

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

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

Date Submitted: February 7, 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 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 all fellowship programs' modules.

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) Modifications to application modules of PMR/F and PH-TIPP 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.
- 2) Increased clarity with additional instructional text (which hopes to increase application review efficiency)
- 3) Remove questions that are not relevant to all programs or as useful as intended
- 4) Add in relevant new programmatic components
- 5) Increase alignment to key program evaluation questions

All the requested changes will add no more than 17 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 17 minutes 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:

1. Table C: (Application Module) and **Attachment 1**: Application Module Screenshots
2. Table D (Writing Samples for EIS Applicants) and **Attachment 2** Writing Assessment Screenshots
3. Table E (Host Site Module) **Attachment 3** Host-Site Module Screenshots
4. Table F (Activity Tracking Module) and **Attachment 4** Activity Tracking Module Screenshots
5. Table G (Alumni Tracking Module) and **Attachment 5** Alumni 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	75/60	2,770
		Revision Request	2,216	1	87/60	3213
		Net Change	0	-	+12 minutes	+443 hours

FMS Host Site Module

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	73/60	545
		Revision Request	448	1	75/60	560
		Net Change	0	-	+2 minutes	+15 hours

FMS Activity Tracking Module

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	29/60	169
		Revision Request	350	2	30/60	175
		Net Change	0	-	+1 minute	+6 hours

eFMS Alumni Tracking Module

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 Alumni Tracking Module	Current Approval	1732	1	35	1010
		Revision Request	1732	1	37	1068
		Net Change			+ 2 minutes	+58 hours

New totals

Type of respondents	Form		Number of respondents	Frequency of Response	Average Burden per Response	Total Response Burden (in hours)
Across all modules (not just the 3 above)	Across all modules (not just the 3 above)	Current Approval	9708	-	-	5959
		Revision Request	9708	-	-	6407
		Net Change	0	-	-	+448

* 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
PMR/F	6.10.2 Program & Organization	What is the name of the program?	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.2 Program & Organization	What is the name of the organization?	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.2 Program & Organization	Are you located at a CDC center?	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.2 Program & Organization	Center/Division/Branch:	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.2 Program & Organization	Specify:	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.2 Program & Organization	Country:	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.2 Program & Organization	State/Territory:	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.2 Program & Organization	State/Province:	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.2 Program & Organization	City:	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.3 Host Site Position Description	Host Agency Information: Describe the activities of the agency, your immediate team, and key partnerships relevant to the projects proposed. Describe how the agency will support you during	<u>Change Option for PMR/F To:</u> Yes

Program	Page/ Section	Current Question/Item	Requested Change
		this training n-place program.	
PMR/F	6.10.3 Host Site Position Description	Leadership Opportunities: Summarize opportunities for you to gain leadership and management experience outside of your usual position during the training year.	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.3 Host Site Position Description	SMEs and Consultants:	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.3 Host Site Position Description	Education and Training Staff:	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.3 Host Site Position Description	Support Staff:	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.3 Host Site Position Description	Travel Funding:	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.3 Host Site Position Description	Policy Analysis and Development:	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.3 Host Site Position Description	Program Evaluation:	<u>Change Option for PMR/F To:</u> Yes
PH-TIPP	6.10.1 Eligibility	Will you be able to attend Orientation in either August or September in Atlanta, Georgia	<u>Revise Question To:</u> Will you be able to attend the Summer Orientation Session in Atlanta, Georgia?
PMR/F	6.10.1 Eligibility	Will you be able to attend Orientation in	<u>Change Option for PMR/F To:</u>

