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

Application Module
Host Site Module
Activity Tracking Module

Date Submitted: December 22, 2021

Programs request approval by January 30, 2022

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 application module for all fellowships (Table A) under eFMS, as well as more specific changes to the application, host site, and activity tracking module for the following fellowship programs: Epidemiology Elective Program (EEP), the Science Ambassador Fellowship (SAF), the Epidemic Intelligence Service (EIS), and the Laboratory Leadership Service (LLS).

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.

The specific changes include additional/revised questions to address the following:
1) Increased alignment to key program evaluation questions
2) Better matching of program participants to mentors in programs
3) New programmatic components
4) Modification of question and question answers to better reflect DSEPD's recruitment efforts

Additionally, several questions were removed as they were not relevant to all programs or as useful as intended.

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 minimal additional time per respondent. 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. Table C (Application Module) and **Attachment 1** Application Module Screenshots
2. Table D (Host Site Module) **Attachment 2** Host-Site Module Screenshots
3. Table E (Activity Tracking Module) and **Attachment 3** Activity Tracking 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 (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 per Response (in hours)	Total Response Burden (in hours)
Fellowship applicants	FMS Application Module	Current Approval	2,216	1	71/60	2,622
		Revision Request	2,216	1	75/60	2,770
		Net Change	0	-	+4 minutes	+148

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	71/60	530
		Revision Request	448	1	73/60	545
		Net Change	0	-	+2 minutes	+15

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 Activity Tracking Module	Current Approval	350	2	35/60	408
		Revision Request	350	2	39/60	455
		Net Change	0	-	+4 minutes	+47

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	Across all modules (not	Current Approval	9708	-	-	5773

just the 3 above)	just the 3 above)	Revision Request	9708	-	-	5983
		Net Change	0	-	-	+210

Table C: Proposed Changes to the FMS Application Module

Attachment 1 – Application Module

Note: for some sections, due to limitation of eFMS, a new question must be added

Program	Section	Current Question/Item	Requested Change
ALL	Table 13.2-a. Applicant Survey Fields	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)	**Change type: Question revision** Which of the following most influenced you to apply to this fellowship? (select up to 3) 1. Handshake (e.g., job posting, fellow/alumni ambassador) 2. Other job search platform (e.g., Indeed, ZipRecruiter, Job Openings for Economists) 3. In-person event (e.g., conference booth) 4. News advertising (e.g., online ad, news media) 5. Newsletter or email listserv (e.g., from CDC, your university, professional organization) 6. Social Media (e.g., Facebook, LinkedIn, Instagram, Twitter, YouTube) 7. Webinar or other virtual event (e.g., information session, alumni panel) 8. Word of mouth (e.g., from current or former fellow, professor, supervisor) 9. Other (please specify)
ALL	Table 13.2-a. Applicant Survey Fields	How did you connect with the person who told you about the fellowship by word of mouth? (Select all that apply)	**Change type: Question deletion** Remove this question from the survey

Program	Section	Current Question/Item	Requested Change
		*Include an open-ended box that asks to please specify *If they selected word of mouth from 13.2.a question above. 1.Handshake (e.g., webinar, email, fellowship ambassador) 2.University event, webinar, presentation 3.CDC event, webinar, presentation, booth 4.Other event, webinar, presentation (specify) 5.Professional or academic setting (e.g., professor, mentor/supervisor, colleague) 6.Other (specify)	
ALL	Table 13.2-a. Applicant Survey Fields	On what job search platform did you find out about the fellowships? *Only if job search platform is selected from question 13.2.a. 1.Handshake 2.Indeed 3.JOE (Job Openings for Economists 4.USAJobs 5.INFORMS 6.Other (specify)	**Change type: Question deletion** Remove this question from the survey
SAF	6.6	N/A	**Change type: Question addition** Add question: In the past 5 years, in which ways have you interacted with the Science Ambassador program? Options [SELECT ALL THAT APPLY]: 1. Attended a CDC Science Ambassador regional training workshop 2. Previously applied to the CDC Science Ambassador Fellowship

