

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

**Application Module  
Alumni Module  
Host Site Module  
Activity Tracking Module**

**Date Submitted: February 18, 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 (**Application Module, Alumni Module, Host Site, and Activity Tracking 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: Epidemic Intelligence Service (EIS), Laboratory Leadership Service (LLS), Epidemiology Elective Program (EEP), Public Health Associate Program (PHAP), and the Science Ambassador Fellowship (SAF); and some general changes to the Applicant Module and Alumni Module that will apply to all the fellowship programs.

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 understand the reach of our promotional recruitment efforts and the demographics of the resulting applicant population, and our Educational Loan Repayment Program for Health Professionals (ELRPHP) recruitment efforts, and the demographics of the applicant population.

The specific changes include the following:

- (1) The addition of new questions that ask applicants (Application Module) and alumni (Alumni Module) to voluntarily provide demographic information about their Race and Ethnicity (R/E). Responses to this section will be collected in a fashion approved by the OMB and will be used to enhance the federal government's understanding of its fellowship programs' diversity and inclusion. These changes will apply to all the fellowship programs in the **Application Module (Table C and Attachment C)** and **Alumni Module (Table E and Attachment E)**.

- (2) Modifications to the Application profile related to plans to assess fellowship recruitment efforts to increase applications, application fit, and program participants from targeted audience (qualified disciplines/degrees, underrepresented racial and ethnic groups, physicians/clinicians, U.S. citizens, and those affiliated with hard-to-fill geographic assignment areas). These changes will apply to the **Application Module (Table C and Attachment C)** for all the fellowship programs.
- (3) Modifications to the Application profile will allow CDC to more effectively assess the intended outcomes of the Educational Loan Repayment Program for Health Professionals (ELRPHP) and its influence. This will help CDC assess the intended long-term outcomes of the ELRPHP and its influence to strengthen the public health workforce through greater diversity (race, ethnicity, gender, profession, under-resourced rural locations), experience, and preparation. These changes will apply to the Application Module (Table C and Attachment C) for the following fellowship programs: EEP, EIS, FLIGHT, LLS, PHIFP, and PE.
- (4) 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 - F: Application Module, Alumni Module, Host Site, and Activity Tracking Module** and **Attachment C - F**: the accompanying screenshots. These changes will apply to the following fellowship programs: EEP, EIS, LLS, PHAP, and SAF.

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 10 minutes minimal additional time per respondent. The proposed changes do not substantively impact the burden because:

- (a) the modifications to questions and instructional language will help to guide participants through the application process and enhance efficiency
- (b) the addition of Race and Ethnicity (R/E) questions are voluntary.

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
3. [Table E](#) (Alumni Module) and **Attachment E** Alumni Module Screenshots
4. [Table F](#) (Activity Tracking Module) and **Attachment F** Activity Tracking 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 (PE) Fellowship

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 Time per Response (in hours)	Average total Response Burden (in hours)
Fellowship applicants	FMS Application Module	2216	1	1.10	2438
Reference Letter Writers	FMS Application Module (12.2 - 12.3.3)	4412	1	15/60	1103
Subset of FMS Fellowship Applicants**	FMS Application Module (13.6)	200	1	30/60	100
Public Health Agency or Organization Staff	FMS Activity Tracking Module	700	1	35/60	408
Fellowship alumni*	FMS Alumni Directory	1732	1	35/60	1010
Public Health Agency or Organization Staff	FMS Host Site Module	448	1	1.10	493
Total		9708			5552

\* Some alumni are deceased or cannot be located. Response burden assumes response from one responding alumnus, on average, every 3 years (which is likely an overestimate of frequency).

\*\* Subset of the total 2216 applicants that are invited to participate in Interview Day each year.

**Table C: Proposed Changes to the FMS Application Module**  
**Attachment 3 - Application Module**

Program	Page/ Section	Current Question/Item	Requested Change
EIS, LLS, EEP, SAF	6.1-a. Get Started	None	<b><u>New Instructional Text:</u></b> Application and documents must be submitted by <date> 05:00pm (ET)
EIS, LLS, EEP, SAF	6.1-a. Get Started	None	<p><b><u>New Instructional Text:</u></b> Complete all sections of the online application</p> <p>-Each section must have at least 1 entry to successfully submit</p> <p>-All supporting materials, including letters of recommendation, must be received by the deadline</p> <p>-Please review the fellowship website for further instructions about supporting materials</p> <p>-Re-applicants must click the "add another" button to create a new application. Re-submitting your old application will not count as a submission for this year.</p>
PHAP	6.8.1 PHAP Special Requirements	What is the highest degree you will have received by the start of the program?	<p><b><u>Change text:</u></b></p> <p><b><u>Delete</u></b> "received"</p> <p><b><u>Add</u></b> "attained"</p>
PHAP	6.8.1 PHAP Special Requirements	Actual or anticipated degree graduation date	<p><b><u>Change Text:</u></b></p> <p><b><u>Add</u></b> "of attained degree:"</p>
PHAP	6.8.1 PHAP Special Requirements	What is/was your overall GPA on a 4.0 scale in your most recent degree?	<p><b><u>Change Text:</u></b></p> <p><b><u>Delete:</u></b> "in your most recent degree"</p> <p><b><u>Add:</u></b> "for your highest degree attained by the start of the program"</p>
EIS, FLIGHT, LLS, PHIFP, and PE	6.12.1  <i>*Asked only if applicants</i>	None	<b><u>New Instructional Text:</u></b> The following information will not be used in the selection process