Program	Page/Section	Current Question/Item	Requested Change
		either August or September in Atlanta, Georgia	Yes
PMR/F	6.4.1 Eligibility	You are likely eligible to apply for the 12-month External Residency Track. Do you wish to continue and apply for this Track?	<u>Revise Question To:</u> You are likely eligible to apply for the 12- Month Mid-Career Residency Track. Do you wish to continue and apply for this Track?
PMR/F	6.10.1 Eligibility	Will you be able to attend all Monthly Group Check-in Webinars?	<u>Change Option for PMR/F To:</u> Yes
PMR/F	6.10.1 Eligibility	Will you be able to attend all monthly Preventive Medicine Grand Rounds Webinars?	<u>Change Option for PMR/F To:</u> Yes
PMR/F, PH-TIPP	6.4.1 Eligibility / 6.10.1 Eligibility	None	<u>Add Instructional Text:</u> Each applicant to the Mid-Career Residency Track must have a letter of support from their host site and proposed clinical site on company letterhead and signed/dated within the last 3 months of the time of application in order for their application to be considered.
PMR/F, PH-TIPP	6.4.1 Eligibility / 6.10.1 Eligibility	None	<u>Add Question</u> Host Site Letter of Support Upload
PMR/F, PH-TIPP	6.4.1 Eligibility / 6.10.1 Eligibility	None	<u>Add Question</u> - Clinical Site Letter of Support Upload
LLS, EIS	7.7	"Title and Abstract"	<u>Revise instructional text</u> Remove "Title and Abstract" and change to "Description of Dissertation"
LLS	8.2-a	Work & Volunteer Experience. What do you want to add?	<u>Revise instructional text</u> Add instructional text for "What do you want to add?" For Volunteer Experience, please list activities outside your

Program	Page/Section	Current Question/Item	Requested Change
			normal working hours/responsibilities.
LLS	10.2-a	Honors and Awards What do you want to add?	<u>Revise Instructional Text</u> Add instructional text for “What do you want to add?” For Honors and Awards, please do not list academic scholarships.
LLS, EIS	10.3-a	In the Details text box below, please list all research grants and include the following for each:	<u>Revise Question</u> In the Details text box below, please list all competitive research grants and include the following for each:
LLS	11.1-a	Describe how this fellowship/program will help you achieve your goals. *	<u>Revise Question</u> What are your goals and how will this program help you achieve your goals? *
EIS	13.2-a	n/a	<u>Add Question</u> Q. Will the US Military or other federal agency provide complete financial support for your 2-year fellowship period? Yes/No Q: If YES, Please provide the name of the service and the contact information of the person who can confirm you have received approval to participate in EIS.
All	7.2-a	What do you want to add? 1. Undergraduate Education 2. Graduate Education 3. Additional Coursework 4. Active U.S. License	<u>Revise Response Options</u> Change “Active U.S. License” to “Active U.S. Clinical License
EIS	7.2-a	What do you want to add? 5. Undergraduate Education 6. Graduate Education 7. Additional	<u>New Instructional Text</u> Add instructional text (“Active U.S. Clinical License for clinical applicants only”)

Program	Page/Section	Current Question/Item	Requested Change
		certification.	
EIS	13.6.1-a	Old writing sample prompt on display.	<u>Revise Instructional Text</u> Instructional text (writing sample) will change each year. eFMS OMB Writing Sample Module includes writing sample options.
EIS	NEW SECTION 14.1a Interview Form	n/a	<u>Add Question</u> Are you planning to attend EIS interviews? You will receive your scheduled interview date by XXX. Yes/No If no, reason for decline: You may be contacted for an EIS interview day. You may be contacted for an EIS interview day. {Interview day information}. Please indicate your top 5 preferred interview dates. Please indicate if you are available for the following interview dates by checking the box. Please select all that apply (at least 5) Interview Date A Interview Date B Interview Date C Interview Date D Interview Date E etc. Please provide a phone number where you can be reached on your interview day.
EIS	13.5 EIS CIO Assignment Interests	Entire Section 13.5	<u>Delete Section</u>
EIS, LLS	12.3.1	Current response options/values for relevant sLOR questions: 1. Average (75% or below) 2. Above Average (Top 25%) 3. Excellent (Top 10%) 4. Superior (Top 2%) 5. Not able to judge	<u>Revise Response Options</u> 1. Below average (Below 75%) 2. Average (Top 75%) 3. Above Average (Top 25%) 4. Excellent (Top 10%) 5. Superior (Top 2%) 6. Not able to judge
EIS	6.2-a	n/a	<u>New Instructional Text</u> If Country of Citizenship is not the United States, then display