Program	Section	Current Question/Item	Requested Change
			3. Used CDC NERD Academy curriculum in my classroom 4. Used CDC Science Ambassador lesson plans in my classroom 5. None of the above 6. Other
SAF	6.6	Do you have a current teaching license in your state?	**Change type: Question deletion**
SAF	7.2-a	Do you want to add? 1. Undergraduate Education 2. Graduate Education 3. Additional Coursework 4. Active U.S. License	**Change type: Question addition** Remove 4. Active U.S. License: {Instructions: Include completed degrees and any degrees in progress} Do you want to add? 1. Undergraduate Education 2. Graduate Education (includes degrees in progress) 3. Additional Coursework
All	7.2-a	Do you want to add? 1. Undergraduate Education 2. Graduate Education 3. Additional Coursework 4. Active U.S. License	**Change type: Question deletion** Change 2. Graduate Education to 2. Graduate Education (including degrees in progress) {Instructions: Include degrees in progress} Do you want to add? 1. Undergraduate Education 2. Graduate Education (includes degrees in progress) 3. Additional Coursework
SAF	7.9-a	Issuing State	**Change type: Question deletion** Hide entire Section 7.9-a for SAF
All	7.11-a	Incomplete Reason:	**Change type: Question revision** Incomplete Reason (Note: List expected graduation date if degree is still in progress):
SAF	8.3-a	Does your organization, school or school district receive Title 1 financial assistance?	**Change type: Question revision** Change question to read: Does this organization, school, or school district receive Title 1 financial assistance?
SAF	8.3-a	Does your organization, school or school district receive Title 1 financial assistance?	**Change type: Response option revision** Add additional answer option: 4. Prefer not to respond

Program	Section	Current Question/Item	Requested Change
		1. Yes 2. No 3. N/A	
SAF	9.2-a	What do you need to add? 1. Clinical Training 2. U.S. Board Certification 3. Additional Training, Certification or Professional Development 4. Language Skill 5. None of the Above	**Change type: Response option revision, question addition** 1. Clinical Training 2. U.S. Board Certification 4. Language Skill What do you need to add? 1. Additional Training, Certification or Professional Development 2. None of the Above
EEP	9.2-a	What do you need to add? 1. Clinical Training 2. U.S. Board Certification 3. Additional Training, Certification or Professional Development 4. Language Skill 5. None of the Above	**Change type: Response option revision, question addition** Add: 6. Additional Skills What do you need to add? 1. Additional Training, Certification or Professional Development 2. Additional Skills 3. None of the Above
EEP	New Section if possible - 9.9 Additional Skills	N/A	**Change type: Question addition** Add question: Computer and Statistical Software Skills: Please select the statistical software package(s) for which you have Proficient/Skilled or Mastery/Expert competency [SELECT ALL THAT APPLY]: Entry/Novice - Limited capabilities - Little or no experience

Program	Section	Current Question/Item	Requested Change
			Proficient/Skilled - Basic capabilities - Moderate amount of experience Mastery/Expert - Advanced capabilities - Extensive experience 1. SAS 2. STATA 3. Epi-Info 4. R 5. Excel 6. Other (specify and provide rating): [Open-ended]
All applicable programs	10.2-a	What do you want to add? 1. Publications 2. Presentations 3. Grants 4. Honor or Awards	**Change type: Response option revision** Change 4. Honor or Awards to 4. Honors or Awards
EEP	11.1-a	Describe your experience related to data management and analysis, including the use of statistical software packages such as Excel, SAS, STATA, R, or Epi Info. Please provide specific examples. Note that this question will be used to assist the program with matching applicants to appropriate host sites.	**Change type: Question deletion**
EEP	13.3.2-a	Topic area(s): 1. Obesity, nutrition, and physical activity 2. Cancer prevention and control 3. Diabetes 4. Heart disease and stroke	**Change type: Response option revision** Topic area(s): [SELECT ALL THAT APPLY] (Added #13, 18, 27, 29, and 33 below" to the top of the list.) 1. Obesity, nutrition, and physical activity 2. Cancer prevention and control 3. Diabetes 4. Heart disease and stroke prevention 5. Tobacco prevention and cessation

