Fellowship Management System (FMS)

Privacy Act and Public Burden Information

Privacy Act Information

The Privacy Act applies to this information collection. Information collected will be kept private as noted in the System of Records Notice is 09-20-0112, *Fellowship Program and Guest Researcher Records*.

Public Burden Information

Form Approved

OMB No. **0920-0765**

Exp. Date **03/31/2023**

Public reporting burden of this collection of information is an estimated average of 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0765).

FMS Activity Tracking Module Draft

Table of Contents

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1. Introduction

The purpose of this document is to list all the data elements collected online through the Fellowship Management System (FMS). The FMS activity tracking module is a streamlined mechanism for Centers for Disease Control and Prevention (CDC) fellow, program associates and host site supervisors to submit information online and track statuses of fellowship progression (e.g., CALs, competencies). The FMS is a robust flexible framework and the FMS Activity Tracking Module is tailored successfully for various CDC fellowships:

1. Epidemic Intelligence Service (EIS)
2. CDC E-learning Institute (ELI)
3. Epidemiology Elective Program (EEP)
4. Future Leaders in Infections and Global Health Threats (FLIGHT)
5. Laboratory Leadership Service (LLS)
6. CDC Steven M. Teutsch Prevention Effectiveness (PE) Fellowship
7. Public Health Associate Program (PHAP)
8. Public Health Informatics Fellowship Program (PHIFP)
9. Science Ambassador Fellowship (SAF)

1.1 Document Structure

This document is broken down by the major pages of the FMS Activity Tracking. In this document, each page of the FMS Activity Tracker has sections and some sub-sections. Instructions, login, and registration pages are included. Instructions and emails in the FMS Activity Tracker are tailored to each CDC fellowship's requirements.

Following the screenshots in each section is a table that shows the status of the collection of data elements by each CDC fellowships. The following labels indicate the status of the collection:

- "Yes" indicates that the fellowship collects the information and that applicants are required to submit this information.
- "No" indicates that the fellowship does not collect this information.
- "Open text response" indicates open text field

2. Sign-In & Sign-Up Pages

2.1 Sign-In Page

[Program] Activity Tracking Portal

Technical Support: For technical support to address a system issue, or to withdraw your application, please submit a System Help Desk Ticket.

Privacy Act and Public Burden Information

Government Warning:

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidelines for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government - authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful government purpose.

By registering and logging in, you acknowledge that you have read and agree to the government warning conditions above.

Privacy Act Information

The Privacy Act applies to this information collection. Information collected will be kept private as noted in the System of Records Notice 09-20-0112, Fellowship Program and Guest Researcher Records

Public Burden Information

Form Approved
OMB No. 0920-0765
Exp Date 03/31/2023

Participation in this information collection is required for fellowship applicants and fellowship recipients. CDC uses information submitted through eFMS to select recipients, match recipients to opportunities, monitor progress, and improve the effectiveness of fellowship programs. CDC's authority to collect this information is provided by the Public Health Service Act in §301, Title 42 U.S.C. §241(a)

Fellowship Application Module

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the 15 minutes for the reference of letter writers, and including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-0765).

Table 2.1-a. Sign-In Fields

Field	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Email	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Password	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

2.2Sign-Up Page (For New Users)

INSTRUCTIONAL TEXT:
Enter an email address and choose a password to create a new account.

Table 2.2-a. Sign-Up Fields

Field	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Email	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Password	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Confirm Password	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

3. eFMS System Help Desk Ticket

CDC ENTERPRISE FELLOWSHIP MANAGEMENT SYSTEM

System Help Desk Ticket

Please submit help desk tickets for system related (technical) issues or needs only. If you have a fellowship program related question or need, please contact the fellowship program directly.

Table 3-a. eFMS System Help Desk Ticket Fields

Field	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Your Name:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sign-In Email:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Contact Phone Number:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fellowship:	See Appendix p.159	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
What type of issue or need do you have?	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	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
URL where the issue is occurring:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Error code message:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Please describe your issue or need:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Screenshot of error or issue (optional):	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Application Welcome Page

[Program] Activity Tracking Portal

Profile

Welcome to the [*program*] Activity Tracking Portal

Please contact the [*program*] program at [*program*]@cdc.gov

Privacy Act and Public Burden Information

Technical Support: For technical support to address a system issue, or to withdraw your application, please submit a System Help Desk Ticket

- Letter writers having any issues should email the [*program*] program [*program*]@cdc.gov

5. Activity Tracking Profile

5.1 General Information

Table 5.1-a. General Information Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
First Name:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Last Name:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CDC Employee?	1. Yes 2. No	No	No	No	No	No	No	No	No	Yes
Email (If CDC, use CDC Email):	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Class Year:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Photo Upload:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Degree(s):	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Background:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Employment Status	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	No	No	No	No	Yes	No	No	No	No

	5. Employed in field other than education 6. Other (Specify)									

5.2 EEP

INSTRUCTIONAL TEXT:

Inprocessing

Please note that some items are required by all students while others are only required by CDC or Field Sites*

CDC Sites include all CDC Campuses: Atlanta (Roybal, Century Center, Chamblee, Corporate Square), Fort Collins, Hyattsville, San Juan, Anchorage, Cincinnati

Field Sites include National Park Service, Indian Health Service, and local, state, and territorial health departments.

Table 5.2-a. EEP Profile Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Handbook Acknowledgement (Required for all students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No
669A SWEP Volunteer Agreement (Required for all students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No
669C SWEP Statement of Duties Agreement (Required for all students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No
1438 SWEP E-QIP Initiation Form (Required for all students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Provided your SSN to EEP Program (Required for all students):	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No

Table 5.2-b. EEP Profile Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Safety Survival Skills Exam (SSS):	1. Completed 2. Not applicable	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Security Awareness Training (SAT):	1. Completed 2. Not applicable	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Personnel security background investigation completed by Office of Safety, Security, and Asset Management (OSSAM):	1. Completed 2. Not applicable	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Fingerprinting:	1. Completed 2. Not applicable	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No

Table 5.3-c. EEP Profile Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Pre-Arrival Tracking **Principles of Epidemiology for Public Health Practice Course (See program handbook) (Optional for all students):**	1. Completed 2. Not applicable	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No
End of Rotation Closeout **Submit Project Abstract (Required for all students):**	1. Completed	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Return CDC SmartCard to Supervisor (Required for CDC-based students):	1. Completed 2. Not applicable	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Return computer and all other equipment provided:	1. Completed 2. Not applicable	No	No	No	Yes	No	No	No	No	No
Date Completed:	Open Text Response	No	No	No	Yes	No	No	No	No	No

5.3 SAF

INSTRUCTIONAL TEXT:

Inprocessing

Pre-Arrival Tracking

Figure 5.3-a. SAF Profile Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Public Health 101 (See program handbook)	1. Completed	No	No	No	No	Yes	No	No	No	No
Date Completed:	Open Text Response	No	No	No	No	Yes	No	No	No	No

6. Activities & Projects

6.1 EEP

6.1.1 Project Goals

Table 6.1.1-a. EEP Project Goal Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Goal 1:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Competency Domain Targeted:	1. Systems Thinking 2. Public Health Sciences 3. Analytic Assessment 4. Community Dimensions of Practice 5. Intercultural Sensitivity 6. Communication	No	No	No	Yes	No	No	No	No	No
Goal 2:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Competency Domain Targeted:	1. Systems Thinking 2. Public Health Sciences 3. Analytic Assessment 4. Community Dimensions of Practice 5. Intercultural Sensitivity 6. Communication	No	No	No	Yes	No	No	No	No	No
Goal 3:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Competency Domain Targeted:	1. Systems Thinking 2. Public Health Sciences 3. Analytic Assessment 4. Community Dimensions of	No	No	No	Yes	No	No	No	No	No

	Practice 5. Intercultural Sensitivity 6. Communication									

6.1.2 Project Plan

Figure 6.1.2-a. EEP Project Plan Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Main Objective for Week 1:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 2:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 3:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 4:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 5:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 6:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 7:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No
Main Objective for Week 8:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Goal Targeted:	1. Goal 1 2. Goal 2 3. Goal 3	No	No	No	Yes	No	No	No	No	No

6.1.3 Project Tracking Form

INSTRUCTIONAL TEXT:

Please note: EEP cannot ensure confidentiality of responses. If you prefer to discuss any potential support in detail, please email EpiElective@cdc.gov

Table 6.1.3-a. EEP Project Tracking Form Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Which week are you reporting?	1. Week 1 2. Week 2 3. Week 3 4. Week 4 5. Week 5 6. Week 6 7. Week 7 8. Week 8	No	No	No	Yes	No	No	No	No	No
Did you meet your objectives for this week?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
How do you plan to address this?	Open Text Response	No	No	No	Yes	No	No	No	No	No
Which of the following lectures or trainings did you attend this week?	1. EIS Tuesday Monthly Seminar (TMS) 2. Public Health Grand Rounds 3. Preventive Medicine Grand Rounds 4. EIS Regional Conference 5. EIS Annual Conference 6. Other	No	No	No	Yes	No	No	No	No	No
Please provide any additional lectures or trainings attended:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Do you have any field deployment (e.g., Epi Aids) or large-scale response activities to report?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
Please provide as much detail as currently possible:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Is there any support the Epidemiology Elective Program team can provide you at this time?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No

Please provide as much detail as currently possible:	Open Text Response	No	No	No	Yes	No	No	No	No	No

6.2 SAF

6.2.1 Conference Presentation

Table 6.2.1-a. Conference Presentation Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Name of Conference:	Open Text Response	No	No	No	No	Yes	No	No	No	No
Type of Conference:	1. Local conference, meeting, or professional development training session 2. State/regional conference, meeting, or professional development training session 3. National conference, meeting, or professional development training session 4. International conference, meeting, or professional development training session 5. Other	No	No	No	No	Yes	No	No	No	No
Was this conference held in-person, virtually, or hybrid?	1. In person 2. Virtually (if so, Skip to Title of Conference Presentation) 3. Hybrid	No	No	No	No	Yes	No	No	No	No
Specify:	Open Text Response	No	No	No	No	Yes	No	No	No	No
Estimated number of conference attendees:	Open Text Response	No	No	No	No	Yes	No	No	No	No
Conference Location:	See Appendix p. 154	No	No	No	No	Yes	No	No	No	No
Title of Conference Presentation:	Open Text Response	No	No	No	No	Yes	No	No	No	No
Number of Presenters:	Open Text Response	No	No	No	No	Yes	No	No	No	No
Primary Audience (Select all that apply):	1. STEM/Science Teachers 2. Health Teachers 3. Other Teachers 4. Administrators 5. Students 6. Other	No	No	No	No	Yes	No	No	No	No