Program	Page/Section	Current Question/Item	Requested Change
			text: "Please be aware that non-U.S. Citizens will not be able to travel internationally and will be limited to positions focused on domestic work."
EIS	11.3-a	State/Territory Preference(s)	<u>Revise Question</u> To which states or territories would you be willing to relocate for the duration of the 2-year EIS fellowship?"
All	3-a. eFMS System Help Desk Ticket Fields	<ol style="list-style-type: none"> 1. System Error Message 2. Sign-In or Password 3. Smart Card Sign-In 4. Data Not Saving 5. Unable to Submit 6. Reset application back to "Draft" 7. Withdraw Fellowship Application 8. Other 	<u>Add Response Option</u> <ol style="list-style-type: none"> 1. System Error Message 2. Sign-In or Password 3. Smart Card Sign-In 4. Data Not Saving 5. Unable to Submit 6. Reset application back to "Draft" 7. Reset activity back to "Draft" 8. Withdraw Fellowship Application 9. Other
SAF	6.6.1a	Specify Grade Level Taught:	<u>Revise Question</u> "Specify Current Grade Level(s) taught" (select all that apply) <ol style="list-style-type: none"> 1. Elementary School (grades K-5) 2. Middle School (grades 6-8) 3. High School (grades 9-12) 2. Community College 3. College (Undergraduate) 4. College (Graduate) 5. Other: Curriculum Development 6. Other: Professional Development 7. Other (Specify)
LLS	12.1.2a	None	<u>Add Instructional Text for SLOR request</u> Identify two people who can provide recommendations on your behalf using our standardized online form. Select 2 individuals who have served in a supervisory or mentoring role and are familiar with your academic achievements, aspirations, personal qualities, and professional attributes. These individuals should provide recommendations specific to your LLS fellowship application. Avoid requesting letters from colleagues or friends. Recommendations must be written in English. Request/confirm their email address. Tell recommendation writers to expect a system-generated email from LLS@cdc.gov with instructions for electronically

Program	Page/Section	Current Question/Item	Requested Change
			submitting their responses to questions in a standardized recommendation form. One of the two standardized letters of recommendation must be from persons who are not currently employed at the CDC.
EEP	13.3.3a	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):	<u>Revise Question</u> 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): <ol style="list-style-type: none"> 1. In person (100%) 2. Telework/remote (100%) 3. Hybrid, mostly in person (>50%) 4. Hybrid, mostly telework/remote (<50%)
EIS	13.2-a	N/A	<u>Add Question</u> Are you applying to the EIS-IDSFA Fellowship [name subject to change] <ul style="list-style-type: none"> - Yes - No If yes, which infectious disease fellowships are you applying to? [open response]
LLS	10.2-a	<ol style="list-style-type: none"> 1. Publications 2. Presentations 3. Grants 4. Honor or Awards 5. Monographs or Reports 6. Research Grants 7. Working Papers (Job Market Papers) 	<u>Revise Response Option</u> LLS: Separate into poster presentations and oral presentations as two separate response options. Otherwise, add instructional text regarding separating poster and oral presentations in this section.
LLS	12.3.3-a	As a candidate for this fellows/program, I consider the applicant: <ol style="list-style-type: none"> 1. Not suitable 2. Minimally suitable 3. Suitable 4. Very suitable 5. Most suitable 	<u>Replace Question</u> Removed old question, create new question with the following response options: As a candidate for this fellows/program, I consider the applicant: <ol style="list-style-type: none"> 1. Not suitable 2. Minimally suitable 3. Suitable 4. Very suitable
All	9.2-a	What do you need to add?	<u>Revise Response Option</u> Change response option "U.S. Board Certification" to "U.S.

Program	Page/ Section	Current Question/Item	Requested Change
		<ol style="list-style-type: none"> 1. Clinical Training 2. U.S. Board Certification 3. Additional Training, Certification or Professional Development 4. Language Skill 5. None of the Above 	Clinical Board Certification”
All	7.7 Degree	Magna Cum Laude Summa Cum Laude Cum Laude Valedictorian Benedictorian Salutatorian Phi Beta Kappa	<u>Add Response Option:</u> Add “Other (specify)”

**Table D: Proposed Changes to the FMS Writing Samples for EIS Applicants Module
Attachment 2 - Writing Samples for EIS Applicants Module**

Program	Section	Current Question/Item	Requested Change
EIS	13.6	n/a	<u>Add new Writing Sample prompt options (only one will be selected each year):</u> PROMPT D What was the most exciting scientific concept you learned during your studies. Describe that concept and why it is exciting.