Program	Section	Current Question/Item	Requested Change
		prevention

5. Tobacco prevention and cessation

6. Other chronic disease

7. Emergency preparedness and response

8. Asthma and air pollution

9. Environmental health

10. Immunizations/vaccine preventable disease

11. Influenza

12. HIV/AIDS or Tuberculosis

13. Viral hepatitis

14. Foodborne Disease

15. Waterborne diseases

16. Vectorborne disease

17. One Health and zoonotic disease

18. Arctic Investigations (Alaska)

19. Healthcare-associated infections

20. Quarantine and border health services

21. Unintentional injury

22. Opioid/prescription drug overdose prevention

23. Occupational health and | 6. Other chronic disease
7. Emergency preparedness and response
8. Asthma and air pollution
9. Environmental health
10. Immunizations/vaccine preventable disease
11. Influenza
12. HIV/AIDS, or Tuberculosis
13. STD prevention
14. Viral hepatitis
15. Foodborne diseases
16. Waterborne diseases
17. Vectorborne diseases
18. Fungal Diseases
19. One Health and zoonotic disease
20. Arctic Investigations (Alaska)
21. Healthcare-associated infections
22. Quarantine and border health services
23. Unintentional injury
24. Opioid/prescription drug overdose prevention
25. Occupational health and safety
26. Violence Prevention
27. Reproductive Health
28. Maternal and infant health
29. Blood Disorders
30. Health statistics
31. State, local, and territorial health
32. Global health
33. COVID-19
34. Other (specify) |

Program	Section	Current Question/Item	Requested Change
		safety 24. Violence Prevention 25. Maternal and infant health 26. Health statistics 27. State, local, and territorial health 28. Global health 29. Other:	
EEP	13.3.3-a	What is your preference for the location of your project assignment? (Select all that apply) 1. CDC headquarters or Atlanta regional campuses (Atlanta, Georgia) 2. Other CDC Regional Campuses 3. Other Federal Agencies 4. State, local, or territorial health departments	**Change type: Response option revision** Change to: What is your preference for the location of your project assignment? (Select all that apply) 1. CDC headquarters or Atlanta regional campuses (Atlanta, Georgia) 2. Other CDC Regional Campuses 3. Other Federal Agencies 4. State, local, or territorial health departments 5. CDC Country Office (Remote)
EEP	13.3.3-a	N/A	**Change type: Question addition** Add new question for EEP after What is your preference for the location of your project assignment to read: What type of work settings are you open to? (select all that apply, please note that the EEP program cannot guarantee a specific work setting): - Remote/Full Telework

Program	Section	Current Question/Item	Requested Change
			- Hybrid/Partial Telework - In-person
EEP	13.3.3-a	Other CDC Regional Campuses (Select all that apply): 1. Anchorage, Alaska 2. Ft. Collins, Colorado 3. San Juan, Puerto Rico 4. Hyattsville, Maryland 5. Morgantown, West Virginia 6. Cincinnati, Ohio 7. Washington, DC	**Change type: Response option revision** Change to: Other CDC Regional Campuses (Select all that apply): 1. Anchorage, Alaska 2. Ft. Collins, Colorado 3. San Juan, Puerto Rico 4. Hyattsville, Maryland 5. Morgantown, West Virginia 6. Cincinnati, Ohio 7. Pittsburgh, Pennsylvania 8. Spokane, Washington 9. Denver, Colorado 10. Durham, North Carolina 11. Washington, DC 12. I am open to locations not listed above
EEP	13.3.3-a	Other Federal Agencies (Select all that apply): 1. National Park Service (Fort Collins, Colorado) 2. Indian Health Service (varies)	**Change type: Response option revision** Change to: Other Federal Agencies (Select all that apply): 1. National Park Service (Fort Collins, Colorado) 2. National Park Service (Albuquerque, New Mexico) 3. National Park Service (Washington, DC) 4. Indian Health Service (varies) 5. I am open to additional federal agencies not already listed above