Specify:	Open Text Response	No	No	No	No	Yes	No	No	No	No
Estimated number of presentation attendees:	Open Text Response	No	No	No	No	Yes	No	No	No	No

6.3 ELI

6.3.1 Success Story

Table 6.3.1-a. Success Story Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
1. What training did you develop and what is it about? If finalized, please include where it will be listed (URL).	Open Text Response	No	No	No	No	No	No	No	Yes	No
2. Why was this training needed?	Open Text Response	No	No	No	No	No	No	No	Yes	No
3. Tell us about your experience as a fellow in the CDC E-Learning Institute (ELI) Fellowship.	Open Text Response	No	No	No	No	No	No	No	Yes	No
4. How do you think the fellowship helped you professionally?	Open Text Response	No	No	No	No	No	No	No	Yes	No
5. What would you say to potential candidates interested in ELI?	Open Text Response	No	No	No	No	No	No	No	Yes	No

6.3.2 Photo Release

INSTRUCTIONAL TEXT:

I hereby agree to allow my photographic image to be used (with or without my name, both singly and in conjunction with other persons or objects) by the Centers for Disease Contreol and Prevention (CDC) of the U.S. Department of Health and Human Services.

CDC may use my photograph, at its discretion and consistent with its public health mission, in any publication and /or internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Table 6.3.2-a. Photo Release Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Digital Signature: (Full Name)	Open Text Response	No	No	No	No	No	No	No	Yes	No

7. Surveys

7.1 EEP

7.1.1 Orientation Survey

7.1.1.1 Introduction & Orientation Experience

CDC Epidemiology Elective Program Orientation Satisfaction Survey

INSTRUCTIONAL TEXT:

Introduction

Congratulations on being a part of the CDC Epidemiology Elective Program! This orientation satisfaction survey should take less than 5 minutes to complete. This aggregated results of the survey will be used to identify ways to improve future orientations. Answers will not be shared with your supervisor. Please e-mail any questions regarding this survey to epielective@cdc.gov.

Table 7.1.1.1.a. Introduction & Orientation Experience Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Have you previously had at least 6 months of formal public health experience not including post-baccalaureate degrees programs? Both paid and unpaid experiences should be counted.	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
The EEP orientation helped me feel more prepared for my rotation.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
The EEP orientation provided a useful introduction to the CDC, its mission, and the work of its various centers.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

I was satisfied with the EEP orientation schedule.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
I was satisfied with the types of sessions offered during EEP orientation.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
How would you describe your connection with other EEP students following the orientation?	1. Very connected 2. Somewhat connected 3. A little connected 4. Not at all connected									

7.1.1.2 Orientation Curriculum

INSTRUCTIONAL TEXT:

Please rate your satisfaction with the orientation sessions

Table 7.1.1.2.a. Orientation Curriculum Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Please comment on which sessions were the most helpful in terms of best preparing you for the start of your EEP rotation:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Please comment on which sessions were the least helpful in terms of best preparing you for the start of your EEP rotation and provide any suggestions for improvement:	Open Text Response	No	No	No	Yes	No	No	No	No	No
What were you hoping to learn in this training that was not covered?	Open Text Response	No	No	No	Yes	No	No	No	No	No
What is your opinion of the balance of lecture and interactivity in the EEP orientation?	1. Too much lecture and not enough interactive learning 2. Right amount of both lecture and interactive learning 3. Too much interactive learning and not enough lecture	No	No	No	Yes	No	No	No	No	No
Do you think you will use what you learned in the EEP orientation in your EEP assignment?	1. Not applicable—I did not learn anything new from this training 2. Definitely not 3. Probably not 4. Possibly 5. Probably yes 6. Definitely yes	No	No	No	Yes	No	No	No	No	No

Why do you think you may not use what you learned in the EEP orientation in your EEP assignment? (Check all that may apply)	1. The training content was not relevant to my assignment. 2. The training content was too general. I need additional training on my assignment subject matter. 3. The training content was too basic. 4. The training content was too advanced 5. The training content was not relevant to my career trajectory. 6. Other	No	No	No	Yes	No	No	No	No	No
Please specify:	Open Text Response	No	No	No	Yes	No	No	No	No	No

7.1.1.3 Future Considerations

INSTRUCTIONAL TEXT:

Please indicate your level of agreement with the following statements:

Table 7.1.1.3.a. Future Consideration Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
I am considering pursuing a public health career.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
I am considering pursuing additional public health training (i.e., other fellowships)	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
I am considering pursuing additional public health degrees (e.g., DrPH, PhD, MPH, or MSPH) or a preventative medicine residency.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Please provide any additional comments.	Open Text Response	No	No	No	Yes	No	No	No	No	No

7.1.1.4 Getting Started

Table 7.1.1.4.a. Getting Started Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Did you receive your computer?	1. Yes 2. No 3. Not applicable	No	No	No	Yes	No	No	No	No	No
When did you receive your computer?	Date	No	No	No	Yes	No	No	No	No	No
When do you expect to receive your computer?	1. This week 2. Next week 3. Not sure 4. Not applicable	No	No	No	Yes	No	No	No	No	No
Did you receive your SmartCard?	1. Yes 2. No 3. Not applicable	No	No	No	Yes	No	No	No	No	No
When did you receive your SmartCard?	Date	No	No	No	Yes	No	No	No	No	No
When do you expect to receive your SmartCard?	1. This week 2. Next week 3. Not sure 4. Not applicable	No	No	No	Yes	No	No	No	No	No
Please confirm that the email provided in your Profile is current and permanent:	1. I confirm that the email on my Profile is current and permanent	No	No	No	Yes	No	No	No	No	No

Table 7.1.1.4b Orientation Travel

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
What went well during the travel planning process?	Open text response	No	No	No	Yes	No	No	No	No	No
What challenges, if any, did you experience traveling to Atlanta for orientation?	Open Text Response	No	No	No	Yes	No	No	No	No	No
What do you recommend to improve the travel and lodging process for EEP students traveling for orientation in the future?	Open text response	No	No	No	Yes	No	No	No	No	No

7.1.2 Student Exit Survey

7.1.2.1 Main Project and Supervisor

Table 7.1.2.1.a. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
How would you best classify the main project that you worked on? (Select up to three)	1. Data collection 2. Data entry 3. Data analysis 4. Intervention/program planning 5. Intervention/program implementation 6. Intervention/program evaluation 7. Literature review 8. Scientific writing (e.g., drafting a section of a report) 9. Communications/design (e.g., developing flyers, website content) 10. Field investigation (e.g., Epi Aid) 11. Other	No	No	No	Yes	No	No	No	No	No
Specify:	Open Text Response	No	No	No	Yes	No	No	No	No	No
INSTRUCTIONAL TEXT: **Please give a title to the project even if you do not have one (eg., Evaluation of antihypertensive medication compliance among US adults, 2010-2016). If you had more than one main project, please give titles to all projects.** **What was the title of your main project?**	Open text response	No	No	No	Yes	No	No	No	No	No
What deliverables (e.g., literature review, 1-page flyer, clean data set, presentation) did you complete for your main project?	Open Text Response	No	No	No	Yes	No	No	No	No	No

Table 7.1.2.1.b. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Was the timeframe of your rotation appropriate for you to complete your deliverables?	1. Yes, it was appropriate. 2. No, it was too short. 3. No, it was too long.	No	No	No	Yes	No	No	No	No	No
Please select any of the future roles that you may have related to your main project: (Select all that apply)	1. Being an author on a report or manuscript 2. Giving a presentation 3. Supporting the team with further data analysis 4. Other	No	No	No	Yes	No	No	No	No	No
Specify:	Open Text Response	No	No	No	Yes	No	No	No	No	No

Table 7.1.2.1.c. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Data collection:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Data entry:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Data analysis:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Intervention/program planning:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Intervention/program implementation:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Intervention/program evaluation:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Literature review:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Scientific writing (e.g., drafting a section of a report):	Open Text	No	No	No	Yes	No	No	No	No	No

	Response									
Communications/design (e.g., developing flyers, website content):	Open Text Response	No	No	No	Yes	No	No	No	No	No
Field investigation (e.g., Epi Aid):	Open Text Response	No	No	No	Yes	No	No	No	No	No
Other: Administrative duties	Open Text Response	No	No	No	Yes	No	No	No	No	No
Other: Meetings	Open Text Response	No	No	No	Yes	No	No	No	No	No
Other: Strategic planning	Open Text Response	No	No	No	Yes	No	No	No	No	No

Table 7.1.2.1.e. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Other 1: (Please specify)	Open Text Response	No	No	No	Yes	No	No	No	No	No
Other 1: %	Open Text Response	No	No	No	Yes	No	No	No	No	No
Other 2: (Please specify)	Open Text Response	No	No	No	Yes	No	No	No	No	No
Other 2: %	Open Text Response	No	No	No	Yes	No	No	No	No	No

Table 7.1.2.1.f. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
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	No	No	No	Yes	No	No	No	No	No

	provide any feedback 5. Connected me with other professionals 6. Facilitated my participation in professional or educational activities within CDC 7. Other									
Specify:	Open Text Response	No	No	No	Yes	No	No	No	No	No
I received adequate support from my host site supervisor to complete my projects	-Strongly agree -Agree -Neither agree nor disagree -Disagree -Strongly disagree									
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									
My supervisor provided me with resources to help me complete my project(s)	-Strongly agree -Agree -Neither agree nor disagree -Disagree -Strongly disagree									
My supervisor provided me with timely feedback on my work.	-Strongly agree -Agree -Neither agree nor disagree -Disagree -Strongly disagree									
Overall, I was satisfied with the mentorship I received at my host site.	-Strongly agree -Agree -Neither agree nor disagree -Disagree -Strongly disagree									
Would you recommend your supervisor to future EEP students?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
Please explain why not. Your response will be kept confidential.	Open Text Response	No	No	No	Yes	No	No	No	No	No