Program	Section	Current Question/Item	Requested Change
			<p>PROMPT E</p> <p>What is the most impactful academic class you have ever taken? Why was it impactful?</p> <p>PROMPT F</p> <p>Name an important scientific discovery? Describe it and why it is important.</p> <p>PROMPT G</p> <p>EIS is an applied epidemiology training fellowship. What do you think are the characteristics of a successful trainee?</p> <p>PROMPT H</p> <p>Describe a long-term goal that you achieved. What was it, what obstacles did you face, and how did you overcome those obstacles?</p> <p>PROMPT I</p> <p>Describe a time when you had to overcome an obstacle or setback to achieve a goal. What happened and what did you learn from the experience?</p> <p>PROMPT J</p> <p>Describe a time when you failed to attain a goal that was important to you. What happened and what did you learn from the experience?</p> <p>PROMPT K</p> <p>Describe a time when you were assigned responsibility for achieving a goal but were given little information or direction about the goal. What happened and what did you learn from the experience?</p>

Table E: Proposed Changes to the FMS Host Site Module
Attachment 3 - Host Site Module

Program	Section	Current Question/Item	Requested Change
All	3-a. eFMS System Help Desk Ticket Fields	<ol style="list-style-type: none"> 1. System Error Message 2. Sign-In or Password 3. Smart Card Sign-In 4. Data Not Saving 5. Unable to Submit 6. Reset application back to "Draft" 7. Withdraw Fellowship Application 8. Other 	<p><u>Add Response Option</u></p> <ol style="list-style-type: none"> 1. System Error Message 2. Sign-In or Password 3. Smart Card Sign-In 4. Data Not Saving 5. Unable to Submit 6. Reset application back to "Draft" 7. Reset activity back to "Draft" 8. Withdraw Fellowship Application 9. Other
LLS	6-2.a	Describe the breadth of work that the candidate will experience:	<p><u>Revise question</u></p> <p>Describe the breadth of work that the candidate will experience with a focus on professional enrichment opportunities:</p>
EIS	6-2.a	Describe the breadth of work that the candidate will experience:	<p><u>Change Option for EIS to</u></p> <p>No</p>
EIS	6-2.a	None	<p><u>Add Question</u></p> <p>"Describe the types of activities the candidate would work on in this position."</p>
EIS	6-2.a	Position Assignment Strengths:	<p><u>Change Option for EIS to</u></p> <p>No</p>
EIS	6-2.a	None	<p><u>Add Question for EIS</u></p> <p>"Position Strengths"</p>
EEP	6.2a	None	<p><u>Add optional question for EEP</u></p> <p>Together with our public health partners, CDC is working to reduce, and ultimately, eliminate racial and ethnic inequities in health by addressing the structural and social conditions that give rise to them.</p>

Program	Section	Current Question/Item	Requested Change
			In consideration of this, describe how project(s) in this position may help address health equity, racism, or social determinants of health.
EEP	6.3a	None	Add Question What type of work setting are you open to? - In person (100%) - Telework/remote (100%) - Hybrid, mostly in person (>50%) - Hybrid, mostly telework/remote (<50%)
SAF	11.2	REASON FOR DEFERMENT	Change Option for SAF to No SAF does not have host sites
EIS, LLS	5.3-a	n/a	Add Question What is the anticipated work status for this position? - In person (100%) - Telework/remote (100%) - Hybrid, mostly in person (>50%) - Hybrid, mostly telework/remote (<50%)
EIS	6.2-a	Describe the breadth of work that the candidate will experience with a focus on professional enrichment opportunities.	Change Option for EIS to No
EIS, LLS	6.6-a	Please include the following information for consultants and officers/fellows in the text boxes below: <ul style="list-style-type: none"> - Full Name - Emails - Current Titles - Degrees - Fellowship year - Alumni Status 	Revise Question For EIS/LLS only EIS/ LLS: Revise and create two sets of instructions: Consultants: Please include the following information for consultants in the text boxes below: Name- Current Titles- Degrees Officers/Fellows: Please include the following information for officers/fellows in the text boxes below: Full Name- Degrees- Fellowship Year EIS Only: Previous EIS Officers (in past 4-6 years)
EIS	6.6-a	None	Add Question Briefly describe the current/recent EIS officer projects.

