes 2. No
PMR/F	6.4.1 Eligibility	None	<b><u>New Instructional Text:</u></b>  You do not meet eligibility criteria to apply for the Residency, please review the eligibility criteria.
PMR/F	6.4.1 Eligibility	None	<b><u>New Instructional Text:</u></b>  You do not meet eligibility criteria to apply for the PMR/F without previous applied epidemiology experience.
PMR/F	6.4.1 Eligibility	None	<b><u>New Question:</u></b> 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	<b><u>Change Question:</u></b>

Program	Page/Section	Current Question/Item	Requested Change
		support to a public health agency	Provide epidemiologic support
PMR/F	6.4.1 Eligibility	Do you intend to seek certification by the American Board of Preventive Medicine?	<b>Change Question:</b> 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?"	<b>Change Question:</b> 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?	<b>Change Question:</b> Do you have an MPH or equivalent coursework from a CEPH-accredited school?
PMR/F	6.4.1 Eligibility	None	<b>New Question:</b> 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	<b>New Question:</b> Please describe the type and duration of any completed post-graduate clinical training.
PMR/F	6.4.1 Eligibility	None	<b>New Question:</b> Policy Analysis and Development
PMR/F	6.4.1 Eligibility	None	<b>New Question:</b> Program Evaluation
PMR/F	6.4.1 Eligibility	None	<b>New Question:</b> Program Administration
PMR/F	6.4.1 Eligibility	None	<b>New Question:</b> Population Health Improvement
PMR/F	6.4.1 Eligibility	None	<b>New Question:</b> Grant Proposal Evaluation and Development
PMR/F	6.4.1 Eligibility	None	<b>New Question:</b> 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

Program	Page/Section	Current Question/Item	Requested Change
PMR/F	6.4.1 Eligibility	None	<b><u>New Question:</u></b> You are likely eligible to apply for the 24-month Internal Residency Track. Do you wish to continue and apply for this Track? <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
PMR/F	6.4.1 Eligibility	None	<b><u>New Question:</u></b> You are likely eligible to apply for the 12-month Internal Residency Track. Do you wish to continue and apply for this Track?_ <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
PMR/F	6.4.1 Eligibility	None	<b><u>New Question:</u></b> You are likely eligible to apply for the 12-month External Residency Track. Do you wish to continue and apply for this Track? <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
PMR/F	6.4.1 Eligibility	None	<b><u>New Question:</u></b> You are likely eligible to apply for the 12-month Fellowship Track. Do you wish to continue and apply for this Track? <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
PHIFP	6.5.1 Eligibility	None	<b><u>New Instructional Text:</u></b> Instructions: Please review the PHIFP website ( <a href="https://www.cdc.gov/phifp/application/eligibility.html">https://www.cdc.gov/phifp/application/eligibility.html</a> ) 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	<b><u>New Question:</u></b> How many years of experience do you have in public health or related field?
PHIFP	6.5.1 Eligibility	None	<b><u>New Question:</u></b> 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	<b><u>Modify Question To:</u></b> Add a “Please Specify” text box if applicant answers “YES”