Program	Page/Section	Current Question/Item	Requested Change
	<i>responded to being U.S. Citizens (in Section 6.2)</i>		<p><b><u>New Question:</u></b>  <b>6.12.1</b> Do you have U.S. Federal Student loans?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No → if response is No, STOP ELRPHP questions and go to next section</li> </ol>
EIS, FLIGHT, LLS, PHIFP, and PE	6.12.2	None	<p><b><u>New Question:</u></b>  <b>6.12.2</b> Before applying, were you aware of the Educational Loan Repayment Program for Health Professionals in which CDC/ATSDR recruits can receive up to \$50,000 a year in loan repayment for a minimum 2-year service agreement?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> <p><i>*Only ask if answered yes to question 6.12.1</i></p>
EIS, FLIGHT, LLS, PHIFP, and PE	6.12.4	<p>Are you interested in Federal Student Loan Repayment? (To learn more please visit the EIS website)</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	<p><b><u>Change Question:</u></b> Are you interested in Federal student loan repayment? (To learn more please visit the Educational Loan Repayment for Health Professionals information on the website). <i>*Only if answered yes to question 6.12.1.</i></p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
EIS, FLIGHT, LLS, PHIFP, and PE	6.12.5	None	<p><b><u>New Question:</u></b>  <b>6.12.5</b> Did the availability of this loan repayment program influence your decision to apply for this fellowship?</p> <p><i>*Only if answered "yes" to interest in student loan repayment (6.12.4)</i></p>
EEP	7.1.a - Adding Education and Licenses	None	<p><b><u>New Instructional Text:</u></b> Please include educational background starting with your undergraduate experience. Medical and/or veterinary school information is required.</p>
EIS, LLS, EEP, SAF	7.5.a - College/University Fields	None	<p><b><u>New Instructional Text:</u></b> If your college/university is not listed, please contact the System Help Desk Ticket</p>
LLS	7.7.a Degree	None	<p><b><u>New Question:</u></b> Please acknowledge that you</p>

Program	Page/Section	Current Question/Item	Requested Change
	Fields		<p>have uploaded a foreign credential evaluation for transcript issued by a non-U.S. institution.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
EIS	8.1 Adding Work or Volunteer Experience	None	<b><u>New Instructions Text:</u></b> Please list work and volunteer experience in chronological order.
EIS	8.4-a. Position Details Fields	None	<b><u>Add New Text:</u></b> “Accomplishments”
EEP	8.4a- Position Details	None	<p><b><u>Add New Text:</u></b> Full-time or part-time?</p> <ul style="list-style-type: none"> <li>- Part Time (&lt;30 hours per week)</li> <li>- Full Time (&gt;30 hours per week)</li> </ul>
EIS	9.1 Adding Additional Training & Skills	None	<b><u>New Instructional Text:</u></b> Please list only the most relevant training and skills pertinent to your EIS application. List experiences in chronological order.
EIS	10.1 Adding Publications, Presentations, Working Papers, Monographs or Reports, Grants, Honors, Awards	None	<p><b><u>New Instructional Text:</u></b> Please enter your publications listed in chronological order following PubMed/Medline format <a href="https://www.nlm.nih.gov/bsd/policy/cit_format.html">https://www.nlm.nih.gov/bsd/policy/cit_format.html</a>.</p>
EIS	11.1-b Personal Statement Fields	None	<p><b><u>New Instructional Text:</u></b> Write your personal statement by considering these questions (in 300 words for each):</p> <ul style="list-style-type: none"> <li>-What influenced you to consider a career in public health service?</li> <li>-Describe how this fellowship/program will help you achieve your goals.</li> </ul>

Program	Page/ Section	Current Question/Item	Requested Change
			<p>-Understanding that there are different topical and geographical assignments, in which do you prefer to work and why?</p> <p>-For re-applicants: When did you apply and what has changed since your last application?</p>
LLS	11.3-a Location Preference Fields	State/Territory Preference(s):	<p><b><u>Change Option for LLS To:</u></b> No</p>
All Programs	11.4 CDC Fellowship Participation	<p>11.3-a Please select all CDC fellowships that you have participated in:</p> <p><i>[In the approved FMS Application Module, this section was inadvertently labeled as Section 11.3-a, and should be 11.4. Section 11.3-a is Location Preference Fields]</i></p>	<p><b><u>Add New Text to Existing Fields:</u></b></p> <ul style="list-style-type: none"> <li>- Public Health Institute (PHI) CDC Global Health Fellowship</li> <li>- Public Health Prevention Service (PHPS)</li> <li>- Public Health Associate Program (PHAP)</li> <li>- CDC Undergraduate Public Health Scholars (CUPS)/Ferguson Program</li> </ul>
EIS	12.1 SLOR Requests	<p>Letters of Recommendation</p> <p><i>Standardized Letters of Recommendation</i></p> <p>-Four standardized letters of recommendation are required from persons familiar with your academic achievements, aspirations, personal qualities, and professional attributes.</p> <p>Two letters of recommendation must be from persons who are not currently employed at the CDC.</p> <p>-Persons writing letters should typically be current or former supervisors or professors. Avoid requesting letters from</p>	<p><b><u>Change Response:</u></b> Three standardized letters of recommendation are <b>required</b> from persons familiar with your academic achievements, aspirations, personal qualities, and professional attributes</p> <p><b><u>Change Response</u></b> Two of the standardized letters of recommendation must be from persons who are not currently employed at the CDC.</p> <p>If you are currently employed at CDC, you may request a fourth letter if, in addition to 2 letters from non-CDC employees, you would like to submit 2 letters from current CDC employees.</p> <p>-Recommenders should typically be current or former supervisors or professors. Avoid</p>