Program	Section	Current Question/Item	Requested Change
EIS	6.7.1-a	None	<p><u>Add Instructional Text for EIS</u></p> <p>“Describe how health equity, racism, or social determinants of health will be incorporated into the project(s).”</p> <ul style="list-style-type: none"> - In the last sentence of the Proposed Analytic Projects instructions - After the first sentence in the Field Investigation CAL instructions - In the last sentence of the Proposed Surveillance Project instructions
EIS	6.7.1-a	Briefly describe the host site proposed projects.	<p><u>Change Option for EIS to</u></p> <p>No</p>
EIS, LLS	6.7.2-a	<p>Is this a pre-match position?</p> <p>1. Yes 2. No</p>	<p><u>Revise Question</u></p> <p>“Are you applying to recruit in the pre-match?”</p>
EIS, LLS	6.7.2-a	Describe why this position should be considered for a pre-match.	<p><u>Revise Question</u></p> <p>[If Yes to #1] Describe why this position should be considered for pre-match.</p>
EIS, LLS	6.7.2-a	<p>Will this position be funded by the host site or the EIS/LLS Program?</p> <p>1. Host Site 2. EIS/LLS Program</p>	<p><u>Revise Question</u></p> <p>[If yes to #1] Will the fellow’s salary and benefits by funded by the Host Site or the EIS Program? All non-federal host sites (e.g., state and local health departments) should select “EIS/LLS Program”.</p> <p>1. Host Site 2. EIS/LLS Program</p>
EIS, LLS	6.7.2-a	<p>If this position is not selected to be funded by the EIS/LLS program, will the host site be willing to fund the position?</p> <p>1. Yes 2. No</p>	<p><u>Revise Question</u></p> <p>[if yes to #1 and “EIS/LLS Program” to #3]: If this position is not selected to be funded by the EIS/LLS program, would the host site be willing to pay for the fellow’s salary and benefits? All non-federal host sites (e.g., state and local health departments) should select “No”.</p> <p>1. Yes 2. No</p>

Program	Section	Current Question/Item	Requested Change
EIS, LLS	6.7.2-a	<p>Is this a pre match [OR OTHER CDC PRIORITY PROCESS] position?</p> <p>1. Yes 2. No</p> <p>Describe why this position should be considered for a pre match/[OR OTHER CDC PRIORITY PROCESS].</p>	<p><u>Revise Question</u></p> <p>Are you applying to recruit as a [CDC PRIORITY PROCESS] position?</p> <p>1. Yes 2. No</p> <p>Describe why this position should be considered for a [CDC PRIORITY PROCESS] position.</p>
EIS, LLS, EEP	7.2-a	<p>In what year did the supervisor start the fellowship program(s)?</p>	<p><u>Change Option for EIS, EEP, LLS to</u></p> <p>No</p>
EIS	7.3-a	<p>Supervisory Experience [Select all that apply]:</p> <p>1. I have supervised staff within my organization 2. I have supervised fellows/associates in this fellowship/program. 3. I have supervised fellows/associates in other fellowships/programs.</p>	<p><u>Change Option for EIS to</u></p> <p>No</p>
EIS	7.3-a	<p>None</p>	<p><u>Add Question</u></p> <p>Supervisory Experience (Select all that apply):</p> <p>1. I have supervised staff within my organization. 2. I have supervised fellows/associates in this fellowship/program. 3. I have supervised fellows/associates in other fellowships/programs. 4. Other (specify) 5. None of the Above</p>
EIS	7.3-a	<p>None</p>	<p><u>Add Question</u></p> <p>Other (specify) (if selecting 4. Other in previous question)</p>
EIS	7.3-c	<p>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</p>	<p><u>Change Option for EIS to</u></p> <p>No</p>

Program	Section	Current Question/Item	Requested Change
		and meeting frequency with the officer and 3) how the team will facilitate engagement of the officer with others in the host site.	
EIS	7.3-c	None	<p><u>Add question</u></p> <p>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 the officer; 3) anticipated percentage of time each supervisor works in the office (vs. remote or telework); 4) anticipated supervisor expectations for the percentage of time the EIS officer will work in the office; and 5) how the team will facilitate engagement of the officer with others in the host site.</p>
EEP	7.4-a	<p>Mentorship Experience (Select all that apply):</p> <ol style="list-style-type: none"> 1. I have mentored staff within my organization. 2. I have mentored fellows/associates in this fellowship/program. 3. I have mentored fellows/associates in other fellowships/programs. 	<p><u>Change Option for EEP to</u></p> <p>No</p>
EEP	7.4-a	None	<p><u>Add question</u></p> <p>Mentorship Experience (Select all that apply)</p> <ol style="list-style-type: none"> 1. I have mentored staff within my organization. 2. I have mentored fellows/associates in this fellowship/program. 3. I have mentored fellows/associates in other fellowships/programs. 4. Other (specify) 5. None of the Above