Select the number of training opportunities you attended during your elective rotation:	1. 0 2. 1-4 3. 5-9 4. 10 or more	No	No	No	Yes	No	No	No	No	No

Table 7.1.2.1.g. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
EEP communications provided useful information for additional training and networking opportunities.	1. Agree 2. Disagree 3. Neither	No	No	No	Yes	No	No	No	No	No
Did you assist in a public health response activity (e.g., an Epi-Aid, EOC deployment, field investigation, other large-scale response, or similar)?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
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]	No	No	No	Yes	No	No	No	No	No

What CDC Center/Institute/Office did you support during your public health response activity (e.g., an Epi-Aid, EOC deployment, field investigation, other large-scale response, or similar)? (Select all that apply)	See Appendix p. 154 Other N/A	No	No	No	Yes	No	No	No	No	No
Division/Branch:	Open Text Response	No	No	No	Yes	No	No	No	No	No
Location of Investigation:	See Appendix p. 154	No	No	No	Yes	No	No	No	No	No

Table 7.1.2.1.h. Main Project and Supervisor Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
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):	Open Text Response	No	No	No	Yes	No	No	No	No	No
INSTRUCTIONAL TEXT: **Please indicate your level of agreement with the following statements:** **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.**	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
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.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Participation in a public health response activity (e.g., an Epi-Aid, EOC deployment, field investigation, other large-scale response, or similar) connected me with additional public health professionals.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

7.1.2.2 Competencies

INSTRUCTIONAL TEXT:

Before EEP

Table 7.1.2.2.a. Competency Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Collaborate in research and intervention efforts to improve global, national, state, and local health and wellbeing.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Incorporate ethical principles as the basis of all interactions with organizations, communities, and individuals.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Illustrate how ethical principles play a role in the planning and execution of public health activities.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

INSTRUCTIONAL TEXT:

After EEP

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Collaborate in research and intervention efforts to improve global, national, state, and local health and wellbeing.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert	No	No	No	Yes	No	No	No	No	No

	6. I did not focus on this competency during my rotation									
Incorporate ethical principles as the basis of all interactions with organizations, communities, and individuals.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Illustrate how ethical principles play a role in the planning and execution of public health activities.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

Table 7.1.2.2.b. Competency Fields

INSTRUCTIONAL TEXT:

Before EEP

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Use methods and instruments for collecting valid and reliable quantitative and qualitative data.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Apply epidemiology and biostatistics concepts to analyze quantitative or qualitative public health data.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Use public health data from epidemiologic studies to make evidence-based decisions for action.	1. No experience 2. Beginner 3. Competent	No	No	No	Yes	No	No	No	No	No

	4. Proficient 5. Expert 6. I did not focus on this competency during my rotation									

INSTRUCTIONAL TEXT:

After EEP

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Use methods and instruments for collecting valid and reliable quantitative and qualitative data.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Apply epidemiology and biostatistics concepts to analyze quantitative or qualitative public health data.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Use public health data from epidemiologic studies to make evidence-based decisions for action.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

Table 7.1.2.2.c. Competency Fields

INSTRUCTIONAL TEXT:

Before EEP

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Describe how demographic, cultural,	1. No experience	No	No	No	Yes	No	No	No	No	No

socioeconomic, religious/spiritual, and behavioral factors affect the health of individuals and communities in global, national, state, and local contexts.	2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation									
Discuss how attitudes and perceptions affect health-related behaviors, both in familiar contexts and when attitudes and perceptions are unfamiliar given one's own socialization.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Explain how demographic, cultural, socioeconomic, religious/spiritual, and behavioral factors are taken into consideration when tailoring public health programs and initiatives to improve impact.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

INSTRUCTIONAL TEXT:

After EEP

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Describe how demographic, cultural, socioeconomic, religious/spiritual, and behavioral factors affect the health of individuals and communities in global, national, state, and local contexts.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Discuss how attitudes and perceptions affect health-related behaviors, both in familiar contexts and when attitudes and perceptions are unfamiliar given one's own socialization.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Explain how demographic, cultural,	1. No experience	No	No	No	Yes	No	No	No	No	No

socioeconomic, religious/spiritual, and behavioral factors are taken into consideration when tailoring public health programs and initiatives to improve impact.	2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation									

Table 7.1.2.2.d. Competency Fields

INSTRUCTIONAL TEXT:

Before EEP

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Analyze issues related to the burden of disease, socioeconomic, cultural, and environmental determinants of health, measures of health status, and the links between health, social and economic development.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Apply a population-based perspective of the distribution and determinants of disease or health conditions.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Exhibit process-oriented thinking by outlining a project timeline, learning objectives, and expected deliverables.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Identify inputs (e.g., community resources, public and/or private organizations, institutions, individuals,	1. No experience 2. Beginner 3. Competent	No	No	No	Yes	No	No	No	No	No

environment, or materials), their roles in public health interventions, and the manner in which they can be utilized to achieve public health outputs and outcomes.	4. Proficient 5. Expert 6. I did not focus on this competency during my rotation									

INSTRUCTIONAL TEXT:
After EEP

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Analyze issues related to the burden of disease, socioeconomic, cultural, and environmental determinants of health, measures of health status, and the links between health, social and economic development.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Apply a population-based perspective of the distribution and determinants of disease or health conditions.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Exhibit process-oriented thinking by outlining a project timeline, learning objectives, and expected deliverables.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Identify inputs (e.g., community resources, public and/or private organizations, institutions, individuals, environment, or materials), their roles in public health interventions, and the manner in which they can be utilized to	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency	No	No	No	Yes	No	No	No	No	No

achieve public health outputs and outcomes.	during my rotation									

Table 7.1.2.2.e. Competency Fields

INSTRUCTIONAL TEXT:

Before EEP

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Describe how a public health perspective and evidence-based approaches can be used to improve community health.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Apply the basic public health sciences (including, but not limited to, biostatistics, epidemiology, prevention science, environmental health sciences, and social and behavioral health sciences) to assess and address public health concerns.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

INSTRUCTIONAL TEXT:

After EEP

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Describe how a public health perspective and evidence-based approaches can be used to improve community health.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert	No	No	No	Yes	No	No	No	No	No

	6. I did not focus on this competency during my rotation									
Apply the basic public health sciences (including, but not limited to, biostatistics, epidemiology, prevention science, environmental health sciences, and social and behavioral health sciences) to assess and address public health concerns.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

Table 7.1.2.2.f. Competency Fields

INSTRUCTIONAL TEXT:

Before EEP

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Use the standard scientific format to clearly and concisely report research findings.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Participate in teams as a member and/or leader.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Communicate orally, electronically, and in writing with linguistic and cultural proficiency.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency	No	No	No	Yes	No	No	No	No	No

	during my rotation									
Solicit and discuss feedback from supervisors and colleagues to improve personal learning.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No

INSTRUCTIONAL TEXT:

After EEP

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Use the standard scientific format to clearly and concisely report research findings.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Participate in teams as a member and/or leader.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Communicate orally, electronically, and in writing with linguistic and cultural proficiency.	1. No experience 2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation	No	No	No	Yes	No	No	No	No	No
Solicit and discuss feedback from	1. No experience	No	No	No	Yes	No	No	No	No	No

supervisors and colleagues to improve personal learning.	2. Beginner 3. Competent 4. Proficient 5. Expert 6. I did not focus on this competency during my rotation									

7.1.2.3 Future Considerations

Table 7.1.2.3.a. Future Consideration Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Why did you choose to participate in EEP? (Select all that apply)	1. Gain experience in applied epidemiology 2. Gain experience in public health 3. Learn about preventive medicine 4. Learn about CDC and/or the Epidemic Intelligence Service (EIS) and other fellowships 5. Interested in working for CDC and/or EIS 6. Networking opportunities 7. Other	No	No	No	Yes	No	No	No	No	No
Please specify:	Open Text Response	No	No	No	Yes	No	No	No	No	No
INSTRUCTIONAL TEXT: **Please indicate your level of agreement with the following statements**										
My EEP experience provided me with a network of public health professionals with whom I can connect in the future.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
My EEP experience made me more likely to pursue a public health career.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
My EEP experience made me more likely to incorporate public health perspectives into clinical practice.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

My EEP experience made me more likely to pursue additional public health training.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Overall, I am satisfied with my host site experience.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree									
What were the most valuable parts of your host site experience?	Open text response									
What were the most challenging parts of your host site experience?	Open text response									

Table 7.1.2.3.b. Future Consideration Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
My EEP experience made me more likely to apply for the Epidemic Intelligence Service (EIS) in the future.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
My EEP experience made me more likely to apply for the CDC Preventative Medicine Residency and Fellowship (PMR/F) program in the future.	1. Strongly Disagree 2. Disagree 3. Neither Agree or Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
In 3-5 sentences, please describe how you plan to apply the knowledge, skills, and experience gained from EEP to your future training and career:	Open Text Response	No	No	No	Yes	No	No	No	No	No

What are some barriers for you to pursue a public health career? (Select all that apply)	1. Potential salary range 2. High student loan debt 3. Limited clinical contact hours 4. Additional training or degrees required	No	No	No	Yes	No	No	No	No	No
How frequently would you like to interact with the EEP program in the future?	1. Once a year 2. About once a quarter 3. About once a month	No	No	No	Yes	No	No	No	No	No
What types of activities would you like to participate in?	1. Networking with CDC 2. Networking with other EEP alumni 3. Mentoring current or future EEP students 4. Recruiting future EEP students 5. Other	No	No	No	Yes	No	No	No	No	No

7.2 SAF

7.2.1 Summer Course Satisfaction Survey

7.2.1.1 Introduction

Attachment 1: 2019 Science Ambassador Fellowship Summer Course Satisfaction Survey

Introduction

Thank you for participating in the 2019 CDC Science Ambassador summer course! The information you provide will be used to guide the direction of future summer courses. Your participation is voluntary and your answers will not affect earning continuing education units.

You make take this survey anonymously. Information will be treated in a secure manner.

This survey will take approximately 10 minutes to complete. By continuing to the next page, you have consented to complete this survey.

Please contact scienceambassador@cdc.gov if you have any questions or problems concerning this survey.

