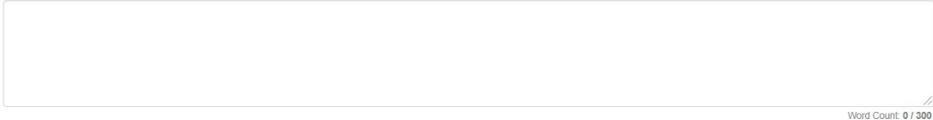
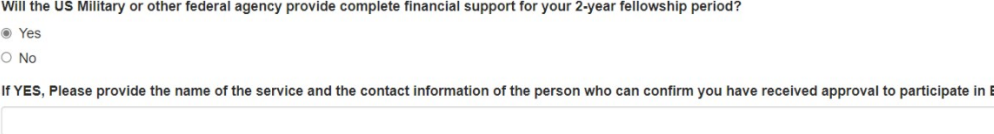
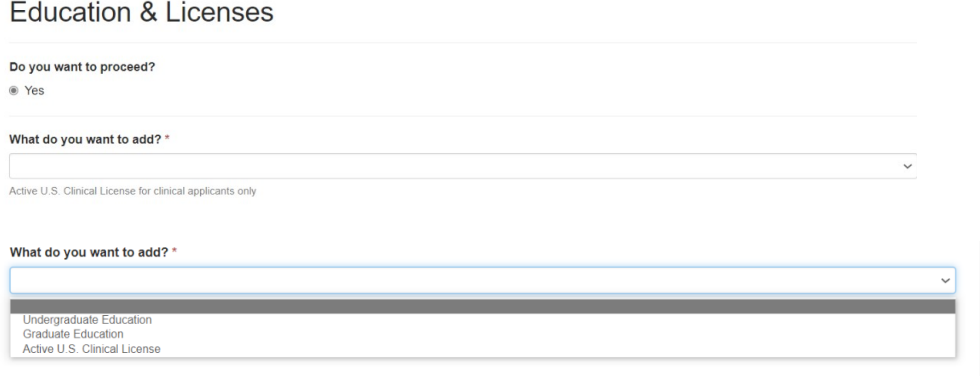


OMB Control Number 0920-0765 Fellowship Management System Change Request

Attachment 1 – Application Module Screenshots

Program	Section	Current Question/Item	Requested Change	Screenshot
PMR/F	6.4.1 Eligibility	None	New instructional text	<p>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.</p> <p>Host Site Letter of Support:</p> <p>+ Select a file <input type="text"/> ⓘ</p> <p>Clinical Site Letter of Support:</p> <p>+ Select a file <input type="text"/> ⓘ</p>
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?	You are likely eligible to apply for the 12- Month Mid-Career Residency Track. Do you wish to continue and apply for this Track?	<p>You are likely eligible to apply for the 12- Month Mid-Career Residency Track. Do you wish to continue and apply for this Track?</p> <p><input type="text"/></p>
PH-TIPP	6.10.1 Eligibility	None	New instructional text	<p>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.</p> <p>Host Site Letter of Support:</p> <p>+ Select a file <input type="text"/> ⓘ</p> <p>Clinical Site Letter of Support:</p> <p>+ Select a file <input type="text"/> ⓘ</p>
PH-TIPP	6.10.1 Eligibility	Will you be able to attend Orientation in either August or September in Atlanta, Georgia	Will you be able to attend the Summer Orientation Session in Atlanta, Georgia?	<p>Will you be able to attend the Summer Orientation Session in Atlanta, Georgia?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