Table F: Proposed Changes to the FMS Activity Tracking Module

Attachment 4 – Activity Tracking Module

Program	Section	Current Question/Item	Requested Change
All	3-a. eFMS System Help Desk Ticket Fields	<ol style="list-style-type: none"> 1. System Error Message 2. Sign-In or Password 3. Smart Card Sign-In 4. Data Not Saving 5. Unable to Submit 6. Reset application back to "Draft" 7. Withdraw Fellowship Application 8. Other 	<p><u>Add Response Option</u></p> <ol style="list-style-type: none"> 1. System Error Message 2. Sign-In or Password 3. Smart Card Sign-In 4. Data Not Saving 5. Unable to Submit 6. Reset application back to "Draft" 7. Reset activity back to "Draft" 8. Withdraw Fellowship Application 9. Other
SAF	6.2.1-1	n/a	<p><u>Add Question</u></p> <p>Was this conference held in-person, virtually, or hybrid?</p> <ol style="list-style-type: none"> 1. In person 2. Virtually (if so, Skip to Title of Conference Presentation) 3. Hybrid
SAF	7.2.1.1.b. Introduction Fields	6. Which of the following are barriers to you teaching public health	<p><u>Add Question:</u></p> <p>Changes to the school environment due to the COVID-19 pandemic (e.g., virtual/remote or hybrid learning, masking policies, social distancing)</p> <p>Response options:</p> <ol style="list-style-type: none"> 1. Not a barrier 2. Somewhat of a barrier 3. Major barrier
SAF	7.2.1.1.b. Introduction Fields	6. Which of the following are barriers to you teaching public health	<p><u>Add Question</u></p> <p>Changes to course curriculum as a result of the COVID-19 pandemic</p> <p>Response options:</p> <ol style="list-style-type: none"> 1. Not a barrier 2. Somewhat of a barrier 3. Major barrier
SAF	7.2.1.1e	Please indicate your level of agreement with each of the following: "I found the ____ helpful in increasing my knowledge, skills, or confidence in teaching	<p><u>Revise Response Options</u></p> <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree

Program	Section	Current Question/Item	Requested Change
		public health.” Introduction Sessions (CDC Welcome, CDC Mission, CDC Curriculum: Teaching tomorrow’s disease detectives)	<ol style="list-style-type: none"> 5. Strongly Agree 6. N/A
SAF	7.2.1.1e	Please indicate your level of agreement with each of the following: “I found the ___helpful in increasing my knowledge, skills, or confidence in teaching public health.” Topic Sessions by CDC Subject Matter Experts (SME)	<p><u>Revise Response Options</u></p> <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 6. N/A
SAF	7.2.1.1e	Please indicate your level of agreement with each of the following: “I found the ___helpful in increasing my knowledge, skills, or confidence in teaching public health.” Activity Planning Sessions	<p><u>Revise Response Options</u></p> <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 6. N/A
SAF	7.2.1.1e	Please indicate your level of agreement with each of the following: “I found the ___helpful in increasing my knowledge, skills, or confidence in teaching public health.” Teacher Talks	<p><u>Revise Response Options</u></p> <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 6. N/A
SAF	7.2.1.1f	Please indicate your level of agreement with each of the following: “I found the ___helpful in increasing my knowledge, skills, or confidence in teaching public health.” Tours & Special Sessions	<p><u>Revise Response Options</u></p> <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 6. N/A