Table 7.2.1.1.a. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
1. In the past school year, which	1. Elementary School (grades K-5)	No	No	No	No	Yes	No	No	No	No

grade(s) did you teach? (Select all that apply)	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:	Open Text Response	No	No	No	No	Yes	No	No	No	No
2. In the past school year, which subject area(s) did you teach? (Select all that apply)	1. Epidemiology or Public Health 2. Core Sciences (e.g., Life Sciences, Physical Sciences, Earth and Space Sciences, Engineering, and Technology) 3. Health and Medical Sciences 4. Other	No	No	No	No	Yes	No	No	No	No
Specify:	Open Text Response	No	No	No	No	Yes	No	No	No	No
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 NERD Academy 4. CDC Website 5. Other Lesson Plans/Activities (e.g., Young Epidemiology Scholars Lesson Plans) or Websites (e.g., Medical Detectives). Please provide at least 1-2 examples:	No	No	No	No	Yes	No	No	No	No
Examples:	Open Text Response	No	No	No	No	Yes	No	No	No	No
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	No	No	No	No	Yes	No	No	No	No

Table 7.2.1.1.b. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP

5. Do any of the schools where you teach receive Title I funds?	1. Yes 2. No 3. I am not sure 4. I prefer not to answer 5. Not applicable	No	No	No	No	Yes	No	No	No	No
INSTRUCTIONAL TEXT: **6. Which of the following are barriers to your teaching public health?**										
Availability of public health activities and lesson plans	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Basic knowledge to teach public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Skills to teach public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Confidence in teaching public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
School support for teaching public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Student interest in public health	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Changes to the school environment due to the COVID-19 pandemic (e.g., virtual/remote or hybrid learning, masking policies, social distancing)	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Changes to course curriculum as a result of the COVID-19 pandemic	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Other (Specify)	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No

Specify:	Open Text Response	No	No	No	No	Yes	No	No	No	No

INSTRUCTIONAL TEXT:

7. Please provide your best estimations for the following:

Please enter 0 for the values that are non-applicable to you.

Table 7.2.1.1.c. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
If you teach in a classroom setting, how many students did you teach public health content to as part of your curriculum or elective course in the past school year?	Open Text Response	No	No	No	No	Yes	No	No	No	No
How many teachers did you train in teaching public health content in the past school year?	Open Text Response	No	No	No	No	Yes	No	No	No	No
How many students did you coach through extracurricular clubs or programs at your school related to public health (e.g., Science Olympiad Disease Detectives coach; HOSA supervisor for Public Health or Epidemiology event) in the past school year?	Open Text Response	No	No	No	No	Yes	No	No	No	No
How many instructional hours did you dedicate to teaching public health content in the past school year?	Open Text Response	No	No	No	No	Yes	No	No	No	No

Table 7.2.1.1.d. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP

8. For my Science Ambassador Fellowship presentation requirement, I plan to present a session about teaching public health content at: (Select all that apply)	1. Local conference, meeting, or professional development training session 2. State/regional conference, meeting, or professional development training session 3. National conference, meeting, or professional development training session 4. International conference, meeting, or professional development training session 5. Other (Specify)	No	No	No	No	Yes	No	No	No	No
Specify:	Open Text Response	No	No	No	No	Yes	No	No	No	No
I was satisfied with the pre-course communication about the CDC Science Ambassador Fellowship summer course.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Please explain and provide suggestions for improvement related to pre-course communication.	Open Text Response	No	No	No	No	Yes	No	No	No	No

Table 7.2.1.1.e. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
INSTRUCTIONAL TEXT: 10. 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."										
Introduction Sessions (CDC Welcome, CDC Mission, CDC Curriculum: Teaching tomorrow's disease detectives)	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 6. N/A	No	No	No	No	Yes	No	No	No	No
Topic Sessions by CDC Subject Matter Experts (SME)	1. Strongly Disagree 2. Disagree 3. Neutral	No	No	No	No	Yes	No	No	No	No

	4. Agree 5. Strongly Agree 6. N/A									
Activity Planning Sessions	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 6. N/A	No	No	No	No	Yes	No	No	No	No
Teacher Talks	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 6. N/A	No	No	No	No	Yes	No	No	No	No

Table 7.2.1.1.f. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Tours & Special Sessions	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 6. N/A	No	No	No	No	Yes	No	No	No	No
Overall Summer Course	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Please comment on sessions were the most helpful and provide suggestions for improvement.	Open Text Response	No	No	No	No	Yes	No	No	No	No
11. Are you serving as a peer leader this year?	1. Yes 2. No	No	No	No	No	Yes	No	No	No	No

Table 7.2.1.2.a. Reflection on Fellowship - Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
12. Please indicate your level of agreement with the following statement:										
Prior to participation in the CDC Science Ambassador Fellowship summer course, I felt confident teaching public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
After participation in the CDC Science Ambassador Fellowship summer course, I feel confident that I can teach public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship summer course improved my understanding of the basic knowledge needed to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
The CDC Science Ambassador Fellowship summer course improved my skills to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship summer course motivated me to teach public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

Table 7.2.1.2.b. Reflection on Fellowship - Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP

The CDC Science Ambassador Fellowship summer course met my professional expectations.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
The CDC Science Ambassador Fellowship summer course has motivated me to pursue additional public health training and professional development opportunities. Please elaborate.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Elaborate:	Open Text Response	No	No	No	No	Yes	No	No	No	No
14. Do you plan to apply to be a Science Ambassador Fellowship peer leader? **A peer leader serves as the lead for the curriculum development team. They are a Science Ambassador Alumni and come back to CDC during the fellowship week.**	1. Yes, I plan to apply next year. 2. Yes, I plan to apply in the future. 3. Maybe, I am not sure yet. 4. No, while I would like to, it would be difficult to return as a peer leader. 5. No, I do not plan to apply. 6. None of the above.	No	No	No	No	Yes	No	No	No	No

Table 7.2.1.3.a. Reflection on Fellowship – Peer Leader Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
15. Please indicate your level of agreement with the following statements:										
Participation in the CDC Science Ambassador Fellowship summer course as a peer leader improved my understanding of the basic knowledge needed to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship summer course as a peer leader provided me with the opportunity to practice my leadership skills.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

Participation in the CDC Science Ambassador Fellowship summer course as a peer leader motivated me to encourage other teachers to teach public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
After participation in the CDC Science Ambassador Fellowship summer course as a peer leader, I feel confident in mentoring other teachers in how to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship summer course as a peer leader met my professional expectations.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

7.2.2 Fellow Exit Survey

7.2.2.1 Introduction

Attachment 1: 2018 Science Ambassador Fellowship Exit Satisfaction Survey

Introduction

Thank you for participating in the 2018 CDC Science Ambassador Fellowship! The information you provide will be used to guide the direction of future Fellowships. Your participation is voluntary and your answers will not affect earning continuing education units.

You may take this survey anonymously. Information will be treated in a secure manner.

This survey will take approximately 10 minutes to complete. By continuing to the next page, you have consented to complete this survey.

Please contact scienceambassador@cdc.gov if you have any questions or problems concerning this survey.

Table 7.2.2.1.a. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
1. In the past school year, which grade(s) did you teach? (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)	No	No	No	No	Yes	No	No	No	No
Specify:	Open Text Response	No	No	No	No	Yes	No	No	No	No

Table 7.2.2.1.b. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
2. In the past school year, which subject area(s) did you teach? (Select all that apply)	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): _____	No	No	No	No	Yes	No	No	No	No
Specify:	Open Text Response	No	No	No	No	Yes	No	No	No	No
3. In the past school year, which resource(s) did you use to teach public health content? (Select all that apply)	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.	No	No	No	No	Yes	No	No	No	No
Examples:	Open Text Response	No	No	No	No	Yes	No	No	No	No
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. None of the above.	No	No	No	No	Yes	No	No	No	No
5. Do any of the schools where you teach receive Title I funds?	1. Yes 2. No 3. I am not sure 4. I prefer not to answer 5. Not applicable	No	No	No	No	Yes	No	No	No	No

Table 7.2.2.1.c. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
6. Which of the following are barriers to your teaching public health?										
Availability of public health activities and lesson plans	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Basic knowledge to teach public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Skills to teach public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Confidence in teaching public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
School support for teaching public health content	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
Student interest in public health	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No

Table 7.2.2.1.d. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Other (Specify)	1. Not a barrier 2. Somewhat of a barrier 3. Major barrier	No	No	No	No	Yes	No	No	No	No
7. Please indicate your level of agreement with the following statements:										

Specify:	Open Text Response	No	No	No	No	Yes	No	No	No	No
After the CDC Science Ambassador Fellowship summer course, I was able to use the network of CDC Science Ambassador fellows and peer leaders as resources.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
The interaction I had with the network of CDC Science Ambassador fellows and peer leaders was helpful to me in teaching public health.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

Table 7.2.2.1.e. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
8. Please provide your best estimations for the following. Please enter 0 for the following values that are non-applicable to you.										
If you teach in a classroom setting, how many students did you teach public health content to as part of your curriculum or elective course in the past school year?	Open Text Response	No	No	No	No	Yes	No	No	No	No
How many teachers did you train in teaching public health content in the past school year?	Open Text Response	No	No	No	No	Yes	No	No	No	No
How many students did you coach through extracurricular clubs or programs at your school related to public health (e.g., Science Olympiad Disease Detectives coach; HOSA supervisor for Public Health or Epidemiology event) in the past school year?	Open Text Response	No	No	No	No	Yes	No	No	No	No
How many instructional hours did you dedicate to teaching public health in the past school year?	Open Text Response	No	No	No	No	Yes	No	No	No	No
How many teachers/colleagues did you share your team's CDC Science Ambassador Fellowship activity within the past school year?	Open Text Response	No	No	No	No	Yes	No	No	No	No

How many teachers/colleagues have you recommended the CDC Science Ambassador Fellowship to in the past school year?	Open Text Response	No	No	No	No	Yes	No	No	No	No

Table 7.2.2.1.f. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Apart from your CDC Science Ambassador Fellowship activity, did you develop any new public health content (e.g., activities, lesson plans, or curricula) in the past school year?	1. Yes 2. No	No	No	No	No	Yes	No	No	No	No
In the past school year, did you teach the activity that you developed as part of the Science Ambassador Fellowship summer course?	1. Yes 2. No	No	No	No	No	Yes	No	No	No	No