Program	Section	Current Question/Item	Requested Change
SAF	13.5-a	First [Second | Third] Choice Area: 1. Obesity, nutrition, and physical activity 2. Cancer prevention and control 3. Diabetes 4. Heart disease and stroke prevention 5. Tobacco prevention and cessation 6. Other chronic disease 7. Emergency preparedness and response 8. Asthma and air pollution 9. Environmental health 10. Immunizations/vaccine preventable disease 11. Influenza 12. HIV/AIDS or Tuberculosis 13. Viral hepatitis 14. Foodborne Disease 15. Waterborne diseases 16. Vectorborne disease 17. One Health and zoonotic disease 18. Arctic Investigations (Alaska) 19. Healthcare-associated infections 20. Quarantine and border health services	**Change type: Response option revision** Change to: First [Second | Third] Choice Area: 1. Obesity, nutrition, and physical activity 2. Cancer prevention and control 3. Diabetes 4. Heart disease and stroke prevention 5. Tobacco prevention and cessation 6. Other chronic disease 7. Emergency preparedness and response 8. Asthma and air pollution 9. Environmental health 10. Immunizations/vaccine preventable disease 11. Influenza 12. HIV/AIDS, or Tuberculosis 13. STD prevention 14. Viral hepatitis 15. Foodborne diseases 16. Waterborne diseases 17. Vectorborne diseases 18. Fungal Diseases 19. One Health and zoonotic disease 20. Arctic Investigations (Alaska) 21. Healthcare-associated infections 22. Quarantine and border health services

Program	Section	Current Question/Item	Requested Change
		21. Unintentional injury 22. Opioid/prescription drug overdose prevention 23. Occupational health and safety 24. Violence Prevention 25. Maternal and infant health 26. Health statistics 27. State, local, and territorial health 28. Global health 29. Other:	23. Unintentional injury 24. Opioid/prescription drug overdose prevention 25. Occupational health and safety 26. Violence Prevention 27. Reproductive Health 28. Maternal and infant health 29. Blood Disorders 30. Health statistics 31. State, local, and territorial health 32. Global health 33. COVID-19 34. Other (specify)
EEP	15	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.Information about this year's Prematch sites was sent to you via email.**Expressing interest in a Prematch site does not guarantee a Prematch.** 4. Are you interested in	**Change type: Response option revision** Change item to read (remove questions 3 and 4): Contact Information Confirmation You can view and update your contact information in the EEP Fellowship Application Portal under Applicant Profile. We will be using this information to contact you regarding application status and match. 1. The email listed on my profile form is accurate and accessible for the next 6 months. (Yes) 2. The phone number(s) listed on my profile form are accurate and accessible for the next 6 months. (Yes)

Program	Section	Current Question/Item	Requested Change
		Prematching? (Yes/No) Please rank your interest in the following prematch sites. Be sure to review the Prematch Position Description information and book sent via email. Dropdown for host sites with response options (0=No Interest; 1=Low Interest; 2=Moderate Interest; 3=High Interest	
EEP	Degree List	Degree list found in appendix section of Application Module	**Change type: Response option revision** Create new field for EEP (separating Undergraduate and Graduate Degree lists, with undergraduate list changed to): AB BA BS BS/BA BSc SB ScB Other
EEP	Degree List	Degree list found in appendix section of Application Module	**Change type: Response option revision** Create new field for EEP (separating Undergraduate and Graduate Degree lists, with graduate list changed to): AM BA

Program	Section	Current Question/Item	Requested Change
			DHS
			DHSc
			DNSc
			DPH
			DPhil
			DrPH
			DrS
			DrSc
			EdD
			MA
			MEd
			MHS
			MHSc
			MHSE
			MN
			MPH
			MPhil
			MPHTM
			MPVM
			MS
			MSVPH
			MSc
			MScPH
			MSPH
			MTM&H

Program	Section	Current Question/Item	Requested Change
			PhD
			SB
			ScB
			ScD
			ScM
			SM
			Other
LLS, EIS	8.1-a Adding Work or Volunteer Experience	No instructional text.	**Change type: Instructional text revision** {Instructions: Add relevant examples to explain what should be included in each section}
LLS, EIS	9.5-1. Additional Training, Certifications, or Professional Development Fields	No instructional text.	**Change type: Instructional text revision** {Instructions: Add relevant examples to explain what should be included in each section}
All	I. Field Value Tables	N/A	**Change type: Response option revision** Add American Samoa to State/Territory List

Table D: Proposed Changes to the FMS Host Site Module
Attachment 2 – Host Site Module

Program	Section	Current Question/Item	Requested Change
SAF	2.1-a	Email	**Change type: Question deletion** Remove for SAF
SAF	2.1-a	Password	**Change type: Question deletion**