Program	Section	Current Question/Item	Requested Change
SAF	7.2.1.2b	After participation in the CDC Science Ambassador Fellowship summer course, I feel confident that I can teach public health content.	<u>Revise Question</u> Move this question to immediately follow “Prior to participation in the CDC Science Ambassador Fellowship summer course, I felt confident teaching public health content.” in section 7.2.1.2a.
SAF	7.2.2.1b	2. In the past school year, which subject area(s) did you teach? (Select all that apply)	<u>Revise Response Options</u> <ol style="list-style-type: none"> 1. Epidemiology or Public Health 2. Life Sciences (e.g., Biology) 3. Physical Sciences (e.g., Chemistry, Physics) 4. Health and Medical Sciences 5. Mathematics or Statistics 6. Not applicable 7. Other (please specify): _____
SAF	7.2.2.1.b	3. In the past school year, which resource(s) did you use to teach public health content? (Select all that apply)	<u>Revise Response Options</u> <ol style="list-style-type: none"> 1. CDC NERD Academy 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: 5. In the past school year, I did not teach public health content.
SAF	7.2.2.1h	What types of activities would you like to participate in?	<u>Revise Response Options</u> <ol style="list-style-type: none"> 1. Networking with CDC staff 2. Networking with other SAF alumni 3. Sharing ideas and resources with other SAF alumni 4. In-person trainings focused on teaching epidemiology 5. Virtual trainings focused on teaching epidemiology 6. Co-teaching with CDC at conferences and trainings 7. Other
SAF	8.1.2.a	Missing requirements:	<u>Change Option for SAF to</u>

Program	Section	Current Question/Item	Requested Change
		Additional information needed General comments of feedback	No
LLS	8.2.2.1.a CAL 1 Fields	What is the status of this CAL?	<u>Revise Question</u> What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.
LLS	Table 8.2.2.1.g. CAL 7 Fields	Clearance Submission: When was the manuscript submitted to clearance?	<u>Revise Question</u> Please select the interim deliverable completed: 1. Project Summary 2. Introduction 3. Outline of Findings and Conclusions 4. Manuscript Draft (or published manuscript)
LLS	Figure 8.2.2.1.g. CAL 7 Fields	CAL 7: Write, and submit as first author, a scientific manuscript for a peer-reviewed journal.	<u>Revise Instructional Text</u> CAL 7: Write, as first author, a scientific manuscript for a peer-reviewed journal.
LLS	Figure 8.2.2.1.g. CAL 7 Fields	Citation	<u>Remove Citation</u>
LLS	Figure 7.3.1.1.a. Introduction Fields; Supervisor 1-Year Survey	Thank you for serving as an LLS supervisor for the 2018 Fellowship Class.	<u>Revise Instructional Text</u> Remove class year from instructional text. Thank you for serving as an LLS supervisor for the [YEAR] Fellowship Class.
LLS	Figure 7.3.1.2.a. Communication Fields; Supervisor 1-Year Survey	Your interactions with your CIO ADLS about an LLS-related question or problem.	<u>Change Option for LLS to</u> No: This question should be removed from the survey entirely

Program	Section	Current Question/Item	Requested Change
LLS	Figure 7.3.2.1.a. Introduction Fields; Supervisor Exit Survey	Thank you for serving as an LLS supervisor for the 2018 Fellowship Class.	<u>Revise Instructional Text</u> Remove class year from instructional text. Thank you for serving as an LLS supervisor for the [YEAR] Fellowship Class.
LLS	Figure 7.3.2.1.c. Introduction Fields; Supervisor Exit Survey	Please refer to the 2019 CAL list for the questions listed below. The CAL list for 2019 included:	<u>Revise Question</u> Please remove the year from the CAL list in the introduction so the date doesn't have to be updated each year. Instead, state, "Please refer to the CAL list for the questions listed below. The CAL list included:"
LLS	Figure 7.3.1.2.a. Communication Fields; Supervisor Exit Survey	Your interactions with your CIO ADLS about an LLS-related question or problem.	<u>Change Option for LLS to</u> No: This question should be removed from the survey entirely
SAF/EEP	8.2.3.a. Activity Review Fields	Missing requirements: Additional information needed General comments of feedback	<u>Change Option for SAF/EEP to</u> No
SAF	8.3.2.a. Accomplishment Review Fields	Missing requirements: Additional information needed General comments of feedback	<u>Change Option for SAF to</u> No
SAF	8.4.2.b. Project Review Fields	Missing requirements: Additional information needed General comments of feedback	<u>Change Option for SAF to</u> No

Program	Section	Current Question/Item	Requested Change
SAF/EEP	8.6.2.a. Activity Review Fields	Missing requirements: Additional information needed General comments of feedback	<u>Change Option for SAF/EEP to</u> No