Program	Page/ Section	Current Question/Item	Requested Change
		training? This includes publications, thesis, poster presentations, or a research or evaluation proposal.	
PHIFP	6.2 Citizenship Status	Do you have a completed degree from the approved TOEFL exempt countries list?	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	6.2 Citizenship Status	Which degree is your country from?	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	6.2 Citizenship Status	None	<p><b><u>New Instructional Text:</u></b> Test of English as a Foreign Language (TOEFL) for Non-U.S. Citizens and Non-U.S. Permanent Residents:</p> <ul style="list-style-type: none"> <li>• Non-U.S Citizens and Non-U.S. Permanent Residents must demonstrate their English Proficiency either by: <ul style="list-style-type: none"> <li>o Indicating they were born in a country in which English is the native Language and that English is their native language, or</li> <li>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</li> </ul> </li> <li>• For more information about the TOEFL Requirements please click here</li> <li>• Please contact the PHIFP program via email at PHIFP@cdc.gov if you have any additional questions.</li> </ul>
PHIFP	6.5.1 Eligibility	<p>Do you have doctoral (PhD, MD, PharmD) or masters level experience from an accredited academic institute in one of the following” to include:</p> <ul style="list-style-type: none"> <li>• Public health, medicine, healthcare, health services research,</li> </ul>	<p><b><u>Change Text:</u></b> “Do you have doctoral (PhD, MD, PharmD) or masters level experience from an accredited academic institute in one of the following” to include:</p> <ul style="list-style-type: none"> <li>• Public Health Informatics</li> <li>• General Informatics or related Field</li> <li>• Data Science and Computer Science</li> <li>• Information Technology</li> <li>• Statistics and Epidemiology</li> <li>• Medicine</li> <li>• Health Care Research and Practice</li> </ul>

Program	Page/Section	Current Question/Item	Requested Change
		<ul style="list-style-type: none"> <li>• Computer science, information science, information systems</li> <li>• Statistics</li> <li>• Epidemiology</li> <li>• Public Health Informatics or related discipline</li> </ul>	
FLIGHT	6.9 FLIGHT	None	<b><u>New Question:</u></b> Please Upload CV
PEF	6.2 Citizenship Status	None	<b><u>New Question:</u></b> Please Upload CV
PEF	6.2 Citizenship Status	None	<b><u>New Question:</u></b> Do you have or are you in the process of completing a PhD degree?  <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
PH-TIPP	6.10 PH-TIPP	None	<b><u>New Question:</u></b> 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	<b><u>New Question:</u></b> Will you be able to attend Orientation in either August or September in Atlanta, Georgia?  <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
PH-TIPP	6.10 PH-TIPP	None	<b><u>New Question:</u></b> Will you be able to attend all monthly Preventive Medicine Grand Rounds Webinars?  <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
PH-TIPP	6.10 PH-TIPP	None	<b><u>Change Text:</u></b> Will you be able to attend all Monthly Group Check-in Webinars?  <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>



Program	Page/ Section	Current Question/Item	Requested Change
PH-TIPP	6.4 PMR/F	Do you intend to seek certification by the American Board of Preventive Medicine?	<u>Change Option for PH-TIPP To:</u> Yes
PH-TIPP	6.4 PMR/F	Are you either an EIS Officer or Alumnus?	<u>Change Option for PH-TIPP To:</u> Yes
PH-TIPP	6.4 PMR/F	Has your EIS experience been within the past two years?	<u>Change Option for PH-TIPP To:</u> Yes
PH-TIPP	6.4 PMR/F	EIS Activity Report Upload:	<u>Change Option for PH-TIPP To:</u> 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:	<u>Change Option for PH-TIPP To:</u> Yes
PH-TIPP	6.4 PMR/F	Design, conduct, and interpret an epidemiologic analysis:	<u>Change Option for PH-TIPP To:</u> Yes
PH-TIPP	6.4 PMR/F	Evaluate a public health surveillance system:	<u>Change Option for PH-TIPP To:</u> Yes
PH-TIPP	6.4 PMR/F	Give an in-depth public health talk on your original work or in your field of study:	<u>Change Option for PH-TIPP To:</u> Yes
PH-TIPP	6.4 PMR/F	Write a scientific manuscript for a peer-reviewed journal:	<u>Change Option for PH-TIPP To:</u> Yes