Program	Section	Current Question/Item	Requested Change
			Remove for SAF
EEP	6.3-1	N/A	**Change type: Question addition** Add new question for EEP in this section to read: Which type of work settings are you open to for your EEP student? (select all that apply): - Remote/Full Telework - Hybrid/Partial Telework - In-person
EEP	6.9.1-a	How would you best describe the subject area covered in this position? 1. Obesity, nutrition, and physical activity 2. Cancer prevention and control 3. Diabetes 4. Heart disease and stroke prevention 5. Tobacco prevention and cessation 6. Other chronic disease 7. Emergency preparedness and response 8. Asthma and air pollution 9. Environmental health 10. Immunizations/vaccine preventable disease 11. Influenza 12. HIV/AIDS or Tuberculosis 13. Viral hepatitis 14. Foodborne Disease 15. Waterborne diseases 16. Vectorborne disease 17. One Health and zoonotic disease 18. Arctic Investigations (Alaska) 19. Healthcare-associated infections 20. Quarantine and border	**Change type: Question revision, response option revision** How would you best describe the subject area covered in this position? Select all that apply. Note: new additions are 13, 18, 27, 29, 33 Change options to: 1. Obesity, nutrition, and physical activity 2. Cancer prevention and control 3. Diabetes 4. Heart disease and stroke prevention 5. Tobacco prevention and cessation 6. Other chronic disease 7. Emergency preparedness and response 8. Asthma and air pollution 9. Environmental health 10. Immunizations/vaccine preventable disease 11. Influenza 12. HIV/AIDS, or Tuberculosis 13. STD prevention 14. Viral hepatitis 15. Foodborne diseases 16. Waterborne diseases 17. Vectorborne diseases 18. Fungal Diseases 19. One Health and zoonotic disease 20. Arctic Investigations (Alaska) 21. Healthcare-associated infections 22. Quarantine and border health services 23. Unintentional injury 24. Opioid/prescription drug overdose prevention

Program	Section	Current Question/Item	Requested Change
		health services 21. Unintentional injury 22. Opioid/prescription drug overdose prevention 23. Occupational health and safety 24. Violence Prevention 25. Maternal and infant health 26. Health statistics 27. State, local, and territorial health 28. Global health 29. Other (specify)	25. Occupational health and safety 26. Violence Prevention 27. Reproductive Health 28. Maternal and infant health 29. Blood Disorders 30. Health statistics 31. State, local, and territorial health 32. Global health 33. COVID-19 34. Other (specify)
EEP	6.9.1-b		**Change type: Question addition** For EEP, after the Specify [project type] field, please add the following question to this section (6.9.1-b): Do you prefer a language skill? [select one] - Yes - No If select Yes, please select language [drop-down]: - French - Spanish - Other: [open-ended] What level of proficiency do you prefer? - At least Good - At least Excellent
EEP	6.9.1-b		**Change type: Question addition** For EEP, please add the following question to this section 6.9.1-b: Does the host site prefer a student who has statistical software experience? [select one] - Yes - No If yes, please select the statistical software package(s) [select all that apply]:

Program	Section	Current Question/Item	Requested Change
			Statistical Software Skills - SAS - STATA - Epi-Info - R - Excel Other: [open-ended] [If select other, open-ended]
EEP	5.3-a and 5.3 Public Health Agency Details	Public Health Agency: Currently missing NIOSH/Pittsburgh, PA	**Change type: Response option revision** Add: NIOSH/Pittsburgh, PA
EEP	7.2-a	In what year did the supervisor start the fellowship program(s):	**Change type: Question deletion** Remove for EEP.
All	I. Field Value Tables	N/A	**Change type: Response option revision** American Samoa to State/Territory List

Table E: Proposed Changes to the FMS Activity Tracking Module
Attachment 3 – Activity Tracking Module

Program	Section	Current Question/Item	Requested Change
EEP	5.2-a	Memorandum of Agreement (Required for all students): 1. Completed	**Change type: Question revision** Change to: Handbook Acknowledgement (Required for all students): 1. Completed
EEP	5.2-a	669A SWEP Volunteer Agreement (Required for CDC-based students): 1. Completed	**Change type: Question revision** Change to: 669A SWEP Volunteer Agreement (Required for all students): 1. Completed
EEP	5.2-a	669C SWEP Statement of	**Change type: Question revision**