Program	Page/ Section	Current Question/Item	Requested Change
		<p>colleagues or friends.</p> <p>-Recommendations must be written in English.</p> <p>-Let recommenders know that you are requesting a recommendation and tell them to expect a system-generated email from EIS with instructions for completing the standardized letter of recommendation in the EIS web-based application system (eFMS).</p> <p>Recommenders having technical issues with the recommendation email or link should email us at <a href="mailto:eis@cdc.gov">eis@cdc.gov</a>.</p>	<p>requesting letters from colleagues or friends.</p> <p>-Recommendations must be written in English.</p> <p>-Let recommenders know you are requesting a recommendation and tell them to expect an email with a link to the online form that they should use to complete the standardized letter of recommendation.</p> <p>Traditional narrative letters of recommendation and MSPE (Dean's letter format) are not accepted.</p>
EIS, LLS, EEP, SAF	12.3.1-a Section A	None	<b>New Instructional Text:</b> Email of the person submitting the recommendation
EIS	12.3.2-a Section B	None	<b>New Instructional Text:</b> Provide as much relevant detail as you can for each response.
EIS	12.3.2-a Section B	<p>Compared to similar individuals you have supervised or advised, how do you rank this candidate at developing effective working relationships with a variety of different people?</p> <p>Compared to similar individuals you have supervised or advised, how do</p>	<p><b>Change Text:</b> Compared to other individuals at a similar point in their careers, how do you rank this candidate at developing effective working relationships with a variety of different people?</p> <p>Compared to other individuals at a similar point in their careers, how do you rank this candidate at managing tasks or projects?</p> <p>Compared to other individuals at a similar point in their careers, how do you rank this candidate</p>

Program	Page/ Section	Current Question/Item	Requested Change
		<p>you rank this candidate at managing tasks or projects?</p> <p>Compared to similar individuals you have supervised or advised, how do you rank this candidate at effectively prioritizing efforts?</p> <p>Compared to similar individuals you have supervised or advised, how do you rank this candidate's ability to take initiative?</p> <p>Compared to similar individuals you have supervised or advised, how well did this candidate respond to constructive feedback?</p>	<p>at effectively prioritizing efforts?</p> <p>Compared to other individuals at a similar point in their careers, how do you rank this candidate's ability to take initiative?</p> <p>Compared to other individuals at a similar point in their careers, how well did this candidate respond to constructive feedback?</p>
LLS	12.3.2-b Section B	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 LLS To:</u></b> No
PHAP	12.3.2-b  Section B Letters of Recommendation	<p>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?</p> <p>Please provide an example(s) about this candidate's experience developing effective working</p>	<p><b><u>Change Option for PHAP To:</u></b> Yes</p> <p><b><u>Change Option for PHAP To:</u></b> Yes</p>

Program	Page/ Section	Current Question/Item	Requested Change
		relationships, e.g., with internal or external partners, team members, or state/local health professionals.	
PHAP	12.3.2-b  Section B Letters of Recommendation	Compared with other similar individuals you have supervised or advised, how do you rank this candidate at managing tasks or projects?  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 PHAP To:</u></b> Yes  <b><u>Change Option for PHAP To:</u></b> Yes
PHAP	12.3.2-b  Section B Letters of Recommendation	None	<b><u>Add New Question:</u></b> Compared with other similar individuals you have supervised or advised, how do you rank the candidate's integrity? 1. Average (75% or below) 2. Above Average (Top 25%) 3. Excellent (Top 10%) 4. Superior (Top 2%) 5. Not able to judge  <b><u>Change Option for PHAP to:</u></b> Yes  <b><u>Add New Question:</u></b> Please provide an example(s) that describes his/her integrity, e.g., demonstration of honesty and candor, or witnessed an instance where the candidate lied to avoid or delay consequences.  <b><u>Change Option for PHAP To:</u></b> Yes
PHAP	Attachment 12.3.2-c	Compared with other similar individuals you have supervised or advised, how do you rank the candidate's self-	<b><u>Change Option for PHAP To:</u></b> PHAP: No PHAP: No

Program	Page/ Section	Current Question/Item	Requested Change
	Section B Letters of Recommendation	advocacy?  Please provide an example(s) when the candidate advocated successfully on behalf of themselves and their work.	
PHAP	12.3.2-c  Section B Letters of Recommendation	Do you have any concerns about this applicant and their potential performance in this fellowship/program?  Explain the strongest reason/s that we should consider for selecting this candidate.	<b><u>Add Option for PHAP To:</u></b> PHAP: Yes PHAP: Yes
All Programs	13.2 Applicant Survey	13.2-a - Please select all of the ways you heard about the fellowship/program:  1. Word of Mouth 2. Social Media (e.g., Facebook, LinkedIn) 3. Internet search for job or fellowship opportunities 4. Job search website (e.g., Indeed, Career Builder) 5. Event Presentation (in- person or online) 6. Other (specify)	<b><u>Change Text:</u></b> 13.2-a -How did you find out about the Fellowship? (Select all that apply) *Include an open-ended box that asks to please specify  1. Word of Mouth (e.g., professor, mentor, supervisor, fellow, alumni) 2. Social Media (e.g., Facebook, LinkedIn, Instagram, Twitter, YouTube) 3. Internet search for job or fellowship opportunities 4. Job search platform (e.g., Handshake, Indeed, JOE, USAJobs, INFORMS) 5. Digital media advertisement (online ad clicked on for more information) 6. Newsletter or Email Listserv 7. Print or News Media (e.g. news sources, books, journals) 8. Other (specify)
All Programs	13.2. Applicant Survey	13.2-b Please enter keywords or search terms from your internet search: *If they selected internet search from the second question above.	<b><u>Delete Question</u></b>