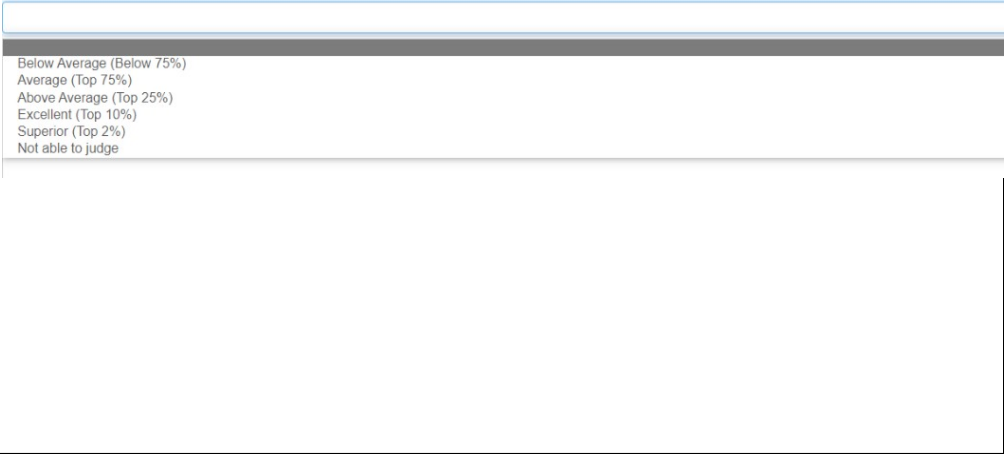
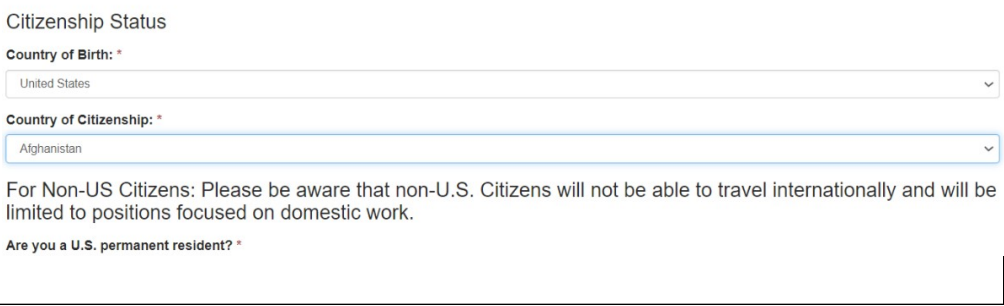
Program	Section	Current Question/Item	Requested Change	Screenshot
LLS, EIS	7.7	"Title and Abstract"	Remove "Title and Abstract" and change to "Description of Dissertation"	<p>Did you complete a thesis or dissertation? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Description of Dissertation *</p> <div></div> <p>Word Count: 0 / 100</p>
LLS	8.2-a	Work & Volunteer Experience. What do you want to add?	<p>New instructional text for "What do you want to add?"</p> <p>For Volunteer Experience, please list activities outside your normal working hours/responsibilities.</p>	<p>Work & Volunteer Experience</p> <p>Do you want to proceed?</p> <p><input checked="" type="radio"/> Yes</p> <p>What do you want to add? *</p> <div></div> <p>For Volunteer Experience, please list activities outside your normal working hours/responsibilities.</p>
LLS	10.2-a	Honors and Awards What do you want to add?	<p>New instructional text for "What do you want to add?"</p> <p>For Honors and Awards, please do not list academic scholarships.</p>	<p>Publications, Presentations, Grants, Working Papers, Honors and Awards</p> <p>Delete Save Draft Mark Complete Close</p> <div> <p>What do you want to add?</p> <div></div> <p>For Honors and Awards, please do not list academic scholarships.</p> </div>
LLS, EIS	10.3-a	In the Details text box below, please list all research grants and include the following for each:	<p>Revise question to:</p> <p>In the Details text box below, please list all competitive research grants and include the following for each:</p>	<p>Research Grants</p> <p>In the <i>Details</i> text box below, please list all competitive research grants and include the following information for each:</p> <ol style="list-style-type: none"> 1. Titles 2. Your Roles 3. Dates Awarded 4. Funding Agencies 5. Amounts Awarded 6. Abstracts

Program	Section	Current Question/Item	Requested Change	Screenshot
LLS	11.1-a	Describe how this fellowship/program will help you achieve your goals. *	Revise question to: What are your goals and how will this program help you achieve your goals? *	
EIS	13.2-a	n/a	New Question 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.	
EIS	7.2-a	What do you want to add? 1. Undergraduate Education 2. Graduate Education 3. Additional Coursework 4. Active U.S. License	Revise response option Change "Active U.S. License" to "Active U.S. Clinical License" Add instructional text ("Active U.S. Clinical License for clinical applicants only")	