Program	Page/ Section	Current Question/Item	Requested Change
PH-TIPP	6.4 PMR/F	Communicate complex scientific concepts to a lay audience:	<b><u>Change Option for PH-TIPP To:</u></b> Yes
PH-TIPP	6.4 PMR/F	Provide epidemiologic support:	<b><u>Change Option for PH-TIPP To:</u></b> Yes
PH-TIPP	6.4 PMR/F	What personnel system are you currently in?	<b><u>Change Option for PH-TIPP To:</u></b> 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?	<b><u>Change Option for PH-TIPP To:</u></b> Yes
PH-TIPP	6.4 PMR/F	What is the status of your application?	<b><u>Change Option for PH-TIPP To:</u></b> Yes
PH-TIPP	6.4 PMR/F	What is the date of your Commission?	<b><u>Change Option for PH-TIPP To:</u></b> Yes
PH-TIPP	6.4 PMR/F	What is your current temporary rank?	<b><u>Change Option for PH-TIPP To:</u></b> Yes
PH-TIPP	6.4 PMR/F	Do you intend to seek certification by the American Board of Preventive Medicine?	<b><u>Change Option for PH-TIPP To:</u></b> Yes
PH-TIPP	6.10 PH-TIPP	Do you have an MPH or an equivalent degree?	<b><u>Modify Question To:</u></b> Do you have an MPH or equivalent coursework from a CEPH-accredited school?
PH-TIPP	6.10 PH-TIPP	None	<b><u>New Instructional Text:</u></b> All physicians seeking ABPM certification must apply through the CDC Preventive Medicine Residency Application.
All Programs	7.7 Degree	Transcript Upload	<b><u>Change Option for All Programs To:</u></b> Yes
PHIFP	7.1 Adding Education or Licenses	None	<b><u>New Instructional Text:</u></b> Applicants who have received a foreign academic degree will be required to submit their transcripts for a foreign credential evaluation. This evaluation

Program	Page/ Section	Current Question/Item	Requested Change
			helps ensure that foreign degree requirements are equivalent to that in the United States.
PEF	7.7 Degree	None	<b><u>New Question:</u></b> Is this a master's thesis or dissertation?  1. Yes 2. No
PEF	7.7 Degree	Major 1 Classification:	<b><u>Change Option for PEF To:</u></b> Yes
PEF	7.7 Degree	Is this degree a double major?	<b><u>Change Option for PEF To:</u></b> Yes
PEF	7.7 Degree	Major 2 Classification:	<b><u>Change Option for PEF To:</u></b> Yes
PHIFP	7.3 Coursework Type	Which type of coursework do you need to add?	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	7.6 Status	Course Status:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	7.8 Additional Coursework	Number of Credits:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	7.8 Additional Coursework	Course Name:	<b><u>Change Option for PHIFP To:</u></b> Yes
PMR/F	9.3 Clinical Training	None	<b><u>New Question:</u></b> Certification of completion of clinical training upload:
PMR/F	9.4 U.S. Board Certifications and Specialty	None	<b><u>New Question:</u></b> Certificate of Completion Upload:
FLIGHT	9.8 Language Skills	Language:	<b><u>Change Option for FLIGHT To:</u></b> Yes
FLIGHT	9.8 Language Skills	Other Language:	<b><u>Change Option for FLIGHT To:</u></b>

Program	Page/ Section	Current Question/Item	Requested Change
			Yes
FLIGHT	9.8 Language Skills	Read:	<b><u>Change Option for FLIGHT To:</u></b> Yes
FLIGHT	9.8 Language Skills	Write:	<b><u>Change Option for FLIGHT To:</u></b> Yes
FLIGHT	9.8 Language Skills	Speak:	<b><u>Change Option for FLIGHT To:</u></b> Yes
PMR/F, PH-TIPP	11.1 All Fellowships except FLIGHT	What makes you a good candidate for this fellowship/program?	<b><u>Change Option for PMR/F, PH-TIPP To:</u></b> 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?	<b><u>Change Option for PMR/F, PH-TIPP To:</u></b> 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?	<b><u>Change Option for PMR/F, PH-TIPP To:</u></b> Yes
PEF	11.1 All Fellowships except FLIGHT	None	<b><u>New Question:</u></b> Describe your greatest professional challenge so far and how you overcame it.
PEF	11.1 All Fellowships except FLIGHT	None	<b><u>New Question:</u></b> 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?	<b><u>Change Option for PEF To:</u></b> Yes
PEF	11.1 All Fellowships except FLIGHT	Compared with other similar individuals you have supervised or advised, how do you rank	<b><u>Change Option for PEF To:</u></b> Yes