Program	Page/ Section	Current Question/Item	Requested Change
All Programs	13.2 Applicant Survey	<p>13.2-c Which one of these influenced you the most to apply to the fellowship/program?</p> <ol style="list-style-type: none"> <li>1. Word of Mouth</li> <li>2. Social Media (e.g., Facebook, LinkedIn)</li> <li>3. Internet search for job or fellowship opportunities</li> <li>4. Job search website (e.g., Indeed, Career Builder)</li> <li>5. Event Presentation (in-person or online)</li> <li>6. Exhibition Booth</li> <li>7. Other (specify)</li> </ol>	<b><u>Delete Question</u></b>
All Programs	13.2 Applicant Survey	<p>Question 13.2a - Who told you about the fellowship/program by word of mouth? (Select all that apply) *If they select word of mouth above</p> <ol style="list-style-type: none"> <li>1. CDC fellowship/program alumni or participant</li> <li>2. Other CDC Staff</li> <li>3. School Staff (e.g., career adviser, professor, etc.)</li> <li>4. Other (specify)</li> </ol>	<p><b><u>Change Text:</u></b>  13.2.b How did you connect with the person who told you about the fellowship by word of mouth? (Select all that apply) *Include an open-ended box that asks to please specify *If they selected word of mouth from 13.2.a question above.</p> <ol style="list-style-type: none"> <li>1. Handshake (e.g., webinar, email, fellowship ambassador)</li> <li>2. University event, webinar, presentation</li> <li>3. CDC event, webinar, presentation, booth</li> <li>4. Other event, webinar, presentation (specify)</li> <li>5. Professional or academic setting (e.g., professor, mentor/supervisor, colleague)</li> <li>6. Other (specify)</li> </ol>
All Programs	13.2 Applicant Survey	<p>13.2-a Which social media platform(s)? (Select all that apply) *If they selected social media in the second question above</p> <ol style="list-style-type: none"> <li>1. Facebook</li> <li>2. Instagram</li> <li>3. Twitter</li> <li>4. LinkedIn</li> <li>5. YouTube</li> <li>6. Other (specify)</li> </ol>	<b><u>Delete Question</u></b>

Program	Page/ Section	Current Question/Item	Requested Change
All Programs	13.2 Applicant Survey	<p>13.2-1 Which website(s)? (Select all that apply) *If they selected job search site from the second question above.</p> <ol style="list-style-type: none"> <li>1. Indeed</li> <li>2. Career Builder</li> <li>3. Glass Door</li> <li>4. Zip Recruiter</li> <li>5. Monster</li> <li>6. Google Jobs</li> <li>7. JOE (Job Opening for Economists)</li> <li>8. Other (specify)</li> </ol>	<p><b>Change Text:</b>  13.2.c On what job search platform did you find out about the fellowships? <u>*Only if job search platform is selected from question 13.2.a.</u></p> <ol style="list-style-type: none"> <li>1. Handshake</li> <li>2. Indeed</li> <li>3. JOE (Job Openings for Economists)</li> <li>4. USAJobs</li> <li>5. INFORMS</li> <li>6. Other (specify)</li> </ol>
All Programs	13.2 Applicant Survey	<p>13.2-a Which event presentation(s)? (Select all that apply) *If they selected presentation or exhibition booth in the first question above</p> <ol style="list-style-type: none"> <li>1. Conference or national meeting presentation (e.g., CSTE, APHL, AMA, ASTHO, etc.)</li> <li>2. Fellowship information session at school or career fair</li> <li>3. Fellowship webinar</li> <li>4. Other (specify)</li> </ol>	<p><b>Delete Question</b></p>
	13.2 Applicant Survey	<p>13.2-b Please list the name of the event, meeting, conference, webinar, school and/or the organization that held the event where you heard about the fellowship/program.</p>	<p><b>Delete Question</b></p>

Program	Page/Section	Current Question/Item	Requested Change
All Programs	13.2 Applicant Survey	<p>13.2-b What are the most important factors that made you interested in applying for this fellowship/program? (Select up to three)</p> <ol style="list-style-type: none"> <li>1. Building my skills</li> <li>2. Building my professional network</li> <li>3. Working in public health field</li> <li>4. Working at CDC</li> <li>5. Working for the federal government</li> <li>6. Joining the U.S. Public Health Service Commissioned Corps</li> <li>7. Professional advancement</li> <li>8. Possibility of federal student loan repayment</li> <li>9. Other (specify)</li> </ol>	<b>Delete Question</b>
All Programs	13.2 Applicant Survey	None	<b>New Question:</b> What other opportunities (e.g. jobs, fellowships, etc.) are you considering?
LLS	13.2.e Application Survey Fields	None	<p><b>New Question:</b> What would make the LLS program more attractive to you? (select all that apply)</p> <ul style="list-style-type: none"> <li>• A longer fellowship term (e.g., 3 years)</li> <li>• A fellowship term that includes time spent at both a field (state or local lab) and CDC headquarters host site laboratory</li> <li>• Field experiences that require extended (e.g., 3 to 6 months) stays away from the host site laboratory (e.g., outside Atlanta if hosted at CDC headquarters)</li> <li>• Nothing</li> </ul> <p>Other, please explain _____.</p>
All Programs	13.2-f. Applicant Survey Fields—	None	<p><b>New Section:</b> <b>My Demographics Questions</b></p> <p><b>New Instructional Text:</b> <i>Your response is</i></p>

Program	Page/ Section	Current Question/Item	Requested Change
			<p><b><i>voluntary, confidential and will be used to enhance the federal government's understanding of its fellowship programs. This information will not influence selection for the fellowship.</i></b></p> <p><b><u>New Questions:</u></b>  <b>Title: Race and Ethnicity</b>            What is your Ethnicity?            -- Hispanic or Latino            -- Not Hispanic or Latino</p> <p><b>Title: Race and Ethnicity</b>            What is your Race? (select all that apply):            -- American Indian or Alaska Native            -- Asian            -- Black or African American            -- Native Hawaiian or Other Pacific Islander            -- White</p>
EIS	13.5-a. EIS CIO Assignment Interests	None	<p><b><u>New Question:</u></b>            1. Are you applying as a sponsored candidate by a branch of the military? Yes/No.            2. If yes, specify (text box)</p>
EIS	13.5-a. EIS CIO Assignment Interests	None	<p><b><u>New Question:</u></b>            By selecting the option below, you confirm that the application information given in this form is true, complete, and accurate.</p>
EEP	13.3.1 Rotation Preferences	Rotation Preferences (OLD DATES)	<p><b><u>Add New Text:</u></b>            Rotation A: DD/MM/YY – DD/MM/YY            Rotation B: DD/MM/YY – DD/MM/YY            Rotation C: DD/MM/YY – DD/MM/YY            Rotation D: DD/MM/YY – DD/MM/YY</p>
EIS	13.6.1 Writing Samples	None	<p><b><u>Add New Instructional Text: Honor Code</u></b></p> <p>€ I affirm that I have not given or received any unauthorized help on this Writing Assessment, and that this work is my own.</p>