Table 7.2.2.1.g. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
9. Please indicate your level of agreement with the following statements.										
I was satisfied with the interaction with CDC Science Ambassador Fellowship team throughout the fellowship year.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Please provide suggestions for improvement on interaction with the CDC Science Ambassador Fellowship team.	Open Text Response	No	No	No	No	Yes	No	No	No	No

I was satisfied with the Quarterly Newsletter.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Please provide suggestions for improvement on the quarterly newsletter.	Open Text Response	No	No	No	No	Yes	No	No	No	No

Table 7.2.2.1.h. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
10. Please provide feedback for improvement on the following questions.										
Which aspects of the CDC Science Ambassador Fellowship were most helpful to you?	Open Text Response	No	No	No	No	Yes	No	No	No	No
What could be improved to make the CDC Science Ambassador Fellowship a more effective learning experience?	Open Text Response	No	No	No	No	Yes	No	No	No	No
Did you serve as a peer leader this year?	1. Yes 2. No	No	No	No	No	Yes	No	No	No	No
How frequently would you like to interact with the SAF program in the future?	1. Once a year 2. About once a quarter 3. About once a month	No	No	No	No	Yes	No	No	No	No
What types of activities would you like to participate in?	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	No	No	No	No	Yes	No	No	No	No

Table 7.2.2.2.a. Reflections on Fellowship - Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
12. Please indicate your level of agreement with the following statements.										
Participation in the CDC Science Ambassador Fellowship improved my understanding of the basic knowledge needed to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
The CDC Science Ambassador Fellowship improved my skills to teach public health content effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship motivated me to teach public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
After participation in the CDC Science Ambassador Fellowship, I feel confident teaching public health content.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

Table 7.2.2.2.b. Reflections on Fellowship - Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
The CDC Science Ambassador Fellowship met my professional expectations.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
The CDC Science Ambassador Fellowship has motivated me to pursue additional public health training and professional development opportunities. Please elaborate.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Elaborate:	Open Text Response	No	No	No	No	Yes	No	No	No	No
I would recommend the CDC Science Ambassador Fellowship to others.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
13. Do you plan to apply to be a Science Ambassador Fellowship peer leader? **A peer leader serves as the lead for the curriculum development team. They are a Science Ambassador Alumni and come back to CDC during the fellowship week.**	1. Yes, I plan to apply next year. 2. Yes, I plan to apply in the future. 3. Maybe, I am not sure yet. 4. No, while I would like to, it would be difficult to return as a peer leader. 5. No, I do not plan to apply. 6. None of the above.	No	No	No	No	Yes	No	No	No	No

Table 7.2.2.3.a. Reflections on Fellowship – Peer Leader Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
14. In what year did you first participate in the Science Ambassador Fellowship or Science Ambassador Workshop?	Open Text Response	No	No	No	No	Yes	No	No	No	No

Participation in the CDC Science Ambassador Fellowship as a peer leader improved my understanding of the basic knowledge needed to teach public health effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship as a peer leader provided me with the opportunity to practice my leadership skills.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship as a peer leader motivated me to encourage other teachers to teach public health.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

Table 7.2.2.3.b. Reflections on Fellowship – Peer Leader Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
After participation in the CDC Science Ambassador Fellowship as a peer leader, I feel confident in mentoring other teachers in how to teach public health effectively.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
Participation in the CDC Science Ambassador Fellowship as a peer leader met my professional expectations.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No
I would encourage other CDC Science Ambassador Fellows to apply to become a peer leader.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	No	No	No	Yes	No	No	No	No

7.3 LLS

7.3.1 Supervisor 1-Year Survey

7.3.1.1 Introduction

Feedback on the Laboratory Leadership Service Program

Thank you for serving as a supervisor for the Laboratory Leadership Service (LLS) [Year]Fellowship Class! This survey will take 4-6 minutes to complete. The LLS Office needs your feedback about your experience as an LLS Supervisor. Your responses will be kept confidential. Please be thorough and candid in your responses, as they will be used to assess relevant aspects of the program as well as inform program improvement efforts.

Please contact the program at LLScurriculum@cdc.gov with any questions regarding this survey.

Table 7.3.1.1.a. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
1. Thinking about your experience hosting and supervising an LLS Fellow, please indicate the extent to which you found each of the following program supports to be useful.										
Supervisor Handbook	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
Supervisor Orientation	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
Supervisor Meetings	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No

Administrative support provided to fellows (e.g., onboarding)	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
If you selected, "not at all useful" or "not very useful" please explain in the space provided below.	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 7.3.1.1.b. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Selecting an LLS Fellow	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No
Ensuring the LLS Fellow completes CALs (Core Activities of Learning)	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No
Assistance with planning projects for LLS Fellow	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No
If you selected, "less support" or "more support" please specify in the space provided below.	Open Text Response	No	Yes	No	No	No	No	No	No	No
3. Reflecting back on your experience as a supervisor for the past year, please identify any support services that you did not receive from the LLS program that would have been beneficial or that you wish you had.	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 7.3.1.1.c. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
4. Would you be willing to host another LLS fellow?	1. No 2. Yes 3. Undecided	No	Yes	No	No	No	No	No	No	No
If you selected, "no" or "undecided" please explain.	Open Text Response	No	Yes	No	No	No	No	No	No	No
5. Would you recommend participation as a host laboratory in the LLS Fellowship Program to other public health laboratories?	1. No 2. Yes 3. Undecided	No	Yes	No	No	No	No	No	No	No
If you selected, "no" or "undecided" please explain.	Open Text Response	No	Yes	No	No	No	No	No	No	No
6. What additional training or experiences would be helpful for LLS Fellows to receive? Please include your thoughts below and indicate the respective course that it pertains to.	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 7.3.1.2.a. Communication Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
7. For the next few questions, indicate your level of satisfaction with:										
The communications between you and the LLS program.	1. Very Dissatisfied 2. Dissatisfied 3. Satisfied 4. Very Satisfied 5. Not Applicable	No	Yes	No	No	No	No	No	No	No

Table 7.3.1.3.a. Feedback on Hosting an LLS Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP

8. Think about the LLS Fellow you supervise, please indicate to what extent you agree or disagree with the following statements.										
Your LLS Fellow serves as an active member of the laboratory team.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow contributes toward advancing laboratory assessments, protocols, or procedures.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow supports the development of laboratory safety in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow supports the development of laboratory quality in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No

Table 7.3.1.3.b. Feedback on Hosting an LLS Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Your LLS Fellow contributes to the advancement of applied health research in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
My team values the LLS Fellow's contributions.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
My team has gained knowledge or skills as a result of participating in the LLS Program.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No

Hosting my LLS Fellow has changed the way I or team members approach laboratory safety.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No

Table 7.3.1.3.c. Feedback on Hosting an LLS Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Hosting my LLS Fellow has changed the way I or team members approach laboratory quality.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Hosting my LLS Fellow has changed the way I or team members approach laboratory management.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Please share some examples to support your responses to the questions above.	Open Text Response	No	Yes	No	No	No	No	No	No	No

7.3.2 Supervisor Exit Survey

7.3.2.1 Introduction

Feedback on the Laboratory Leadersihp Service (LLS) [Year] Fellowship Class! This survey will take 4-6 minutes to complete.The LLS Office needs your feedback about your experience as an LLS Supervisor. Your responses will be kept confidential. Please be thorough and candid in your responses, as they will be used to assess relevant aspects of the program as well as inform program improvement efforts.

Please contact the program at LLScurriculum@cdc.gov with any questions regarding this survey

Table 7.3.2.1.a. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
1. Thinking about your experience hosting and supervising an LLS Fellow, please indicate the extent to which you found each of the following program supports to be useful.										
Supervisor Handbook	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
Supervisor Orientation	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
Supervisor Meetings	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
If you selected, "not at all useful" or "not very useful" please explain in the space provided below.	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 7.3.2.1.a. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Supervisor Handbook	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
Supervisor Orientation	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
Supervisor Meetings	1. Not at all useful 2. Not very useful 3. Somewhat useful 4. Very useful 5. N/A	No	Yes	No	No	No	No	No	No	No
If you selected, "not at all useful" or "not very useful" please explain in the space provided below.	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 7.3.2.1.b. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
2. Please indicate the level of support you would like to receive in the future from the LLS office for the following processes:										
Selecting an LLS Fellow	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No

Ensuring the LLS Fellow completes CALs (Core Activities of Learning)	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No
Assistance with planning projects for LLS Fellow	1. Less Support 2. The same level of support 3. More support 4. No support needed 5. N/A	No	Yes	No	No	No	No	No	No	No
If you selected, "less support" or "more support" please specify in the space provided below.	Open Text Response	No	Yes	No	No	No	No	No	No	No

Figure 7.3.2.1.c. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
3. Reflecting back on your experience as a supervisor for the past two years, please identify any support services that you did not receive from the LLS program that would have been beneficial or that you'd wished you had.	Open Text Response	No	Yes	No	No	No	No	No	No	No
4. Please refer to the [Year] CAL list for the questions listed below. The CAL list for 2019 included: • CAL 1 – Conduct applied laboratory research to address a public health or safety-related issue. • CAL 2 – Conduct a risk assessment to evaluate the probability and potential consequences of exposure to a given hazard. • CAL 3 – Evaluate a quality management system • CAL 4 – Incorporate bioinformatics principles into applied oubclie health laboratory science • CAL 5 – Give a 10-20 minute oral presentation to a scientific audience • CAL 6 – Give an in-depth public health talk on the fellow's original LLS work or field of study. • CAL 7 – Write and submit, as a first author, a scientific manuscript for a peer-reviewed journal. • CAL 8 – Participate in laboratory operations management • CAL 9 – Communicate complex scientific concepts to an external lay audience • CAL 10 – Provide service to the agency									
Are there any CALs that you would recommend removing from the list?	1. Yes 2. No	No	Yes	No	No	No	No	No	No	No