Program	Section	Current Question/Item	Requested Change
		Duties Agreement (Required for CDC-based students): 1. Completed	Change to: 669C SWEP Statement of Duties Agreement (Required for all students): 1. Completed
EEP	5.2-a	1438 SWEP E-QIP Initiation Form (Required for CDC-based students): 1. Completed	**Change type: Question revision** Change to: 1438 SWEP E-QIP Initiation Form (Required for all students): 1. Completed
EEP	5.2-a	Provided your SSN to EEP Program (Required for CDC-based students): 1. Completed	**Change type: Question revision** Change to: Provided your SSN to EEP Program (Required for all students): 1. Completed
EEP	5.2-a	Safety Survival Skills Exam (SSS) (Required for CDC-based students): 1. Completed	**Change type: Question /response option revision** Change to: Safety Survival Skills Exam (SSS): 1. Completed 2. Not applicable
EEP	5.2-a	Security Awareness Training (SAT) (Required for CDC-based students): 1. Completed	**Change type: Question /response option revision** Change to Security Awareness Training (SAT): 1. Completed 2. Not applicable
EEP	5.2-a	Completed Office of Safety, Security, and Asset Management (OSSAM) regarding your personnel security background investigation (Required for CDC-based students): 1. Completed	**Change type: Question revision** Change to: Personnel security background investigation completed by Office of Safety, Security, and Asset Management (OSSAM): 1. Completed 2. Not applicable

Program	Section	Current Question/Item	Requested Change
EEP	5.2-a	Fingerprinting (Required for CDC-based students): 1. Completed	**Change type: Question /response option revision** Change to: Fingerprinting: 1. Completed 2. Not applicable
EEP	5.3-c	Principles of Epidemiology for Public Health Practice Course (See program handbook) (Optional for all students): 1. Completed	**Change type: Question /response option revision** Principles of Epidemiology for Public Health Practice Course (See program handbook) (Optional for all students): 1. Completed 2. Not applicable
EEP	5.3-c	ActivEpi Course (See program handbook) (Optional for all students): 1. Completed	**Change type: Question deletion**
EEP	5.3-c	Online Public Health Ethics Course (See program handbook) (Optional for all students): 1. Completed	**Change type: Question deletion**
EEP	5.3-c	Return CDC SmartCard to Supervisor (Required for CDC-based students): 1. Completed	**Change type: Response option revision** Return CDC SmartCard to Supervisor (Required for CDC-based students): 1. Completed 2. Not applicable
EEP	5.3-c	Return computer and all other equipment provided (Required for all students): 1. Completed	**Change type: Response option revision** Return computer and all other equipment provided: 1. Completed 2. Not applicable
EEP	7.1.1.1.a	N/A	**Change type: Question addition**

Program	Section	Current Question/Item	Requested Change
			Add new question: How would you describe your connection with other EEP students following the orientation? [MULTIPLE CHOICE] (very connected, somewhat connected, a little connected, not at all connected)
EEP	7.1.1.4.a	[SEE SCREENSHOT]	**Change type: Question addition** Questions currently listed on screenshot should apply to All Students. Please combine current All Students and CDC Students Only sections into a single All Students section.
EEP	7.1.1.4.a	Did you receive your computer? 1. Yes 2. No	**Change type: Response option revision** Change to: Did you receive your computer? 1. Yes 2. No 3. Not applicable
EEP	7.1.1.4.a	When do you expect to receive your computer? 1. This week 2. Next week 3. Not sure	**Change type: Response option revision** Change to: When do you expect to receive your computer? 1. This week 2. Next week 3. Not sure 4. Not applicable
EEP	7.1.1.4.a	Did you receive your SmartCard? 1. Yes 2. No	**Change type: Response option revision** Change to: Did you receive your SmartCard? 1. Yes 2. No 3. Not applicable
EEP	7.1.1.4.a	When do you expect to receive your SmartCard? 1. This week 2. Next week	**Change type: Response option revision** Change to: When do you expect to receive your SmartCard?