Program	Page/ Section	Current Question/Item	Requested Change
EIS, LLS, EEP, SAF	NEW, 14.3 Deferment	None	<b>[REASON FOR DEFERMENT] I can no longer participate. Please explain or specify. [open text]</b>
EIS	15.1-a. Match or Prematch Rank/Rating or [CDC PRIORITY PROCESS] Form Fields	None	<b><u>Change Form Name:</u></b>  Figure 15.1-a. Match or Prematch Rank/Rating or [CDC PRIORITY PROCESS] Form Fields
EIS	15.2a. Match or Prematch or [CDC PRIORITY PROCESS] Rank/Rating Form Fields	None	<b><u>Change Form Name:</u></b>  Table 15.2a. Match or Prematch or [CDC PRIORITY PROCESS] Rank/Rating Form Fields
EIS	<b><u>Add New Section:</u></b>  NEW: Section 15: Selection Status Acceptance Form	None	<b><u>Add New Text:</u></b> EIS Selection Status Acceptance  1. Do you want to continue with the selection process? Accept/Decline 2. Reason for Decline (if decline was selected in #1)  Contact Information Confirmation You can view and update your contact information in the EIS Fellowship Application Portal under Applicant Profile. We will be using this information to contact you regarding application status and match.  3. The email listed on my profile form is accurate and accessible for the next 6 months. (Yes)  4. The phone number(s) listed on my profile form are accurate and accessible for the next 6 months. (Yes)  Information about this year's Prematch sites was sent to you via email. **Expressing interest in a Prematch site does not guarantee a Prematch.**  5. Are you interested in Prematching? (Yes/No)  Please rank your interest in the following

Program	Page/ Section	Current Question/Item	Requested Change
			<p>prematch sites. Be sure to review the Prematch Position Description information and book sent via email.</p> <p>Dropdown for host sites with response options (0=No Interest; 1=Low Interest; 2=Moderate Interest; 3=High Interest)</p> <p><b>[LIST OF HOST SITES]</b></p>
EIS	<p><b><u>Add New Section:</u></b> Selection 16: EIS Conference Interview Time Selection Form</p>	None	<p><b><u>Add New Text:</u></b></p> <p>Host site &amp; Interview Time Slot: [drop down]</p> <p>Please select an interview time slot: [drop down]</p>
PHAP	Appendix I. Field Value Tables, PHAP Subject Areas, 6.8.1 Special Requirements	<p>Adolescent &amp; 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 &amp; Infant Health</p>	<p><b><u>Delete Text:</u></b></p> <ul style="list-style-type: none"> <li>• Genomics</li> </ul> <p><b><u>Add Text:</u></b></p> <p>All sub-headings as choices, with heading listed first:</p> <ul style="list-style-type: none"> <li>• Chronic Disease: Diabetes</li> </ul> <p>Under Infectious disease:</p> <ul style="list-style-type: none"> <li>• Coronavirus (COVID-19)</li> <li>• Quarantine Station</li> </ul> <p><b><u>Change Text:</u></b></p> <ul style="list-style-type: none"> <li>• Chronic Disease: Population Health</li> <li>• Environmental Health (General)</li> <li>• Health Equity/Access to Care (General)</li> <li>• Maternal &amp; Child Health</li> <li>• Injury Prevention: Violence (Interpersonal)</li> <li>• Public Health Surveillance (General)</li> </ul> <p><b><u>Change Text:</u></b></p>

Program	Page/ Section	Current Question/Item	Requested Change
		Public Health Policy & Law Public Health Surveillance  Oral Health	<b>After Adolescent &amp; School Health (non-STI):            Adolescent/school-based Sexually Transmitted            Disease Prevention</b>

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

Program	Page/ Section	Current Question/Item	Requested Change
PHAP	5.3 Public Health Agency Details	None	<p><b><u>New Question:</u></b> COVID-19 Operations: Is your organization’s physical office open, closed (100% telework), hybrid model of the two, or other arrangements due to COVID-19 public health measures?</p> <ul style="list-style-type: none"> <li>• Open (No telework)</li> <li>• Closed (100% telework)</li> <li>• Hybrid (Alternating open &amp; telework)</li> <li>• Other</li> </ul>
PHAP	6.4 Travel Opportunities	Specify the percentage of travel that your position assignment will provide the candidate. Do not include travel that the Program might provide through deployments, etc. Local Travel (outside of 50 miles from host site assignment location):	<p><b><u>Change Text:</u></b></p> <p><b><u>Delete:</u></b> “50 miles”</p> <p><b><u>Add:</u></b> “100 miles”</p>
EIS	Table 6.2-a. Position Assignment Detail Fields	None	<p><b><u>New Question:</u></b> Short title for the position:</p> <p><b><u>Add Help Text:</u></b> Field positions, please input the short title provided to you by EWB</p>
LLS	6.7.2-a. Other Position Assignment Details Fields	None	<p><b><u>New Question:</u></b> Will this position be funded by the host site or the [EIS/LLS] program?</p> <ol style="list-style-type: none"> <li>1. Host Site</li> <li>2. EIS/LLS Program</li> </ol>
LLS	6.7.2-a. Other Position Assignment	None	<p><b><u>New Question:</u></b> If the position is not selected to be funded by the [EIS/LLS] program will the host site be willing to fund the position?</p> <ol style="list-style-type: none"> <li>1. Yes</li> </ol>