If you selected, "yes" to either question, please explain.	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 7.3.2.1.d. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
5. Would you be willing to host another LLS fellow?	1. Yes 2. No 3. Undecided	No	Yes	No	No	No	No	No	No	No
If you selected, "no" or "undecided" please explain.	Open Text Response	No	Yes	No	No	No	No	No	No	No
6. Would you recommend participation as a host laboratory in the LLS Fellowship Program to other CDC or state public health laboratories?	1. Yes 2. No 3. Undecided	No	Yes	No	No	No	No	No	No	No
If you selected, "no" or "undecided" please explain.	Open Text Response	No	Yes	No	No	No	No	No	No	No
7. In what topics did your fellow need additional training? (Please list)	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 7.3.2.1.a. Communications Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
8. For the next few questions, indicate your level of satisfaction with:										
The communication between you and the LLS program.	1. Very Dissatisfied 2. Dissatisfied 3. Satisfied 4. Very Satisfied 5. Not Applicable	No	Yes	No	No	No	No	No	No	No
Your interactions with your CIO ADLS about an LLS-related question or problem.	1. Very Dissatisfied 2. Dissatisfied 3. Satisfied 4. Very Satisfied 5. Not Applicable	No	Yes	No	No	No	No	No	No	No

9. Please share any suggestions that you have to help LLS Fellows obtain public health laboratory positions after graduation.	Open Text Response	No	Yes	No	No	No	No	No	No	No

7.3.2.2 Feedback on Hosting an LLS Fellow

Table 7.3.2.3.a. Feedback on Hosting an LLS Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
10. Would you like to provide feedback regarding LLS Fellow accomplishments? If you do not have any feedback please write, N/A.	Open Text Response	No	Yes	No	No	No	No	No	No	No
11. Thinking about the LLS Fellow you supervised, please indicate to what extent you agree or disagree with the following statements.										
Your LLS Fellow serves as an active member of the laboratory team.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow contributes toward advancing laboratory assessments, protocols, or procedures.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow supports the development of laboratory safety in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No

Table 7.3.2.3.b. Feedback on Hosting an LLS Fellow Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Your LLS Fellow supports the development of laboratory quality in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Your LLS Fellow contributes to the advancement of applied health research in the laboratory.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
My team values the LLS Fellow's contributions.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
My team has gained knowledge or skills as a result of participating in the LLS Program.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Hosting my LLS Fellow has changed the way I or team members approach laboratory safety.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Hosting my LLS Fellow has changed the way I or team members approach laboratory quality.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Hosting my LLS Fellow has changed the way I or team members approach laboratory management.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	No	Yes	No	No	No	No	No	No	No
Please share some examples to support your responses to the question above.	Open Text Response	No	Yes	No	No	No	No	No	No	No
I had a good working relationship with my fellow.	1. Strongly Disagree 2. Disagree 3. Agree	No	Yes	No	No	No	No	No	No	No

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
	4. Strongly Agree									
What were the most challenging parts of hosting an LLSF?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Please describe how you approached supervising your LLSF (i.e., how do you interact with your officer, what is your management style)?	Open Text Response	No	Yes	No	No	No	No	No	No	No

7.4 ELI

7.4.1 End of Year Survey

7.4.1.1 Introduction

Introduction

Thank you for participating in the CDC E-learning Institute Fellowship. We value your feedback to help us improve future cohorts. This anonymous survey should take an average of 8 minutes to complete. Please respond to this survey only once.

If you exit the survey before submitting it, you will not be able to return to edit your responses.

We look forward to your feedback.
Thank you!

CDC E-Learning Institute Fellowship

7.4.1.2 Increases in Knowledge, Skill, Self-Efficacy

Table 7.4.1.2.a Increases in Knowledge, Skill, Self-Efficacy Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
1. Please rate your level of agreement with the following statements regarding increases in your knowledge, skill, and/or self-efficacy upon completion of the fellowship.										
I am more knowledgeable about how online training products are created.	1. Strongly Disagree 2. Disagree 3. Neither 4. Agree 5. Strongly Agree	No	No	No	No	No	No	No	Yes	No
I have increased my skill level to develop online training products.	1. Strongly Disagree 2. Disagree 3. Neither 4. Agree 5. Strongly Agree	No	No	No	No	No	No	No	Yes	No
I feel more prepared to develop an online training product on my own in the future.	1. Strongly Disagree 2. Disagree 3. Neither 4. Agree 5. Strongly Agree	No	No	No	No	No	No	No	Yes	No
I have been able to directly apply what I have learned to my job.	1. Strongly Disagree 2. Disagree 3. Neither 4. Agree 5. Strongly Agree	No	No	No	No	No	No	No	Yes	No

7.4.1.3 Instructional Design Competencies

Table 7.4.1.3.a Instructional Design Competencies Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
2. Please rate the degree to which the fellowship addressed each competency										
Instructional Design (process and application)	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Data collection and analysis	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Needs assessment	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Design of instructional interventions	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Learning assessment design	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Formative evaluation	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Summative evaluation	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No

Project management	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No

7.4.1.4 Capacity Increases Attributed to Fellowship

Table 7.4.1.4.a. Capacity Increases Attributed to Fellowship Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
3. Rate your knowledge of the following topics both before the fellowship and now, after the fellowship: **Project management, Analysis, Content Development, Learner Assessment, Accessibility, Interface and Navigation, Interactivity, Product Evaluation**										
Before the Fellowship:	1. Not at all knowledgeable 2. Slightly Knowledgeable 3. Moderately Knowledgeable 4. Very Knowledgeable 5. Extremely Knowledgeable	No	No	No	No	No	No	No	Yes	No
After the Fellowship:	1. Not at all knowledgeable 2. Slightly Knowledgeable 3. Moderately Knowledgeable 4. Very Knowledgeable 5. Extremely Knowledgeable	No	No	No	No	No	No	No	Yes	No

7.4.1.5 Post-Fellowship Implementation

Table 7.4.1.5.a Post-Fellowship Implementation Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
4. Select the answer that best describes what the fellowship enabled you to do, if anything.	1. It DID NOT enable me to UNDERSTAND NEW CONCEPTS or USE NEW SKILLS. 2. It enabled me to UNDERSTAND SOME NEW CONCEPTS, but did NOT PREPARE ME TO USE THE NEW SKILLS on the job. 3. It enabled me to BEGIN TRYING TO USE NEW SKILLS on the job. 4. It enabled me to CONFIDENTLY USE NEW SKILLS on the job. 5. It enabled me to BE THOROUGHLY CONFIDENT AND PRACTICED IN USING NEW SKILLS on the job. 6. It enabled me to ACT LIKE AN EXPERT IN APPLYING NEW SKILLS on the job.	No	No	No	No	No	No	No	Yes	No
5. In regards to the best practices taught in the fellowship, how motivated will you be to UTILIZE these skills in your work?	1. I will NOT MAKE THIS A PRIORITY when I get back to my day-to-day job. 2. I will make this a PRIORITY – BUT A LOW PRIORITY – when I get back to my day-to-day job. 3. I will make this a MODERATE PRIORITY when I get back to my day-to-day job. 4. I will make this a HIGH PRIORITY when I get back to my day-to-day job. 5. I will make this one of my HIGHEST PRIORITIES when I get back to my day-to-day job.	No	No	No	No	No	No	No	Yes	No

7.4.1.6 Overall

Table 7.4.1.6.a Overall Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
6. How relevant is this fellowship to your current work?	1. Not at all relevant 2. Slightly relevant 3. Moderately relevant 4. Very relevant 5. Extremely relevant	No	No	No	No	No	No	No	Yes	No
7. What is your opinion of the balance of written material, webinars, and interactivity in this fellowship?	1. Too much written materials and webinars, and not enough interactive learning 2. Right amount of written materials, webinars, and interactive learning 3. Too much interactive learning and not enough written materials and webinars	No	No	No	No	No	No	No	Yes	No
8. How much of what you learned during the fellowship do you expect to use in your position?	1. None 2. A little 3. Some 4. A lot 5. Don't know	No	No	No	No	No	No	No	Yes	No

Table 7.4.1.6.b Overall Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
I would recommend my MENTOR to an incoming ELI fellow.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
I would recommend the ELI fellowship program to others.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No

11. How many individuals (peers and mentors) have you developed and plan to maintain a professional relationship with beyond the fellowship? For what purposes?	Open Text Response	No	No	No	No	No	No	No	Yes	No
12. What part of this fellowship was most helpful to your learning?	Open Text Response	No	No	No	No	No	No	No	Yes	No
13. Is there anything you want to tell us?	Open Text Response	No	No	No	No	No	No	No	Yes	No

7.5 EIS

7.5.1 Supervisor Exit Survey

7.5.1.1 Feedback on General EIS Program Support

Thank you for serving as a supervisor for the Epidemic Intelligence Service (EIS). This survey will take approximately 15 minutes to complete. Your responses will be kept private. Your responses are critical to ensuring program improvements. Please contact eis@cdc.gov with any questions about this survey.

Table 7.5.1.1.a Feedback on General EIS Program Support Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Thinking about your experience hosting and supervising an EIS officer, please indicate your level of agreement with each statement.										
a) The EIS Handbook was a useful resource.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
b) Supervisor orientation provided me with the information I needed to begin supervising my officer.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
c) The EIS program clearly communicated supervisory expectations before the fellowship started.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No

d) When I had a question or issue to discuss with the EIS program, I knew which person to contact.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
e) When I had a question or issue to discuss with the EIS program, the question or issue was resolved within a timely manner.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No

7.5.1.2 Feedback on Supervisor Training

Table 7.5.1.2.a Feedback on Supervisor Training Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Including this EIS officer, how many EIS officers have you supervised?	Open Text Response	Yes	No	No	No	No	No	No	No	No
Not including EIS officers, how many other fellows (e.g., ORISE fellows) have you supervised?	Open Text Response	Yes	No	No	No	No	No	No	No	No
Please indicate your level of agreement: Supervisor seminars provided me with the information needed to supervise my officer throughout the year.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. I did not attend any supervisor seminars.	Yes	No	No	No	No	No	No	No	No
If you selected "strongly disagree," "disagree," or "I did not attend any supervisor seminars," please explain in the space provided below.	Open Text Response	Yes	No	No	No	No	No	No	No	No
Please identify any training areas that you did not receive from the EIS program that would have improved your supervisor experience, knowledge, or skills.	Open Text Response	Yes	No	No	No	No	No	No	No	No