Table G: Proposed Changes to the FMS Alumni Tracking Module

Attachment 5 – Alumni Tracking Module

Program	Section	Current Question/Item	Requested Change
All	3-a. eFMS System Help Desk Ticket Fields	1. System Error Message 2. Sign-In or Password 3. Smart Card Sign-In 4. Data Not Saving 5. Unable to Submit 6. Reset application back to "Draft" 7. Withdraw Fellowship Application 8. Other	<u>Add Response Option</u> 1. System Error Message 2. Sign-In or Password 3. Smart Card Sign-In 4. Data Not Saving 5. Unable to Submit 6. Reset application back to "Draft" 7. Reset activity back to "Draft" 8. Withdraw Fellowship Application 9. Other
SAF	5.1-a. General Information Fields	Employment Status	<u>Change Option for SAF to</u> No
SAF	5.1-a. General Information Fields	Employment Status	<u>Add question with the following response options:</u> 1. Employed as a K-12 or post-secondary teacher 2. Employed in an education leadership role 3. Employed in other educational type role (e.g., museum educator, librarian, literacy instructor) 4. Retired 5. Employed in field other than education 6. Other (Specify)

Program	Section	Current Question/Item	Requested Change							
SAF	5.3-a. Fellowship Information Fields	CDC ID	<u>Change Option for SAF to</u> No							
LLS	Table 6.-a. Fellowship Information Fields	<table border="1"> <tr> <td>Completed Undergraduate Degrees:</td> </tr> <tr> <td>Completed Graduate Degrees:</td> </tr> <tr> <td>Please indicate the institution's accreditation status for the graduate degrees listed above. (Check all that apply)</td> </tr> <tr> <td>Practicum:</td> </tr> <tr> <td>Completed Residencies:</td> </tr> <tr> <td>Active Board Certifications:</td> </tr> <tr> <td>Active Medical Licenses:</td> </tr> </table>	Completed Undergraduate Degrees:	Completed Graduate Degrees:	Please indicate the institution's accreditation status for the graduate degrees listed above. (Check all that apply)	Practicum:	Completed Residencies:	Active Board Certifications:	Active Medical Licenses:	<u>Add Response Option</u> Post-doctoral training:
Completed Undergraduate Degrees:										
Completed Graduate Degrees:										
Please indicate the institution's accreditation status for the graduate degrees listed above. (Check all that apply)										
Practicum:										
Completed Residencies:										
Active Board Certifications:										
Active Medical Licenses:										
SAF	6.-a. Fellowship Information Fields	<p>Completed Residencies</p> <p>Active Board Certifications:</p> <p>Physician eligible to practice within the U.S.?</p>	<u>Change Option for SAF to</u> No							
EIS, LLS, EEP	6a	n/a	<u>Revise Question</u> "Please indicate which of the following types of programs you completed for the graduate degrees listed above": 1. Accredited U.S. Medical School 2. Non-U.S. Medical School 3. Accredited Nursing School 4. Accredited Veterinary School							

Program	Section	Current Question/Item	Requested Change
			<p>5. Other doctoral program (e.g. PhD, EdD, PharmD, SD, etc.)</p> <p>6. Other allied health program</p> <p>7. Other types of degrees (e.g. MBA, EdS, etc.)</p>
SAF	8.1.1-a. Career Progression Fields	Thinking about your current position, how much of your work is related to any type of public health (including scientific, programmatic, or administrative activities)? This includes traditional and non-traditional public health settings.	<p><u>Change Option for SAF to</u></p> <p>No</p>
SAF	8.1.1-a. Career Progression Fields	Have you received any of the following within the past [insert timeframe since last survey, i.e., year, two years, five years]? (Check all that apply)	<p><u>Change Option for SAF to</u></p> <p>No</p>
SAF	8.1.4.-b. Preparing Alumni for Post-Fellowship Job Fields	Year 1 survey only] Overall, to what extent did your fellowship experience prepare you to perform your first job after your fellowship?	<p><u>Change Option for SAF to</u></p> <p>No</p>
All	Table 8.1.5.-a. Alumni Engagement Fields	Based on your experience, where should we be marketing our fellowship opportunities? (Select up to three)	<p><u>Revise Response Options</u></p> <p>1. Job sites (Indeed, LinkedIn, Glassdoor, etc.)</p> <p>2. Social media platforms (Facebook, Instagram, Twitter, etc.)</p> <p>3. Social media pages (partners, conferences, schools, workplaces, etc.)</p> <p>4. School events</p> <p>5. Conferences</p> <p>6. Professional organizations</p> <p>7. Newsletter email subscriptions</p> <p>8. Other (specify)</p>