Program	Page/ Section	Current Question/Item	Requested Change
	t Details Fields		2. No
LLS	6.7.2-a Other Position Assignmen t Details Fields	None	<p><b><u>New Question:</u></b> Is this a pre-match [<b>OR OTHER CDC PRIORITY PROCESS</b>] position?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> <p>Describe why this position should be considered for a pre-match/[<b>OR OTHER CDC PRIORITY PROCESS</b>].</p>
PHAP	6.14.2 PHAP Subject Area Proposed Assignmen t	<p>Subject Areas: Drop down</p> <ol style="list-style-type: none"> <li>1. Adolescent &amp; School Health (non-STI)</li> <li>2. Community Health Improvement Planning (CHIP)/Community Health Assessments (CHA)</li> <li>3. Chronic Disease <ul style="list-style-type: none"> <li>* Cancer prevention and control</li> <li>* Diabetes</li> <li>* Heart disease and stroke prevention</li> <li>* Nutrition/Obesity prevention/physical activity promotion</li> <li>* Tobacco prevention and cessation</li> </ul> </li> <li>4. Emergency/Disaster Preparedness and Response</li> <li>5. Environmental Health <ul style="list-style-type: none"> <li>* Asthma and air population</li> <li>* Vector-borne disease (Pest/vector surveillance and control)</li> <li>* Healthy Homes/Air quality</li> <li>* Foodborne or waterborne disease</li> </ul> </li> </ol>	<p><b><u>Delete:</u></b> all numbering</p> <p><b><u>Delete:</u></b></p> <ul style="list-style-type: none"> <li>• Genomics</li> </ul> <p><b><u>Add:</u></b> All sub-headings as choices, with heading listed first:</p> <p>Under Infectious disease:</p> <ul style="list-style-type: none"> <li>• Coronavirus (COVID-19)</li> <li>• Quarantine Station</li> </ul> <p><b><u>Change Text:</u></b></p> <ul style="list-style-type: none"> <li>• Chronic Disease: Population Health</li> <li>• Environmental Health (General)</li> <li>• Health Equity/Access to Care (General)</li> <li>• Maternal &amp; Child Health</li> <li>• Injury Prevention: Violence (Interpersonal)</li> <li>• Public Health Surveillance (General)</li> </ul>

Program	Page/ Section	Current Question/Item	Requested Change
		<p>(environmental controls, HACCP, food/water safety)</p> <ul style="list-style-type: none"> <li>* Lead poisoning prevention</li> <li>* Radiation and chemical exposure</li> </ul> <p>6. Genomics</p> <p>7. Health Equity/Access to Care</p> <p>8. Health Department Improvement/Accreditation</p> <ul style="list-style-type: none"> <li>* Health Department Improvement/Quality Improvement</li> <li>* Accreditation</li> </ul> <p>9. Immunizations/Vaccine Preventable Disease Investigation</p> <ul style="list-style-type: none"> <li>* Immunizations</li> <li>* Influenza</li> <li>* Vaccine-preventable diseases (surveillance or investigation)</li> </ul> <p>10. Sexually Transmitted Disease Prevention</p> <p>11. HIV/AIDS Prevention</p> <p>12. Tuberculosis Prevention</p> <p>13. Viral Hepatitis Prevention</p> <p>14. Adolescent/school-based Sexually Transmitted Disease Prevention</p> <p>15. Other Infectious Disease</p> <ul style="list-style-type: none"> <li>* Foodborne or waterborne disease (human illness surveillance, investigation, prevention)</li> <li>* Vector-borne disease (human illness</li> </ul>	<p><b><u>Reorder this Text:</u></b></p> <ul style="list-style-type: none"> <li>• After Adolescent &amp; School Health (non-STI): Adolescent/school-based Sexually Transmitted Disease Prevention</li> </ul>

Program	Page/ Section	Current Question/Item	Requested Change
		surveillance, investigation, prevention) * Healthcare-associated infections * Notifiable disease surveillance and reporting * Quarantine 16. Injury Prevention * Unintentional injury prevention (falls, water safety) * Transportation injury prevention (automobile safety, bike safety) * Opioid/Prescription drug overdose prevention * Violence prevention * Occupational Health and Safety 17. Maternal & Infant Health * Reproductive Health * Birth defects * Early childhood development 18. Public Health Policy & Law 19. Public Health Surveillance * General Epidemiology and Disease Surveillance 20. Oral Health	
PHAP	6.14.6 Population Information	None	<p><b><u>New Question:</u></b></p> <p>Using the radio button options below, please select from one of the following mutually-exclusive criteria to classify this assignment as a tribal or tribally-focused assignment. An assignment would be considered “tribal” or “tribally focused PHAP assignment” if any one (1) of the following criteria are met:</p> <ol style="list-style-type: none"> <li><b>Tribe:</b> An Indian or Alaska Native tribe, band, pueblo, village, or community that the Secretary of the Interior acknowledges to exist as an Indian tribe pursuant to the Federally Recognized Indian</li> </ol>