7.5.1.3 Feedback on EIS Officer

Table 7.5.1.3.a Feedback on EIS Officer Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Thinking about your experience supervising your EIS officer, please indicate your level of agreement with each statement.										
a) The EIS officer provided valuable contributions to the host site.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
b) The EIS officer provided additional epidemiology expertise to the host site.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
c) The host site has gained knowledge or skills as a result of hosting the EIS officer.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
d) I had a good working relationship with my officer.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
e) At the end of the fellowship, the EIS officer demonstrated effective written communication skills.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
f) At the end of the fellowship, the EIS officer demonstrated effective oral communication skills.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
g) At the end of the fellowship, the EIS officer had a desire to learn and improve.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
h) At the end of the fellowship, the EIS officer was able to quickly adapt to changing needs and priorities.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
i) At the end of the fellowship, the EIS officer was effective at solving problems.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
j) At the end of the fellowship, the EIS officer was able to resolve conflicts effectively.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
k) At the end of the fellowship, the EIS officer demonstrated the qualities of a leader.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree	Yes	No	No	No	No	No	No	No	No
If you selected "strongly disagree" or "disagree," please explain in the space provided below.	Open Text Response	Yes	No	No	No	No	No	No	No	No

Figure 7.5.1.3.c Feedback on EIS Officer Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP

15. Will any of the EIS officer's products or activities listed below continue to benefit your organization after the end of the fellowship? Only include items if the officer made a meaningful contribution to the work. (Check all that apply)	1. Public health programs or initiatives 2. Policies or formal guidelines 3. Scientific publications or presentations 3. Communication with lay audiences 4. Data for public health decision making (including creation of registries, surveillance) 5. Data for continuous quality improvement 6. Training or technical assistance materials (e.g., curricula, job aids) 7. Budgets 8. Public health information systems 9. Partnerships 10. Improvements to organizational efficiencies (e.g., standard operating procedures) 11. No lasting effect after service ends 12. Other	Yes	No	No	No	No	No	No	No	No
Specify:	Open Text Response	Yes	No	No	No	No	No	No	No	No
16. Our organization plans to or is the process of:	1. Hiring the officer into the immediate work group where the fellowship occurred 2. Hiring the officer into another work group 3. Continuing to work with the officer through a mechanism other than hiring (e.g., contracting, another fellowship, etc.) 4. Not retaining the officer through any mechanism	Yes	No	No	No	No	No	No	No	No

Figure 7.5.1.3.d Feedback on EIS Officer Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
17. Which of these are reasons why your organization is not planning to hire the officer or continue to work with the officer through another mechanism? (Check all that apply)	1. No position available 2. No funds available 3. Officer is not interested (e.g., accepted another position) 4. Officer does not have the knowledge and skills needed for the work 5. My organization already has the knowledge and skills the officer would bring (i.e., no value added) 6. Personal qualities of the officer (e.g., dependability, work ethic) 7. Other	Yes	No	No	No	No	No	No	No	No
Specify:	Open Text Response	Yes	No	No	No	No	No	No	No	No
18. Which of these are reasons why your organization is planning to work with your officer? (Check all that apply)	1. Officer has the knowledge and skills needed for the work 2. Officer brings additional knowledge and skills the team would not otherwise have 3. Personal qualities of the officer (e.g., dependability, work ethic) 4. Easier than recruiting for a new person for the position 5. Familiarity with your organization and its work 6. Other	Yes	No	No	No	No	No	No	No	No
Specify:	Open Text Response	Yes	No	No	No	No	No	No	No	No

7.5.1.4 Overall Feedback

Table 7.5.1.4.a Overall Feedback Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Do you plan to serve as a supervisor for another EIS officer in the future?	1. Yes 2. No 3. Undecided	Yes	No	No	No	No	No	No	No	No
If you selected "No" or "Undecided," please explain:	Open Text Response	Yes	No	No	No	No	No	No	No	No
Please comment on anything else you would like the EIS program to know about your experience supervising an EIS officer.	Open Text Response	Yes	No	No	No	No	No	No	No	No

7.5.2 Supervisor Survey

7.5.2.1 Introduction

Introduction

Thank you serving as a supervisor for the Epidemic Intelligence Service (EIS). This survey will take approximately 5 minutes to complete. Your responses will be kept confidential. Your responses are critical to ensuring program improvements.

Please contact eis@cdc.gov with any questions about this survey.

Table 7.5.2.1.a Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
1. Supervisor Name:	Open Text Response	Yes	No	No	No	No	No	No	No	No
2. Host Site Name:	Open Text Response	Yes	No	No	No	No	No	No	No	No

7.5.2.2 Feedback on EIS Program Support

Table 7.5.2.2.a. Feedback on EIS Program Support Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
3. Thinking about your experience hosting and supervising an EIS officer, please indicate your level of agreement with each statement.										
a) The EIS Handbook is a useful resource.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
b) Supervisor orientation provided me with the information I needed to begin supervising my officer.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
c) The EIS program clearly communicated supervisory expectations before the fellowship started.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
d) When I have a question or issue to discuss with the EIS program, I know which person to contact.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No

Table 7.5.2.2.b. Feedback on EIS Program Support Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP

e) When I have a question or issue to discuss with the EIS program, the question or issue is resolved within a timely manner.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
f) I am satisfied with the support that I am receiving from the EIS program.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	Yes	No	No	No	No	No	No	No	No
4. If you selected "strongly disagree" or "disagree," please explain in the space provided below.	Open Text Response	Yes	No	No	No	No	No	No	No	No
5. Please identify any support services that you have not received from the EIS program before the fellowship started that would have improved your experience.	Open Text Response	Yes	No	No	No	No	No	No	No	No
6. Please identify any support services that you have not received from the EIS program during the past year that would have improved your experience.	Open Text Response	Yes	No	No	No	No	No	No	No	No

7.5.2.3 Feedback on Supervisor Training

Table 7.5.2.3.a. Feedback on Supervisor Training Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
7. Please indicate your level of agreement: Supervisor seminars provided me with the information needed to supervise my officer throughout the year.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. I have not attended any supervisor seminars.	Yes	No	No	No	No	No	No	No	No
8. If you selected "strongly disagree," "disagree," or "I have not attended any supervisor seminars," please explain in the space provided below.	Open Text Response	Yes	No	No	No	No	No	No	No	No
9. Please identify any training areas that you have not received from the EIS program that would improve your supervisor experience, knowledge, or skills.	Open Text Response	Yes	No	No	No	No	No	No	No	No
10. Describe your management style:	Open Text Response	Yes	No	No	No	No	No	No	No	No

7.5.2.4 Overall Feedback

Table 7.5.2.4.a. Overall Feedback Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PH-TIPP	PHIFP	PE	ELI	PHAP
11. Please comment on anything else you would like the EIS program to know about your experience supervising an EIS officer.	Open Text Response	Yes	No	No	No	No	No	No	No	No	No

7.5.3 Position Description Survey

7.5.3.1 Introduction

CDC Epidemiology Elective Program Opportunity

CDC Epidemiology Elective students are fourth-year medical and veterinary school students who participate in a 6-8 week rotation at CDC to gain applied experience in preventive medicine, public health, and the principles of applied epidemiology.

Table 7.5.3.1.a Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
2. Are you interested in hosting a CDC Epidemiology Elective student next year? **If you select "yes" or "need more information" then the EIS Program will send you more information about the CDC Epidemiology Elective Program and provide further guidance.**	1. Yes 2. No	Yes	No	No	No	No	No	No	No	No
3. Are you interested in hosting a medical or veterinary student (Select all that apply):	1. Medical Student 2. Veterinary Student 3. Not Interested	Yes	No	No	No	No	No	No	No	No
4. Would you be interested in hosting a student for 6 or 8 weeks (Select all that apply):	1. 6 weeks 2. 8 weeks	Yes	No	No	No	No	No	No	No	No

7.5.3.2 EIS Officer Professional Category Needs Assessment

As a program, we want to know about the knowledge and skills that positions prefer officers to have prior to the start of the EIS fellowship. These data will help us think about the knowledge and skills necessary among applicants during the recruitment and selection of future EIS classes.

Note that your preferences will not be shared with incoming officers and will not reduce the number of officers approaching your position in any way. Please also consider that eIS is a training program and that no officer should be required to have all skills at the start of the EIS fellowship. Please answer on behalf of the position that you have submitted, and not about EIS training in general.

Table 7.5.3.2.a EIS Officer Professional Category Needs Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
For your position, how suitable are the following professional categories?										
Physician:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
9. If a Physician is "highly suitable" or "suitable" for your position, please indicate which of the following areas of study are preferred. (Check all that apply)	1. Infectious disease 2. Pediatric infectious disease 3. Internal medicine 4. Emergency medicine 5. Family medicine 6. Obstetrics and gynecology 7. Pediatrics 8. Surgery 9. Other	Yes	No	No	No	No	No	No	No	No
Please List:	Open Text Response	Yes	No	No	No	No	No	No	No	No
Doctoral Scientist:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
8. If a Doctoral Scientist is "highly suitable" or "suitable" for your position, please indicate which of the following areas of study are preferred. (Select all that apply)	1. Epidemiology, general 2. Infectious disease epidemiology 3. Chronic disease epidemiology 4. Global or international epidemiology 5. Environmental epidemiology	Yes	No	No	No	No	No	No	No	No

	6. Biostatistics 7. Behavioral sciences, general 8. Psychology 9. Social sciences (anthropology, sociology, etc.) 10. Social Work 11. Biology, general 12. Microbiology 13. Molecular biology 14. Nutrition 15. Veterinary Preventative Medicine 16. Public or Community Health 17. Health Management or policy 18. Heath Education 19. Other									
Please List:	Open Text Response	Yes	No	No	No	No	No	No	No	No

Figure 7.5.3.2.b EIS Officer Professional Category Needs Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Veterinarian:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
Nurse:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
Pharmacist:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
Dentist:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No
Other licensed healthcare professionals:	1. Highly Suitable 2. Suitable 3. No Preference 4. Not Suitable	Yes	No	No	No	No	No	No	No	No

6. In addition to the matrix above, what other professional background(s) are highly suitable or suitable for this position?	Open Text Response	Yes	No	No	No	No	No	No	No	No
7. Please provide your rationale for any professional categories as not suitable for your position:	Open Text Response	Yes	No	No	No	No	No	No	No	No
10. Is there anything else about the suitability of professional categories of officers you would like for us to know?	Open Text Response	Yes	No	No	No	No	No	No	No	No

7.5.3.3 EIS Officer Knowledge and Skills Needs Assessment

INSTRUCTIONAL TEXT:

Please indicate to what extent the following knowledge and skill areas are needed for your position, regardless of the professional background of the officer, AT THE START of your position.