Program	Section	Current Question/Item	Requested Change	Screenshot
EIS, LLS	10.3-a	<p>What do you want to add?</p> <ol style="list-style-type: none"> 1. Publications 2. Presentations 3. Grants 4. Honors and Awards 5. Monographs or Reports 6. Research Grants 7. Working Papers (Job Market Papers) 	<p>For each relevant section add instructional text that says,</p> <p>Please enter all publications in the same entry; do not create a separate entry for each publication.</p> <p>Please enter all presentations in the same entry; do not create a separate entry for each presentation.</p> <p>Please enter all grants in the same entry; do not create a separate entry for each grant.</p> <p>Please enter all honors and awards in the same entry; do not create a separate entry for each honor/award.</p> <p>Please enter all monographs or reports in the same entry; do not create a separate entry for each monograph or report.</p> <p>Please enter all research grants in the same entry; do not create a separate entry for each research grant.</p> <p>Please enter all working papers (job market papers) in the same entry; do not create a separate entry for each working paper.</p>	<p>Publications</p> <p>In the <i>Details</i> text box below, please list all publications and include the following information for each:</p> <ol style="list-style-type: none"> 1. Citations <p>Please enter all publications in the same entry; do not create a separate entry for each publication.</p> <p>Presentations</p> <p>In the <i>Details</i> text box below, please list all presentations and include the following information for each:</p> <ol style="list-style-type: none"> 1. Citations 2. Type of Presentations 3. Titles 4. Conferences 5. Dates of Conferences <p>Please enter all presentations in the same entry; do not create a separate entry for each presentation.</p> <p>Grants</p> <p>In the <i>Details</i> text box below, please list all grants and include the following information for each:</p> <ol style="list-style-type: none"> 1. Titles 2. Your Roles 3. Dates Awarded 4. Funding Agencies 5. Amounts Awarded <p>Please enter all grants in the same entry; do not create a separate entry for each grant.</p> <p>Monographs or Reports</p> <p>In the <i>Details</i> text box below, please list all monographs or reports and include the following information for each:</p> <ol style="list-style-type: none"> 1. Citations (or descriptions if no formal citations) <p>Please enter all monographs or reports in the same entry; do not create a separate entry for each monograph or report.</p> <p>Honors or Awards</p> <p>In the <i>Details</i> text box below, please list all honors or awards and include the following information for each:</p> <ol style="list-style-type: none"> 1. Names of Organizations Bestowing 2. Names of Honors or Awards 3. Types 4. Dates Awarded <p>Please enter all honors and awards in the same entry; do not create a separate entry for each honor/award.</p>