Program	Page/ Section	Current Question/Item	Requested Change
		this candidate at developing effective working relationships with a variety of different people?	
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.	<b><u>Change Option for PEF To:</u></b>  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?	<b><u>Change Option for PEF To:</u></b>  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.	<b><u>Change Option for PEF To:</u></b>  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?	<b><u>Change Option for PEF To:</u></b>  Yes
PEF	11.1 All Fellowships except FLIGHT	Please provide an example that describes the effective prioritization of efforts,	<b><u>Change Option for PEF To:</u></b>  Yes

Program	Page/ Section	Current Question/Item	Requested Change
		e.g., could this candidate identify and act on the most important tasks first?	
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?	<u>Change Option for PEF To:</u> 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?	<u>Change Option for PEF To:</u> 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?	<u>Change Option for PEF To:</u> 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.	<u>Change Option for PEF To:</u> Yes
PEF	11.1 All Fellowships except FLIGHT	Do you have any concerns about this applicant and their potential performance in this fellowship/program?	<u>Change Option for PEF To:</u> Yes
PHIFP, PEF	11.1 All Fellowships except FLIGHT	Describe how this fellowship/program will help you achieve your	<u>Change Option for PHIFP, PEF To:</u> Yes

Program	Page/Section	Current Question/Item	Requested Change
		goals.	
PHIFP	11.1 All Fellowships except FLIGHT	What Influenced you to consider a career in public health service?	<b><u>Change Option for PHIFP To:</u></b> 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?	<b><u>Change Option for PMR/F, PH-TIPP To:</u></b> Yes
PMR/F, PH-TIPP	12.3 Letters of Recommendation	Please provide an example(s) of the candidate's flexibility and resilience.	<b><u>Change Option for PMR/F, PH-TIPP To:</u></b> 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.	<b><u>Change Option for PHIFP, PEF To:</u></b> 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.	<b><u>Change Option for PHIFP, PEF To:</u></b> 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?	<b><u>Change Option for PEF To:</u></b> Yes
PEF	12.3 Letters of	Please provide an	<b><u>Change Option for PEF To:</u></b>

Program	Page/ Section	Current Question/Item	Requested Change
	Recommendation	example(s) of how the candidate responded to constructive feedback. This could include feedback on e.g., their performance, behavior, or scientific work.	Yes
PHIFP	13.1 Self-Assessment of Skills	None	<b><u>New Instructional Text:</u></b> 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:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	13.1 Self-Assessment of Skills	SAS:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	13.1 Self-Assessment of Skills	R:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	13.1 Self-Assessment of Skills	MATLAB:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	13.1 Self-Assessment of Skills	Excel:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	13.1 Self-Assessment of Skills	Other Software #1:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	13.1 Self-Assessment of Skills	Other Software #1 Skill Level:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	13.1 Self-Assessment of Skills	Other Software #2:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	13.1 Self-Assessment of Skills	Other Software #2 Skill Level:	<b><u>Change Option for PHIFP To:</u></b>



