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	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. Host Site Letter of Support: + Select a file Clinical Site Letter of Support: + Select a file
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?	You are likely eligible to apply for the 12- Month Mid-Career Residency Track. Do you wish to continue and apply for this Track?
PH-TIPP	6.10.1 Eligibility	None	New instructional text	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. Host Site Letter of Support: + Select a file Clinical Site Letter of Support: + Select a file
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?	Will you be able to attend the Summer Orientation Session in Atlanta, Georgia? Yes No

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LLS, EIS	7.7	"Title and Abstract"	Remove "Title and Abstract" and change to "Description of Dissertation"	Did you complete a thesis or dissertation? * Yes No Description of Dissertation *
LLS	8.2-a	Work & Volunteer Experience. What do you want to add?	New instructional text for "What do you want to add?" For Volunteer Experience, please list activities outside your normal working hours/responsibilities.	Work & Volunteer Experience Do you want to proceed? Yes What do you want to add? * For Volunteer Experience, please list activities outside your normal working hours/responsibilities.
LLS	10.2-a	Honors and Awards What do you want to add?	New instructional text for "What do you want to add?" For Honors and Awards, please do not list academic scholarships.	Publications, Presentations, Grants, Working Papers, Honors and Awards * 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:	Revise question to: In the Details text box below, please list all competitive research grants and include the following for each:	Research Grants In the Details text box below, please list all competitive research grants and include the following information for each: 1. Titles 2. Your Roles 3. Dates Awarded 4. Funding Agencies 5. Amounts Awarded 6. Abstracts

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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? *	What are your goals and how will this program help you achieve your goals? * Word Count. 0 7 300
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.	Will the US Military or other federal agency provide complete financial support for your 2-year fellowship period? Pes No 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 E
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"	Education & Licenses Do you want to proceed? Yes What do you want to add? * Active U.S. Clinical License for clinical applicants only What do you want to add? * Undergraduate Education Graduate Education Graduate Education Active U.S. Clinical License

Program	Section	Current	Requested Change	Screenshot
		Question/Item		
EIS, LLS	10.3-a	10.3-a What do you want to add? 1. Publications 2. Presentations 3. Grants 4. Honors and Awards 5. Monographs or Reports 6. Research Grants 7. Working Papers (Job Market Papers)	For each relevant section add instructional text that says, Please enter all publications in the same entry; do not create a separate entry for each publication. Please enter all presentations in the same entry; do not create a separate entry for each presentation. Please enter all grants in the same entry; do not create a separate entry for each grant. Please enter all honors and awards in the same entry; do not create a separate entry for each honor/award.	Publications In the Details text box below, please list all publications and include the following information for each: 1. Citations Please enter all publications in the same entry; do not create a separate entry for each publication. Presentations In the Details text box below, please list all presentations and include the following information for each: 1. Citations 2. Type of Presentations 3. Titles 4. Conferences 5. Dates of Conferences Please enter all presentations in the same entry; do not create a separate entry for each presentation. Grants In the Details text box below, please list all grants and include the following information for each: 1. Titles 2. Your Roles 3. Dates Awarded 4. Funding Agencies 5. Amounts Awarded Please enter all grants in the same entry; do not create a separate entry for each grant.
			Please enter all monographs or reports in the same entry; do not create a separate entry for each monograph or report. Please enter all research grants in the same entry; do not create a separate entry for each research grant. Please enter all working papers (job market papers) in the same entry; do not create a separate entry for each working paper.	Monographs or Reports In the Details text box below, please list all monographs or reports and include the following information for each: 1. Citations (or descriptions if no format citations) Please enter all monographs or reports in the same entry; do not create a separate entry for each monograph or report. Honors or Awards In the Details text box below, please list all honors or awards and include the following information for each: 1. Names of Organizations Bestowing 2. Names of Honors or Awards 3. Types 4. Dates Awarded Please enter all honors and awards in the same entry; do not create a separate entry for each honor/award.

Program	Section	Current Question/Item	Requested Change	Screenshot
				Research Grants In the Details text box below, please list all research grants and include the following information for each: 1. Titles 2. Your Roles 3. Dates Awarded 4. Funding Agencies 5. Amounts Awarded 6. Abstracts Please enter all research grants in the same entry; do not create a separate entry for each research grant. Working Papers (Job Market Papers) In the Details text box below, please list all working papers (job market papers) and include the following information for each: 1. Titles 2. Abstracts Please enter all working papers (job market papers) in the same entry; do not create a separate entry for each working paper.
EIS	9.5-a	Additional Training, Certifications, or Professional Development 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.	Additional Training, Certifications, or Professional Development Change instructional text: Include significant trainings or other experiences providing at least 8 hours of training or resulting in a certification.	Additional Training, Certifications, or Professional Development Include significant trainings or other experiences providing at least 8 hours of training or resulting in a certification.
EIS	13.6.1-a	Old writing sample prompt on display.	Instructional text (writing sample) will change each year. eFMS OMB Writing Sample Module includes writing sample options.	EIS Writing Assessment Last saved on 831/2021 at 6:19:37 PM 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. [Instructional text (writing sample) will change each year. eFMS OMB Writing Sample Module includes writing sample options.] Writing Sample: * Itest Honor Code * 13 I affirm that I have not given or received any unauthorized help on this Writing Assessment, and that this work is my own.