Program	Section	Current Question/Item	Requested Change	Screenshot
				<p>Research Grants</p> <p>In the <i>Details</i> text box below, please list all research grants and include the following information for each:</p> <ol style="list-style-type: none"> 1. Titles 2. Your Roles 3. Dates Awarded 4. Funding Agencies 5. Amounts Awarded 6. Abstracts <p>Please enter all research grants in the same entry; do not create a separate entry for each research grant.</p> <hr/> <p>Working Papers (Job Market Papers)</p> <p>In the <i>Details</i> text box below, please list all working papers (job market papers) and include the following information for each:</p> <ol style="list-style-type: none"> 1. Titles 2. Abstracts <p>Please enter all working papers (job market papers) in the same entry; do not create a separate entry for each working paper.</p> <hr/>
EIS	9.5-a	<p>Additional Training, Certifications, or Professional Development</p> <p>List all professional development sessions not included in the Education section. Include trainings, workshops, or other experiences providing 8+ hours of training or resulting in a certification.</p>	<p>Additional Training, Certifications, or Professional Development</p> <p><i>Change instructional text: Include significant trainings or other experiences providing at least 8 hours of training or resulting in a certification.</i></p>	<p>Additional Training, Certifications, or Professional Development</p> <p>Include significant trainings or other experiences providing at least 8 hours of training or resulting in a certification.</p>
EIS	13.6.1-a	<p><i>Old writing sample prompt on display.</i></p>	<p><i>Instructional text (writing sample) will change each year. eFMS OMB Writing Sample Module includes writing sample options.</i></p>	<p>EIS Writing Assessment Save Changes Close</p> <p><small>Last saved on 8/31/2021 at 6:19:37 PM</small> This form is now marked complete.</p> <hr/> <p><small>Instructions: You have 30 minutes to complete this Writing Assessment. The maximum word count is 500. The proctor will let you know when 5 minutes and 1 minute remain.</small></p> <p><small>[Instructional text (writing sample) will change each year. eFMS OMB Writing Sample Module includes writing sample options.]</small></p> <hr/> <p>Writing Sample: *</p> <div> <input type="text"/> </div> <p><small>Word Count: 1 / 500</small></p> <hr/> <p>Honor Code *</p> <p><input checked="" type="checkbox"/> 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	Section	Current Question/Item	Requested Change	Screenshot
EIS	NEW SECTION 14.1a	n/a	<p>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.</p> <p>Please indicate your top 5 preferred interview dates.</p> <p>Are you planning to attend EIS interviews? You will receive your scheduled interview date by XXX. Yes/No</p> <p>If no, reason for decline:</p> <p>Please indicate if you are available for the following interview dates by checking the box. Please select all that apply (at least 5)</p> <p>Interview Date A Interview Date B Interview Date C Interview Date E Interview Date F etc.</p> <p>Please provide a phone number where you can be reached on your interview day.</p>	<p>EIS Interview Date Preferences</p> <p>Congratulations on being invited to interview for EIS! Virtual interviews will be Sept 3-17, 2021. You should plan to be available during the times below on the day of your interview.</p> <p>Are you planning to attend EIS interviews? You will receive your scheduled interview date by August 24, 2021. *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Please indicate if you are available for the following interview dates by checking the box. Please select all that apply (at least 5)</p> <p><input type="checkbox"/> Friday, September 3, 2021 (9AM-2 PM ET) <input type="checkbox"/> Tuesday, September 7, 2021 (9AM-2PM ET) <input type="checkbox"/> Wednesday, September 8, 2021 (9AM-4.30PM ET) <input type="checkbox"/> Thursday, September 9, 2021 (9AM-2PM ET) <input type="checkbox"/> Friday, September 10, 2021 (9AM-4.30PM ET) <input type="checkbox"/> Monday, September 13, 2021 (9AM-4.30PM ET) <input type="checkbox"/> Tuesday, September 14, 2021 (9AM-2PM ET) <input type="checkbox"/> Wednesday, September 15, 2021 (9AM-4.30PM ET) <input type="checkbox"/> Thursday, September 16, 2021 (9AM-2PM ET) <input type="checkbox"/> Friday, September 17, 2021 (9AM-4.30 PM ET)</p> <p>Please provide a phone number where you can be reached on your interview day.</p> <input type="text"/>
EIS	13.5 EIS CIO Assignment Interests	Entire Section 13.5	Remove entire section	n/a

Program	Section	Current Question/Item	Requested Change	Screenshot
EIS, LLS	12.3.1	<p>Current response options/values for relevant sLOR questions:</p> <ol style="list-style-type: none"> 1. Average (75% or below) 2. Above Average (Top 25%) 3. Excellent (Top 10%) 4. Superior (Top 2%) 5. Not able to judge 	<p>Current response options/values for all relevant sLOR questions to:</p> <ol style="list-style-type: none"> 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	<p>If Country of Citizenship is not the United States, then display text:</p> <p>"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."</p>	

Program	Section	Current Question/Item	Requested Change	Screenshot
EIS	11.3-a	State/Territory Preference(s)	Change to: To which states or territories would you be willing to relocate for the duration of the 2-year EIS fellowship?"	<p>To which states or territories would you be willing to relocate for the duration of the 2-year EIS fellowship?</p> <p> <input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Washington, DC <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey </p>

Program	Section	Current Question/Item	Requested Change	Screenshot
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	<p>What type of issue or need do you have? *</p> <p> <input type="radio"/> System Error Message <input type="radio"/> Sign-In or Password <input type="radio"/> Smart Card Sign-In <input type="radio"/> Data Not Saving <input type="radio"/> Unable to Submit <input type="radio"/> Reset application back to "Draft" <input type="radio"/> Reset activity back to "Draft" <input type="radio"/> Withdraw Fellowship Application <input type="radio"/> Other </p>

