Attachment C - Screen Shots for Modifications to FMS Application Module
OMB CONTROL NUMBER 0920-0765
FELLOWSHIP MANAGEMENT SYSTEM
NON-SUBSTANTIVE CHANGE REQUEST

PROPOSED MODIFICATIONS FOR FMS APPLICATION MODULE

DATE SUBMITTED: June, 2021

Revised public burden statement

Privacy Act and Public Burden Information

Privacy Act Information

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

Public Burden Information

Form Approved

OMB No. <u>0920-0765</u>

Exp. Date 03/31/2023

Public reporting burden of this collection of information is an estimated average of 71 minutes per response, with an additional 15 minutes for the reference letter writers (total 86 min), and including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0765).

6.4.1 Eligibility

PMR/F

Select your primary degree that makes you eligible to apply for this training program:



PMR/F

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)?



PMR/F

Do you have experience in applied epidemiology?



PMR/F

You do not meet eligibility criteria to apply for the Residency, please review the eligibility criteria.

You do not meet eligibility criteria to apply for the PMR/F without previous applied epidemiology experience.

	~
Yes	
No	
MR/F	
Provide epidemiologic support:	
MR/F	li
MR/F Are you seeking certification by the American	Board of Preventive Medicine?
	Board of Preventive Medicine?
	Board of Preventive Medicine?
Yes	Board of Preventive Medicine?
Are you seeking certification by the American	Board of Preventive Medicine?
Are you seeking certification by the American Yes	Board of Preventive Medicine?

PMR/F

Do you have an MPH or equivalent coursewo	ork from a CEPH-accredited school?
	~
Yes	
No	
PMR/F	
How many years of completed post-graduate accredited Canadian post-graduate clinical tra	
PMR/F	
Please describe the type and duration of any training.	completed post-graduate clinical
PMR/F	
Policy Analysis and Development	
oney many ele una pererepment	
DNAD /F	
PMR/F	

Attachment C - Application Module Screenshots

Program Ev	aluation			
PMR/F				
Program Adm	inistration			
				10
PMR/F				
Population H	lealth Improven	nent		
PMR/F				
Grant Propos	sal Evaluation a	and Develop	ment	
				/

PMR/F

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?
~
Yes
No
PMR/F
You are likely eligible to apply for the 24-month Internal Residency Track. Do you wish to continue and apply for this Track?
~
Yes No
PMR/F
You are likely eligible to apply for the 12-month Internal Residency Track. Do you wish to continue and apply for this Track?
~
Yes No
PMR/F
You are likely eligible to apply for the 12-month External Residency Track. Do you wish to continue and apply for this Track?
~
Yes No
PMR/F

You are likely eligible to apply for the 12-month Fellowship Track. Do you wish to continue and apply for this Track?	
•	
Yes	
No	
6.5.1 ELIGIBILITY	
PHIFP	
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	
How many years of experience do you have in public health or related field?	
PHIFP	
How many years of experience do you have in informatics and/or data science?	
PHIFP	
Please Specify	

PHIFP

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

6.2 CITIZENSHIP STATUS

PHIFP

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.

PFF

+ Select a file

PEF

Do you have or are you in the process of completing a PhD degree?



6.9 FLIGHT

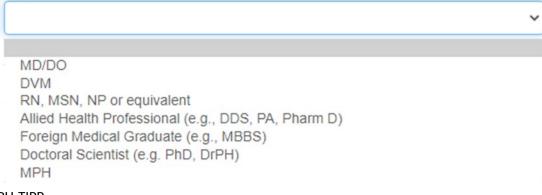
FLIGHT

Please Upload CV + Select a file

6.10 PH-TIPP

PH-TIPP

Select your primary degree that makes you eligible to apply for this training program:



PH-TIPP

Will you be able to attend Orientation in either August or September in Atlanta, Georgia?

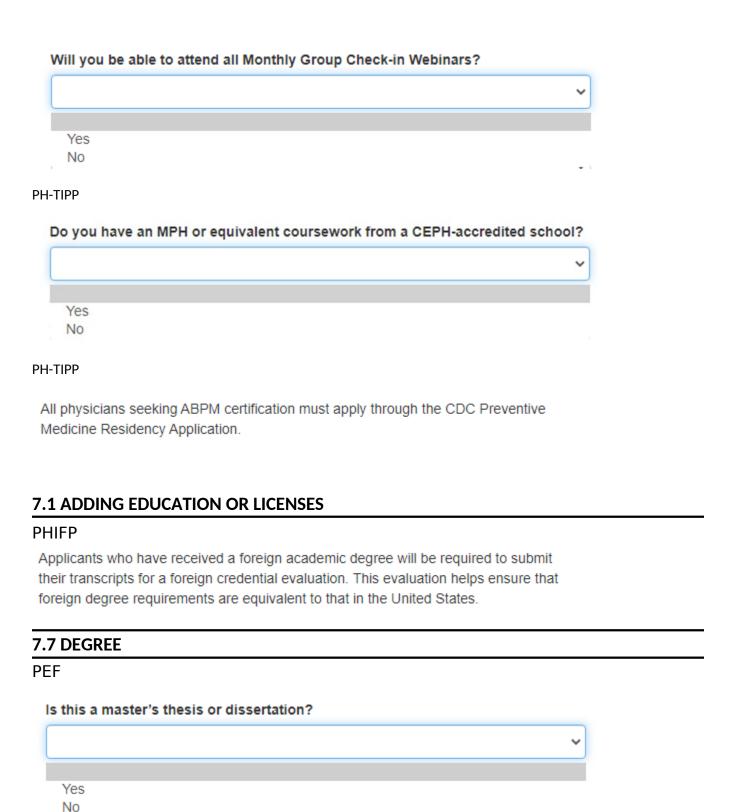


PH-TIPP

Will you be able to attend all monthly Preventive Medicine Grand Rounds Webinars?



PH-TIPP



9.3 CLINICAL TRAINING PMR/F Certification of completion of clinical training upload: + Select a file 9.4 U.S. BOARD CERTIFICATIONS AND SPECIALTY PMR/F Certificate of Completion Upload: Θ Select a file 11.1 ALL FELLOWSHIPS EXCEPT FLIGHT PEF Describe your greatest professional challenge so far and how you overcame it. **PEF** Describe your use of economic or decision-analytic methods. What methods would you like to learn more about?

13.1 SELF ASSESSMENT OF SKILLS

PHIFP

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.