Program	Page/ Section	Current Question/Item	Requested Change
			Yes
PHIFP	13.1 Self-Assessment of Skills	Other Software #3:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	13.1 Self-Assessment of Skills	Other Software #3 Skill Level:	<b><u>Change Option for PHIFP To:</u></b> Yes
PEF	13.1 Self-Assessment of Skills	1. Data Sciences (Wrangling, Cleansing, Modeling, Analytics):	<b><u>Change Option for PEF To:</u></b> Yes
PEF	13.1 Self-Assessment of Skills	Data Sciences Experience:	<b><u>Change Option for PEF To:</u></b> Yes
PEF	13.1 Self-Assessment of Skills	2. Data Science Methods (e.g. machine learning, NLP, deep learning):	<b><u>Change Option for PEF To:</u></b> Yes
PEF	13.1 Self-Assessment of Skills	Data Science Methods Experience:	<b><u>Change Option for PEF To:</u></b> Yes
PEF	13.1 Self-Assessment of Skills	4. Database Design and Development (Big Data, data modeling, information retrieval):	<b><u>Change Option for PEF To:</u></b> Yes
PEF	13.1 Self-Assessment of Skills	Database Design and Development Experience:	<b><u>Change Option for PEF To:</u></b> Yes
PEF	13.1 Self-Assessment of Skills	5. Programming Languages and Scripting (Python, R, C, C++, Java, Scala, C#, JavaScript, PHP):	<b><u>Change Option for PEF To:</u></b> Yes
PEF	13.1 Self-Assessment of Skills	Programming Languages and Scripting Experience:	<b><u>Change Option for PEF To:</u></b> Yes

**Table D: Proposed Changes to the FMS Host Site Module  
Attachment 5 - Host Site Module**

<b>Program</b>	<b>Page/ Section</b>	<b>Current Question/Item</b>	<b>Requested Change</b>
PMR/F	6.11.1 Long-Term Trainee Support & Projects	Project Management	<b><u>Change Question to:</u></b> Program Administration
PMR/F	6.11.1 Long-Term Trainee Support & Projects	None	<b><u>New Question:</u></b> Applied Epidemiology:
PMR/F	6.11.1 Long-Term Trainee Support & Projects	None	<b><u>New Question:</u></b> Workstation, Supervisors, and Host Site Building pictures upload:
PMR/F	6.11.1 Long-Term Trainee Support & Projects	None	<b><u>New Question:</u></b> 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:	<b><u>Change Option for PMR/F, PHIFP To:</u></b> Yes
PMR/F	7.3 Supervisor Experience	Has the Supervisor had formal supervisor training?	<b><u>Change Option for PMR/F To:</u></b> Yes
PMR/F	7.3 Supervisor Experience	Describe the Supervisor's supervisory experience and style:	<b><u>Change Option for PMR/F To:</u></b> Yes
PMR/F	7.3 Supervisor Experience	Describe how the primary supervisor will provide direct supervision, foster growth, and on-the-job training:	<b><u>Change Option for PMR/F To:</u></b> Yes
PMR/F	7.3 Supervisor Experience	Describe how you would handle staff issues with poor performance or conduct:	<b><u>Change Option for PMR/F To:</u></b> Yes
PMR/F	7.3	Describe how the primary	<b><u>Change Option for PMR/F To:</u></b>

Program	Page/Section	Current Question/Item	Requested Change
	Supervisor Experience	supervisor will provide direct supervision, foster growth, and on-the-job training	Yes
PMR/F	7.3 Supervisor Experience	Describe your experience with managing and supervising staff from cultures different than yours:	<b><u>Change Option for PMR/F To:</u></b> Yes
PHIFP	7.3 Supervisor Experience	None	<b><u>New Instructional Text:</u></b> 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:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	6.2 Position Assignment Details	Proposed Initial Project(s):	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	6.2 Position Assignment Details	Describe the breadth of work that the candidate will experience:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	6.5 Position Assignment Location	Is the Position Assignment Location the same as the Public Health Agency Location?	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	6.7.1 Proposed Projects	Briefly describe the host site proposed projects:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	6.7.1 Proposed Projects	Opportunities to collaborate with public health partners:	<b><u>Change Option for PHIFP To:</u></b> Yes
PHIFP	8.1 Activity/Project Details	Describe the required skills the fellow must have/contribute:	<b><u>Change Option for PHIFP To:</u></b> Yes