Program	Page/ Section	Current Question/Item	Requested Change
			<p>Tribe List Act of 1994, 25 USC 5130 reclassified.</p> <ol style="list-style-type: none"> <li>2. <b>Tribal organizations</b> include the following: <ol style="list-style-type: none"> <li>a. Regional Intertribal Organizations such as All Indian Pueblo Council, Great Lakes Intertribal Council, and United South and Eastern Tribes</li> <li>b. National Indian Organizations such as National Indian Health Board, National Native American AIDS Prevention Center, etc.</li> <li>c. Tribal Epidemiology Centers (TECs)</li> </ol> </li> <li>3. <b>Federal agency with a tribal focus:</b> Any agency within the federal government that is responsible for providing services to American Indians and Alaska Natives including but not limited to the following: <ol style="list-style-type: none"> <li>a. Indian Health Service (IHS)</li> <li>b. Environmental Protection Agency (EPA)</li> <li>c. Bureau of Indian Affairs (BIA)</li> </ol> </li> <li>4. <b>Assignment working with elected American Indian/Alaska Native (AI/AN) tribal leaders:</b> This includes any PHAP assignment in a state health department, local health department, nongovernmental organization (NGO), university, or non-federally recognized state tribal organization with associate work activities actively engaged with elected American Indian/Alaska Native (AI/AN) tribal leaders.</li> </ol> <p>Select the best option to classify this assignment using the above criteria as tribal or tribally-focused serving a predominately tribal population:</p> <ol style="list-style-type: none"> <li>1. Tribe</li> <li>2. Tribal Organization</li> <li>3. Federal agency with a tribal focus</li> <li>4. Assignment working with AI/AN tribal leaders</li> </ol>
LLS	7. Supervisors	None	<p><b><u>New Question:</u></b> Select the following to confirm that you have: (required)</p> <ul style="list-style-type: none"> <li>• Scheduled Meeting with LLS Program</li> <li>• PD Approved by CIO Authority</li> </ul>
EIS	7.3-c Supervisor Experience Fields	Describe how the primary supervisor will provide direct supervision, foster growth, and on-the-job training	<p><b><u>Change Text:</u></b> Please outline a brief supervision plan that will ensure appropriate on-the-job training, management of the officer's workload and performance, and support for the officer's professional and personal growth. This plan should include 1) each supervisor's role on the team; 2) communication methods and meeting frequency with</p>

Program	Page/ Section	Current Question/Item	Requested Change
			the officer, and 3) how the team will facilitate engagement of the officer with others in the host site.
LLS	7.3.-c Supervisor Experience Fields	Describe how the primary supervisor will provide direct supervision, foster growth, and on-the-job training	<b><u>Change Text:</u></b> Please outline a brief supervision plan that will ensure appropriate on-the-job training, management of the fellow's workload and performance, and support for the officer's professional and personal growth. This plan should include 1) each supervisor's role on the team; 2) communication methods and meeting frequency with the fellow, and 3) how the team will facilitate engagement of the officer with others, including senior leadership, in the host site.
EEP	10.1-a Student Rotation Preference Fields	Old program dates are displayed.	<b><u>Change Text (reflect current dates):</u></b>  Rotation A: DD/MM/YY – DD/MM/YY  Rotation B: DD/MM/YY – DD/MM/YY  Rotation C: DD/MM/YY – DD/MM/YY  Rotation D: DD/MM/YY – DD/MM/YY
EIS, LLS, EEP, SAF	<u>ADD NEW SECTION</u> 11.2. Deferment	None	<b><u>New Section and New Text:</u></b> [REASON FOR DEFERMENT]  I can no longer participate. Please explain or specify.

**Table E: Proposed Changes to the FMS Alumni Module**  
**Attachment 4 - Alumni Tracking**

Program	Page/ Section	Current Question/Item	Requested Change
EEP	8.2-d EEP Alumni Fields	None	<p><b><u>New Questions:</u></b></p> <p>1. How frequently do you interact with individuals or groups from your fellowship network? This could include (but is not limited to) CDC fellowship staff, fellowship alumni, former host site supervisors, or colleagues. [MULTIPLE CHOICE]</p> <ul style="list-style-type: none"> <li>• Never / we only interact on issues unrelated to public health</li> <li>• Rarely - less than a few times a year</li> <li>• Sometimes - a few times a year</li> <li>• Often - monthly</li> <li>• Frequently - weekly or daily</li> </ul> <p>2. How frequently do you work with the following groups since completing EEP? [MATRIX - MULTIPLE CHOICE] [SET UP AS A GRID]</p> <ul style="list-style-type: none"> <li>- Never / we only interact on issues unrelated to public health</li> <li>- Once a year or less</li> <li>- About once a quarter</li> <li>- About once a month</li> <li>- Every week</li> <li>- Every day</li> </ul> <ul style="list-style-type: none"> <li>• Other EEP Alumni</li> <li>• Current EEP students</li> <li>• Former EEP supervisors and mentors</li> <li>• Current or former EEP program staff</li> </ul> <p>3. What kinds of activities does your current relationship with the following groups entail? Select all that apply. [SET UP AS A GRID]</p> <ul style="list-style-type: none"> <li>- Not applicable / I don't interact with this group</li> <li>- Networking</li> </ul>

Program	Page/ Section	Current Question/Item	Requested Change
			<ul style="list-style-type: none"> <li>- Sharing resources and information</li> <li>- Professional working relationship</li> <li>- EEP recruitment activities</li> <li>- Other               <ul style="list-style-type: none"> <li>• Other EEP Alumni</li> <li>• Current EEP students</li> <li>• Former EEP supervisors /and mentors</li> <li>• Current or former EEP program staff</li> </ul> </li> </ul> <p>4. How interested are you in seeking further engagement with the following groups? [MATRIX – MULTIPLE CHOICE]</p> <ul style="list-style-type: none"> <li>- Not at all interested</li> <li>- Somewhat interested</li> <li>- Interested</li> <li>- Extremely interested</li> </ul> <ul style="list-style-type: none"> <li>• Other EEP Alumni</li> <li>• Current EEP students</li> <li>• Former EEP supervisors and mentors</li> <li>• Current or former EEP program staff</li> </ul>
EEP	8.2-d EEP Alumni Fields	<ol style="list-style-type: none"> <li>1. Yes, I plan to apply to EIS.</li> <li>2. I have applied and I plan to reapply in the future.</li> <li>3. I have applied and do not plan to reapply.</li> <li>4. No, I do not plan to apply to EIS.</li> </ol>	<p><b><u>Change Text:</u></b></p> <ol style="list-style-type: none"> <li>1. Yes, I plan to apply to EIS.</li> <li>2. Yes, I applied to EIS and was accepted.</li> <li>3. I have applied and I plan to reapply in the future.</li> <li>4. I have applied and do not plan to reapply.</li> <li>5. No, I do not plan to apply to EIS.</li> </ol>
EEP	8.2-d EEP Alumni Fields	None	<p><b><u>New Question:</u></b> Were you accepted into the EIS program?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> <p>If yes, what year?</p>
SAF	8.5.-a SAF Alumni Fields	None	<p><b><u>New Questions:</u></b></p> <ol style="list-style-type: none"> <li>1. How frequently do you interact with individuals or groups from your fellowship network? This could include (but is not limited to) CDC fellowship staff,</li> </ol>

