


**OMB Control Number 0920-0765 Fellowship Management System Change Request**  
**Attachment 5 – Alumni Tracking Screenshots**

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><b>Add Response Option</b></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>
SAF	5.1-a. General Information Fields	Employment Status	<u><b>Change Option for SAF to</b></u>  No	n/a
SAF	5.1-a. General Information Fields	Employment Status	<u><b>Add question</b></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 (museum educator, librarian, literacy)	<p><b>Employment Status</b></p> <p> <input type="radio"/> Employed as a K-12 or post-secondary teacher  <input type="radio"/> Employed in an education leadership role  <input type="radio"/> Employed in other educational type role (museum educator, librarian, literacy instructor, etc..)  <input type="radio"/> Retired  <input type="radio"/> Employed in field other than education  <input type="radio"/> Other (Specify)           </p>

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			instructor, etc..)  4. Retired  5. Employed in field other than education  6. Other (Specify)	
SAF	5.3-a. Fellowship Information Fields	CDC ID	<u><b>Change Option for SAF to</b></u>  No	n/a
LLS	Table 6.-a. Fellowship Information Fields	<div>Completed Undergraduate Degrees:</div> <div>Completed Graduate Degrees:</div> <div>Please indicate the institution's accreditation status for the graduate degrees listed above. (Check</div>	<u><b>Add Response Option</b></u>  Post-doctoral training:	Post-doctoral training 

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		<div>all that apply)</div> <div>Practicum:</div> <div>Completed Residencies:</div> <div>Active Board Certifications:</div> <div>Active Medical Licenses:</div>		
SAF	6.-a. Fellowship Information Fields	Completed Residencies  Active Board Certifications:  Physician eligible to practice within the U.S.?	<u>Change Option for SAF to</u>  No	
EIS, LLS, EEP	6a	Please indicate the institution's accreditation status for the graduate degrees listed above. (Check all that apply)	Add new question:  "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	Please indicate which of the following types of programs you completed for the graduate degrees listed above  <input type="checkbox"/> Accredited U.S. Medical School <input type="checkbox"/> Non-U.S. Medical School <input type="checkbox"/> Accredited Nursing School <input type="checkbox"/> Accredited Veterinary School <input type="checkbox"/> Other doctoral program (e.g. PhD, EdD, PharmD, SD, etc.) <input type="checkbox"/> Other allied health program <input type="checkbox"/> Other types of degrees (e.g. MBA, EdS, etc.)

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			<p>School</p> <p>3. Accredited Nursing School</p> <p>4. Accredited Veterinary School</p> <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><b><u>Change Option for SAF to</u></b></p> <p>No</p>	n/a

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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)	<u>Change Option for SAF to</u>  No	n/a
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?	<u>Change Option for SAF to</u>  No	n/a

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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)	<u>Revise Response Options</u> <ol style="list-style-type: none"> <li>1. Job sites (Indeed, LinkedIn, Glassdoor, etc.)</li> <li>2. Social media platforms (Facebook, Instagram, Twitter, etc.)</li> <li>3. Social media pages (partners, conferences, schools, workplaces, etc.)</li> <li>4. School events</li> <li>5. Conferences</li> <li>6. Professional organizations</li> <li>7. Newsletter email subscriptions</li> <li>8. Other (specify)</li> </ol>	<p><b>Based on your experience, where should we be marketing our fellowship opportunities? (Select up to three)</b></p> <p><input type="checkbox"/> Job sites (Indeed, LinkedIn, Glassdoor, etc.)</p> <p><input type="checkbox"/> Social media platforms (Facebook, Instagram, Twitter, etc.)</p> <p><input type="checkbox"/> Social media pages (partners, conferences, schools, workplaces, etc.)</p> <p><input type="checkbox"/> School events</p> <p><input type="checkbox"/> Conferences</p> <p><input type="checkbox"/> Professional organizations</p> <p><input type="checkbox"/> Newsletter email subscriptions</p> <p><input type="checkbox"/> Other (specify)</p>