Program	Section	Current Question/Item	Requested Change
		3. Not sure	1. This week 2. Next week 3. Not sure 4. Not applicable
EEP	7.1.1.4.a	N/A	**Change type: Instructional text revision** Below "Please confirm that the email provided in your Profile is current and permanent," add a new section for "Orientation Travel". This section should only be completed by students not based in Atlanta for EEP.
EEP	7.1.1.4.a	N/A	**Change type: Question addition** In Orientation Travel section, add: What went well during the travel planning process? [OPEN ENDED]
EEP	7.1.1.4.a	N/A	**Change type: Question addition** In Orientation Travel section, add: Please describe what could be improved for future EEP students traveling to and staying in Atlanta during orientation. [OPEN ENDED]
EEP	7.1.1.4.a	N/A	**Change type: Question addition** In Orientation Travel section, add: What challenges, if any, did you experience traveling to Atlanta for orientation? [OPEN ENDED]
EEP	7.1.1.4.a	N/A	**Change type: Question addition** In Orientation Travel section, add: What do you recommend to improve the travel and lodging process for EEP students traveling for orientation in the future? [OPEN ENDED]
EEP	7.1.2.1.f	What did your supervisor do to enhance your EEP experience? (Select all that apply)	**Change type: Response option revision** Change to:

Program	Section	Current Question/Item	Requested Change
		1. Discussed my assignment with me before starting the program 2. Provided an overview of CDC and how our Center/Division fits into CDC's mission 3. Met with me each week to provide any feedback 4. Connected me with other professionals 5. Facilitated my participation in professional or educational activities within CDC 6. Other	What did your supervisor do to enhance your EEP experience? (Select all that apply) 1. Discussed my assignment with me before starting the program 2. Provided an overview of CDC and how our Center/Division fits into CDC's mission 3. Provided an overview of organization and how our work fits into a public health mission 4. Met with me each week to provide any feedback 5. Connected me with other professionals 6. Facilitated my participation in professional or educational activities within CDC 7. Other
EEP	7.1.2.1.f	N/A	**Change type: Question addition** Add: I received adequate support from my host site supervisor to complete my projects. (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)
EEP	7.1.2.1.f	N/A	**Change type: Question addition** Add: Overall, I was satisfied with the guidance I received from my host site for my projects. (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)
EEP	7.1.2.1.f	N/A	**Change type: Question addition** Add: My supervisor provided me with resources to help me complete my project(s). (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)
EEP	7.1.2.1.f	N/A	**Change type: Question addition**

Program	Section	Current Question/Item	Requested Change
			Add: My supervisor provided me with timely feedback on my work. (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)
EEP	7.1.2.1.f	N/A	**Change type: Question addition** Add: Overall, I was satisfied with the mentorship I received at my host site. (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)
EEP	7.1.2.1.g	Did you assist in a field investigation (e.g., an Epi-Aid)?	**Change type: Question addition** Change to: Did you assist in a public health response activity (e.g., an Epi-Aid, EOC deployment, field investigation, other large-scale response, or similar)?
EEP	7.1.2.1.g	N/A	**Change type: Question addition** Add new question for EEP: Which type(s) of public health response activities did you participate in? Select all that apply: - Epi-Aid - CDC Emergency Operations Center (EOC) deployment - State, tribal, local, or territorial field investigation within your host site jurisdiction - Other field investigation/field deployment - Other: [DESCRIBE]
EEP	7.1.2.1.g	What CDC Center/Institute/Office conducted the field investigation (e.g., Epi-Aid)? (Select all that apply)	**Change type: Question revision** Change question to: Which CDC Center/Institute/Office(s) did you support during your public health response