Program	Section	Current Question/Item	Requested Change	Screenshot
SAF	6.6.1a	Specify Grade Level Taught:	<p><u>Revise Question</u></p> <p>“Specify Current Grade Level(s) taught” (select all that apply)</p> <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) 	<p>Specify current grade level(s) taught</p> <p><input type="checkbox"/> Elementary School (grades K-5)</p> <p><input type="checkbox"/> Middle School (grades 6-8)</p> <p><input type="checkbox"/> High School (grades 9-12)</p> <p><input type="checkbox"/> Community College</p> <p><input type="checkbox"/> College (Undergraduate)</p> <p><input type="checkbox"/> College (Graduate)</p> <p><input type="checkbox"/> Other: Curriculum Development</p> <p><input type="checkbox"/> Other: Professional Development</p> <p><input type="checkbox"/> Other (Specify)</p>
LLS	12.1.2a	None	<p><u>Add Instructional Text for SLOR request</u></p> <p>Identify two people who can provide recommendations on your behalf using our standardized online form.</p> <p>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.</p>	<p>Standardized Letters of Recommendation</p> <ul style="list-style-type: none"> • 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 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.

Program	Section	Current Question/Item	Requested Change	Screenshot
			<p>Avoid requesting letters from colleagues or friends. Recommendations must be written in English.</p> <p>Request/confirm their email address.</p> <p>Tell recommendation writers to expect a system-generated email from LLS@cdc.gov with instructions for electronically submitting their responses to questions in a standardized recommendation form.</p> <p>One of the two standardized letters of recommendation must be from persons who are not currently employed at the CDC.</p>	
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):	<p><u>Revise Question</u></p> <p>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):</p> <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%) 	<p>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):</p> <p><input type="checkbox"/> In person (100%)</p> <p><input type="checkbox"/> Telework/remote (100%)</p> <p><input type="checkbox"/> Hybrid, mostly in person (>50%)</p> <p><input type="checkbox"/> Hybrid, mostly telework/remote (<50%)</p>

Program	Section	Current Question/Item	Requested Change	Screenshot
EIS	13.2-a	N/A	<p><u>Add Question</u></p> <p>Are you applying to the EIS-IDSA Fellowship [name subject to change]</p> <ul style="list-style-type: none"> - Yes - No <p>If yes, which infectious disease fellowships are you applying to? [open response]</p>	<p>Remove class year from instructional text. Thank you for serving as an LLS supervisor for the [YEAR] Fellowship Class.</p> <p>Please refer to the CAL list for the questions listed below. The CAL list included.</p> <p>Are you applying to the EIS-IDSA Fellowship [name subject to change]</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If yes, which infectious disease fellowships are you applying to?</p> <div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div>
All	9.2-a	<p>What do you need to add?</p> <ol style="list-style-type: none"> 1. Clinical Training 2. U.S. Board Certification 3. Additional Training, Certification or Professional Development 4. Language Skill 	<p><u>Revise Response Option</u></p> <p>Change response option “U.S. Board Certification” to “U.S. Clinical Board Certification”</p>	<p>What do you want to add? *</p> <div style="border: 1px solid #ccc; padding: 5px;"> <div style="border-bottom: 1px solid #ccc; margin-bottom: 5px;"></div> <div style="font-size: 0.8em;"> Clinical Training U.S. Clinical Board Certification Additional Training, Certification, or Professional Development Language Skill None of the above </div> </div>

Program	Section	Current Question/Item	Requested Change	Screenshot
		5. None of the Above		
All	7.7 Degree	Magna Cum Laude Summa Cum Laude Cum Laude Valedictorian Benedictorian Salutatorian Phi Beta Kappa	<u>Add Response Option</u>	<input type="radio"/> Magna Cum Laude <input type="radio"/> Summa Cum Laude <input type="radio"/> Cum Laude <input type="radio"/> Phi Beta Kappa <input type="radio"/> Valedictorian <input type="radio"/> Benedictorian <input type="radio"/> Salutatorian <input type="radio"/> Other (specify) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
LLS	10.2-a	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 Options</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.	n/a
LLS	12.3.3-a	As a candidate for this fellows/program, I consider the applicant: 1. Not suitable 2. Minimally suitable 3. Suitable 4. Very suitable 5. Most suitable	<u>Replace Question</u> As a candidate for this fellows/program, I consider the applicant: 1. Not suitable 2. Minimally suitable 3. Suitable 4. Very suitable	As a candidate for this fellowship/program, I consider the applicant: <input type="radio"/> Not suitable <input type="radio"/> Minimally suitable <input type="radio"/> Suitable <input type="radio"/> Very suitable