Program	Page/ Section	Current Question/Item	Requested Change
			<p>fellowship alumni, former host site supervisors, or colleagues. [MULTIPLE CHOICE]</p> <ul style="list-style-type: none"> <li>• Never / we only interact on issues unrelated to public health</li> <li>• Rarely - less than a few times a year</li> <li>• Sometimes - a few times a year</li> <li>• Often - monthly</li> <li>• Frequently - weekly or daily</li> </ul> <p>2. How frequently do you work with the following groups since completing SAF? [MATRIX - MULTIPLE CHOICE] [SET UP AS A GRID]</p> <ul style="list-style-type: none"> <li>- Never / we only interact on issues unrelated to public health</li> <li>- Once a year or less</li> <li>- About once a quarter</li> <li>- About once a month</li> <li>- Every week</li> <li>- Every day</li> </ul> <ul style="list-style-type: none"> <li>• Other SAF Alumni</li> <li>• Current SAFs</li> <li>• Former SAF partners/collaborators</li> <li>• Current or former SAF program staff</li> </ul> <p>3. What kinds of activities does your current relationship with the following groups entail? Select all that apply. [SET UP AS A GRID]</p> <ul style="list-style-type: none"> <li>- Not applicable / I don't interact with this group</li> <li>- Networking</li> <li>- Sharing resources and information</li> <li>- Professional working relationship</li> <li>- SAF recruitment activities</li> <li>- Other</li> </ul> <ul style="list-style-type: none"> <li>• Other SAF Alumni</li> </ul>

Program	Page/ Section	Current Question/Item	Requested Change
			<ul style="list-style-type: none"> <li>• Current SAFs</li> <li>• Former SAF partners/collaborators</li> <li>• Current or former SAF program staff</li> </ul> <p>4. How interested are you in seeking further engagement with the following groups? [MATRIX - MULTIPLE CHOICE]</p> <ul style="list-style-type: none"> <li>- Not at all interested</li> <li>- Somewhat interested</li> <li>- Interested</li> </ul> <ul style="list-style-type: none"> <li>• Other SAF Alumni</li> <li>• Current SAFs</li> <li>• Former SAF partners/collaborators</li> <li>• Current or former SAF program staff</li> </ul>
SAF	8.5.-a SAF Alumni Fields	None	<p><b><u>New Questions</u></b></p> <p>1. Have you co-taught any SAF events? For example, at a conference, regional training, or virtual training.</p> <p>2. Have you participated in any SAF events? For example, at a conference, regional training, or virtual training.</p>
All Programs	<p><b><u>8.7 New Section</u></b> Alumni My Demographics</p>	None	<p><b><u>New Section:</u></b> My Demographics Questions</p> <p><b><u>New Instructional Text:</u></b> <i>Your response is voluntary, confidential and will be used to enhance the federal government's understanding of its fellowship programs.</i></p> <p><b><u>New Questions:</u></b></p> <p><b>Title: Race and Ethnicity</b> What is your Ethnicity? -- Hispanic or Latino -- Not Hispanic or Latino</p> <p><b>Title: Race and Ethnicity</b> Race (select all that apply): -- American Indian or Alaska Native -- Asian -- Black or African American -- Native Hawaiian or Other Pacific Islander -- White</p>

**Table F: Proposed Changes to the FMS Activity Tracking Module**  
**Attachment 6 – Activity Tracking**

Program	Page/ Section	Current Question/Item	Requested Change
EEP	7.1.2.3.b Future Consideration Fields	None	<p><b><u>New Questions:</u></b></p> <ol style="list-style-type: none"> <li>1. How frequently would you like to interact with the EEP program in the future? <ul style="list-style-type: none"> <li>€ Once a year</li> <li>€ About once a quarter</li> <li>€ About once a month</li> </ul> </li>   <li>2. What types of activities would you like to participate in? <ul style="list-style-type: none"> <li>€ Networking with CDC</li> <li>€ Networking with other EEP alumni</li> <li>€ Mentoring current or future EEP students</li> <li>€ Recruiting future EEP students</li> <li>€ Other</li> </ul> </li> </ol>
SAF	7.2.2.1.h. Introduction Fields	None	<p><b><u>New Questions:</u></b></p> <p>How frequently would you like to interact with the SAF program in the future?</p> <ul style="list-style-type: none"> <li>• Once a year</li> <li>• About once a quarter</li> <li>• About once a month</li> </ul> <p>What types of activities would you like to participate in?</p> <ul style="list-style-type: none"> <li>• Networking with CDC</li> <li>• Networking with other SAF alumni</li> <li>• Sharing ideas and resources with other SAF alumni</li> <li>• In-person trainings focused on teaching epidemiology</li> <li>• Virtual trainings focused on teaching epidemiology</li> <li>• Co-teaching with CDC at conferences and trainings</li> <li>• Other</li> </ul>
EEP	6.1.3-a EEP	Do you have any field	<b><u>Change Text:</u></b> Do you have any field deployment (e.g.,

Program	Page/ Section	Current Question/Item	Requested Change
	Project Tracking Form Fields	deployment (e.g., Epi Aids) activities to report?	Epi Aids) or large-scale response activities to report?  1. Yes 2. No If Yes, describe.