Program	Section	Current Question/Item	Requested Change
			activity (e.g., an Epi-Aid, EOC deployment, field investigation, other large-scale response, or similar)? (Select all that apply)
EEP	7.1.2.1.g	What CDC Center/Institute/Office conducted the field investigation (e.g., Epi-Aid)? (Select all that apply)	**Change type: Response option revision** Change values to allow EEP student to select from the Center/Division/Branch Lookup OR choose one of the following options: - Other - N/A
EEP	7.1.2.1.h	Briefly describe your responsibilities in the field investigation (e.g., Epi Aid):	**Change type: Question revision** Change to: Briefly describe your responsibilities in the public health response activity (e.g., an Epi-Aid, EOC deployment, field investigation, other large-scale response, or similar):
EEP	7.1.2.1.h	Participation in a field investigation (e.g., Epi-Aid) increased my understanding of public health concepts through hands-on experience.	**Change type: Question revision** Change to: Participation in a public health response activity (e.g., an Epi-Aid, EOC deployment, field investigation, other large-scale response, or similar) increased my understanding of public health concepts through hands-on experience.
EEP	7.1.2.1.h	Participation in a field investigation (e.g., Epi-Aid) increased my interest in pursuing a public health career.	**Change type: Question revision** Change to: Participation in a public health response activity (e.g., an Epi-Aid, EOC deployment, field investigation, other large-scale response, or similar) increased my interest in pursuing a public health career.
EEP	7.1.2.1.h	Participation in a field investigation (e.g, Epi-Aid) connected me with additional public health professionals.	**Change type: Question revision** Change to: Participation in a public health response activity

Program	Section	Current Question/Item	Requested Change
			(e.g., an Epi-Aid, EOC deployment, field investigation, other large-scale response, or similar) connected me with additional public health professionals.
EEP	7.1.2.3.a	N/A	**Change type: Question addition** Add [for all students]: Overall, I am satisfied with my host site experience. (Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree)
EEP	7.1.2.3.a	N/A	**Change type: Question addition** Add [for all students]: What were the most valuable parts of your host site experience? [OPEN-ENDED]
EEP	7.1.2.3.a	N/A	**Change type: Question addition** Add [for all students]: What were the most challenging parts of your host site experience? [OPEN-ENDED]
SAF	7.2.1.1.a	3. In the past school year, which resource(s) did you use to teach public health? (Select all that apply) 1. N/A 2. CDC Science Ambassador Fellowship Lesson Plans/Activities 3. CDC Website 4. Other Lesson Plans/Activities (e.g., Young Epidemiology Scholars Lesson Plans) or Websites (e.g., Medical Detectives). Please provide at least 1-2 examples:	**Change type: Response option revision** Change to: 1. In the past school year, which resource(s) did you use to teach public health? (Select all that apply) 1. N/A 2. CDC Science Ambassador Fellowship Lesson Plans/Activities 3. CDC NERD Academy 4. CDC Website 5. Other Lesson Plans/Activities Other Lesson Plans/Activities (e.g., Young Epidemiology Scholars Lesson Plans) or Websites (e.g., Medical Detectives). Please provide at least 1-2 examples:
SAF	7.2.1.1.a	4. In the upcoming school	**Change type: Response option revision**

Program	Section	Current Question/Item	Requested Change
		year, do you plan to teach an entire course related to public health? 1. Yes, I plan to in the next year. 2. No, but I plan to in the future. 3. No, but I plan to incorporate public health into my current course. 4. None of the above.	Change to: 4. In the upcoming school year, do you plan to teach an entire course related to public health? 1. Yes, I plan to in the next year. 2. No, but I plan to in the future. 3. No, but I plan to incorporate public health into my current course. 4. No, and I do not plan to incorporate public health into my current course. 5. N/A
SAF	8.1.2.a		**Change type: Question deletion** Remove section 8.1.2.a from SAF Activity Tracking module
SAF	8.2.3.a		**Change type: Question deletion** Remove section 8.2.3.a from SAF Activity Tracking module
SAF	8.3.2.a		**Change type: Question deletion** Remove section 8.3.2.a from SAF Activity Tracking module
SAF	8.4.2.b		**Change type: Question deletion** Remove section 8.4.2.b from SAF Activity Tracking module
SAF	8.6.2.b		**Change type: Question deletion** Remove section 8.6.2.b from SAF Activity Tracking module
EIS	8.6.2.a Activity Review Fields	N/A	**Change type: Question addition** On a scale of 1-5 where 1=very poor and 5=excellent, please rate the overall quality of the this activity or its associated

Program	Section	Current Question/Item	Requested Change
			deliverables/products. o 1=very poor o 2=poor o 3=fair o 4=good **o** 5=excellent
All	I. Field Value Tables	N/A	**Change type: Response option revision** American Samoa to State/Territory List