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EIS	NEW SECTION 14.1a	n/a Entire Section 13.5	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 your top 5 preferred interview dates. Are you planning to attend EIS interviews? You will receive your scheduled interview date by XXX. Yes/No If no, reason for decline: 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 E Interview Date F etc. Please provide a phone number where you can be reached on your interview day.	EIS Interview Date Preferences Congratulations on being invited to interview for EISI Virtual interviews will be Sept 3-17, 2021. You should plan to be available during the times below on the day of your interview. Are you planning to attend EIS interviews? You will receive your scheduled interview date by August 24, 2021.* * Yes No Please indicate if you are available for the following interview dates by checking the box. Please select all that apply (at least 5) Fittay, September 3, 2021 (@AM-2PM ET) Useday, September 9, 2021 (@AM-2PM ET) Thursday, September 9, 2021 (@AM-3PM ET) Useday, September 19, 2021 (@AM-3PM ET) Useday, September 19, 2021 (@AM-3PM ET) Useday, September 10, 2021 (@AM-3PM ET) 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	Remove entire section	n/a

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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	Current response options/values for all relevant sLOR questions to: 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	Below Average (Below 75%) Average (Top 75%) Above Average (Top 25%) Excellent (Top 10%) Superior (Top 2%) Not able to judge
EIS	6.2-a	n/a	If Country of Citizenship is not the United States, then display 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."	Citizenship Status country of Birth: * United States country of Citizenship: * Country of Citizenship: * Afghanistan For Non-US Citizens: 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. Are you a U.S. permanent resident? *

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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?"	To which states or territories would you be willing to relocate for the duration of the 2-year EIS fellowship? Alabama

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	Add Response Option 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	What type of issue or need do you have? * System Error Message Sign-In or Password Smart Card Sign-In Data Not Saving Unable to Submit Reset application back to "Draft" Reset activity back to "Draft" Withdraw Fellowship Application Other

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SAF	6.6.1a	Specify Grade Level Taught:	Revise Question "Specify Current Grade Level(s) taught" (select all that apply) 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)	Specify current grade level(s) taught Elementary School (grades K-5) Middle School (grades 6-8) High School (grades 9-12) Community College College (Undergraduate) College (Graduate) Other: Curriculum Development Other: Professional Development Other (Specify)
LLS	12.1.2a	None	Add Instructional Text for SLOR request 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.	Standardized Letters of Recommendations 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. Requestion 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 from. One of the two standardized letters of recommendation must be from persons who are not currently employed at the CDC.

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			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.	
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):	Revise Question 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): 1. In person (100%) 2. Telework/remote (100%) 3. Hybrid, mostly in person (>50%) 4. Hybrid, mostly telework/remote (<50%)	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): In person (100%) Telework/remote (100%) Hybrid, mostly in person (>50%) Hybrid, mostly telework/remote (<50%)

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EIS	13.2-a	N/A	Add Question Are you applying to the EIS-IDSA Fellowship [name subject to change] - Yes - No If yes, which infectious disease fellowships are you applying to? [open response]	Remove class year from instructional text. Thank you for serving as an LLS supervisor for the [YEAR] Fellowship Class. Please refer to the CAL list for the questions listed below. The CAL list included. Are you applying to the EIS-IDSA Fellowship [name subject to change] Yes No If yes, which infectious disease fellowships are you applying to?
All	9.2-a	What do you need to add? 1. Clinical Training 2. U.S. Board Certificati on 3. Additional Training, Certificati on or Profession al Developm ent 4. Language Skill	Revise Response Option Change response option "U.S. Board Certification" to "U.S. Clinical Board Certification"	What do you want to add?* Cincal Taenay U.S. Cincal Day Conflication U.S.

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		5. None of the Above		
All	7.7 Degree	Magna Cum Laude Summa Cum Laude Cum Laude Valedictorian Benedictorian Salutatorian Phi Beta Kappa	Add Response Option	Magna Corri Laude Summa Corri Laude Orni Laude Pri Boka Koppa Valedictorian Bendictorian Bendictorian Other (specify)
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)	Revise Response Options 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	Replace Question 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: Not suitable Minimally suitable Suitable Very suitable