Table 7.5.3.3.a EIS Officer Knowledge and Skills Needs Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Clinical skills, knowledge, and experience:	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
What type of clinical experience?	1. Human 2. Animal 3. No Preference	Yes	No	No	No	No	No	No	No	No
Medical chart review	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
Foreign language	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
If yes, what languages?	Open Text Response	Yes	No	No	No	No	No	No	No	No
Global field experience	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No

Table 7.5.3.3.b EIS Officer Knowledge and Skills Needs Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Experience working with international partners	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
Qualitative or anthropological methods	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
Large secondary data management	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
Advanced epidemiologic or behavioral science analytical methods	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No
Scientific writing	1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS 2. Yes, nice to have for my position 3. No preference 4. No, my position does not require this skill from an officer at the start of EIS	Yes	No	No	No	No	No	No	No	No

Figure 7.5.3.3.c EIS Officer Knowledge and Skills Needs Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
12. In addition to the matrix above, what other knowledge, skill, or experience areas would greatly benefit your position at the start of EIS?	Open Text Response	Yes	No	No	No	No	No	No	No	No
13. Is there anything else about the knowledge, skill, or experience areas for your position you would like for us to know?	Open Text Response	Yes	No	No	No	No	No	No	No	No

8. Assessments & Evaluations

8.1 EEP

8.1.1 Supervisor Evaluation of Student Survey

8.1.1.1 General Information

Introduction

Thank you for hosting a CDC Epidemiology Elective Program (EEP) student! This exit survey should take less than 5 minutes to complete. Please e-mail any questions regarding this survey to epielective@cdc.gov.

8.1.1.2 Main Project

Table 8.1.1.2.a. Main Project Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
INSTRUCTIONAL TEXT: **Please indicate your level of agreement with the following statements regarding the student's performance and contributions to the project you assigned to them during the EEP rotation.**										
The student had knowledge of the public health sciences prior to his/her EEP rotation that contributed to the project.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
The student had skills in public health sciences prior to his/her EPP rotation that contributed to the project.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
We were able to teach the student new knowledge of public health sciences.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
We were able to teach the student new skills in public health sciences.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
The student contributed to the overall goals of the project.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

8.1.1.3 Student Professional Skills

INSTRUCTIONAL TEXT:

Please indicate your level of agreement with the following statements regarding the student's performance and skillset

During the Epidemiology Elective Program rotation, the student…

Table 8.1.1.3.a. Student Professional Skills Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Demonstrated the ability to set goals and objectives.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Accomplished necessary tasks and completed assigned work.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Organized and used time efficiently.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Was able to quickly adapt to changing needs and priorities to support the team.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Developed working relationships with a variety of people.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

Table 8.1.1.3.b. Student Professional Skills Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Contributed positively to the team dynamic.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Demonstrated effective oral communication skills.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Demonstrated effective written communication skills.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Was effective at solving problems.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Presented innovative ideas in a professional manner.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

Table 8.1.1.3.c. Student Professional Skills Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Was able to evaluate personal effort and the work of others.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Was able to take and respond to constructive criticism.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Displayed qualities of a future leader.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No
Overall demonstrated skills need to enter the public health profession.	1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	No	No	No	Yes	No	No	No	No	No

8.1.1.4 Future Considerations

Table 8.1.1.4.a. Future Consideration Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Were the rotation dates set at a convenient time of year for you to host a student and provide a project?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
If No, when would you suggest and why?	Open Text Response	No	No	No	Yes	No	No	No	No	No
Are you interested in hosting an EEP student next year?	1. Yes 2. No	No	No	No	Yes	No	No	No	No	No
If No, why?	Open Text Response	No	No	No	Yes	No	No	No	No	No
Please provide any comments regarding your experience with EEP.	Open Text Response	No	No	No	Yes	No	No	No	No	No

8.1.2 Project Review

Table 8.1.2.a. Project Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP
What competencies has the student listed for this project?	1. Systems Thinking 2. Public Health Sciences 3. Analytic Assessment 4. Community Dimensions of Practice 5. Intercultural Sensitivity 6. Communication	No	No	Yes	No	No	No	No	No
I concur that the competency requirements for this project:	1. Have been met for this Project 2. Have NOT been met for this Project 3. Project is still In Progress 4. Need Further Information	No	No	Yes	No	No	No	No	No
Missing requirements:	Open Text Response	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Additional information needed:	Open Text Response	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
General comments or feedback:	Open Text Response	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
I concur that the overall status of this project is:	1. Project in Progress 2. Completed and meets all the Competencies listed above	No	No	Yes	No	No	No	No	No

8.2 LLS

8.2.1 Fellow Assessment

INSTRUCTIONAL TEXT:

Please respond to the following statements about your fellow:

Table 8.2.1.a. Fellow Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Fellow will meet the Core Activities of Learning (CALs) during this LLS assignment	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	No	Yes	No	No	No	No	No	No	No
If you disagree with any statement listed above, please provide comments for why you disagree:	Open Text Response	No	Yes	No	No	No	No	No	No	No
What concerns do you have or challenges do you anticipate in the next 6 months?	Open Text Response	No	Yes	No	No	No	No	No	No	No
What changes or additions to support would you like to see from the LLS Program? Why?	Open Text Response	No	Yes	No	No	No	No	No	No	No

8.2.2 6-Month CAL Assessment

8.2.2.1 Section I.

As the supervisor of an LLS Fellow, you are in a key role for providing guidance to your fellow for achieving the assigned LLS Core Activities of Learning (CALs) and updates to the LLS program every six months on the fellow's progress.

The purpose of this form is to assess the LLS CALs through observation and discussion with your fellow.

This is an internal LLS Program document and will not be shared with others outside the Program. The Program will only use the information collected to ensure all LLS fellows are progressing in their assignments and to determine if there is a need for CAL revisions.

Section I.

The following list contains the CALs for the Class of _____ LLS fellows

1. Conduct applied laboratory research to address a public health or safety-related issue
2. Conduct a safety risk assessment to evaluate the probability and potential consequences of exposure to a given hazard.
3. Evaluate a quality management system
4. Incorporate bioinformatics principle into applied public health laboratory science
5. Give a 5-10 minute oral presentation to a scientific audience
6. Give an in depth public health talk on the fellow's original LLS work or field of study
7. Write and submit, as first author, a scientific manuscript for a peer-reviewed journal
8. Participate in laboratory operations management
9. Communicate complex scientific concepts to an external lay audience
10. Provide service to the agency (laboratory or CDC-wide)

For each of the CLAs list the associated activities as evidence, comment on strengths and areas for growth, and document the fellow's progress.

An example of a strength: LLS fellow is able to perform a detailed risk assessment with minimal lab data.

An example of an area for growth: When LLS Fellow receives conflicting guidance from primary and secondary supervisor or project supervisor, the LLS Fellow should identify the conflict and share the information appropriately.

Table 8.2.2.1.a. CAL 1 Fields

1. Conduct applied laboratory research to address a public health or safety-related issue

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 8.2.2.1.b. CAL 2 Fields

2. Conduct a safety risk assessment to evaluate the probability and potential consequences of exposure to a given hazard

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	Open Text Response	No	Yes	No	No	No	No	No	No	No

Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 8.2.2.1.c. CAL 3 Fields

3. Evaluate a quality management system

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 8.2.2.1.d. CAL 4 Fields

4. Incorporate bioinformatics principle into applied public health laboratory science

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	Open Text Response	No	Yes	No	No	No	No	No	No	No

Status: What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.	1. Not Started 2. In Progress 3. Completed	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 8.2.2.1.e. CAL 5 Fields

5. Give a 5-10 minute oral presentation to a scientific audience

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Presentation Title:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Event or Conference (e.g., EIS Conference):	Open Text Response	No	Yes	No	No	No	No	No	No	No
Approximate Number of Attendees:	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 8.2.2.1.f. CAL 6 Fields

6. Give an in depth public health talk on the fellow's original LLS work or field of study

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Presentation Title:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Event or Conference (e.g., EIS conference):	Open Text Response	No	Yes	No	No	No	No	No	No	No
Approximate Number of Attendees	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 8.2.2.1.g. CAL 7 Fields

7. Write, as first author, a scientific manuscript for a peer-reviewed journal.

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	Open Text Response	No	Yes	No	No	No	No	No	No	No

Status: What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Clearance Submission: When was the manuscript submitted to clearance?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Manuscript Title:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Name of Journal:	Open Text Response	No	Yes	No	No	No	No	No	No	No

Figure 8.2.2.1.h. CAL 8 Fields

8. Participate in laboratory operations management

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.	1. Not Started 2. In Progress 3. Completed	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 8.2.2.1.i. CAL 9 Fields

9. Communicate complex scientific concepts to an external lay audience

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 8.2.2.1.j. CAL 10 Fields

10. Provide service to the agency (laboratory or CDC-wide)

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities associated with this CAL.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Topic: What is the public health or safety issue?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.	1. Not Started 2. In Progress 3. Completed	No	Yes	No	No	No	No	No	No	No
If Status is "Not Started " state why:	Open Text Response	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this CAL?	Open Text Response	No	Yes	No	No	No	No	No	No	No

8.2.2.2 Section II.

Please list any additional projects and/or other activities of note that the fellow has completed or is involved with at this time.

Table 8.2.2.2.a. Project 1 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities of this project.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this project?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this project?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this project?	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 8.2.2.2.b. Project 2 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities of this project.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this project?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this project?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this project?	Open Text Response	No	Yes	No	No	No	No	No	No	No

Table 8.2.2.2.c. Project 3 Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Activities: Describe the activities of this project.	Open Text Response	No	Yes	No	No	No	No	No	No	No
Status: What is the status of this project?	1. 0% 2. 25% 3. 50% 4. 75% 5. 100%	No	Yes	No	No	No	No	No	No	No
Strength(s): What are some of the fellow's strengths in achieving the competencies associated with this project?	Open Text Response	No	Yes	No	No	No	No	No	No	No
Area(s) for Growth: What are some areas for growth in achieving the competencies associated with this project?	Open Text Response	No	Yes	No	No	No	No	No	No	No

8.2.3 Activity Review

Table 8.2.3.a. Activity Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP
What CALs has the Fellow listed for this activity?	1. Applied Laboratory Research 2. Safety Risk Assessment 3. Quality Management System Evaluation 4. Long Presentation 5. Short Presentation 6. Peer-reviewed Manuscript 7. Bioinformatics 8. Laboratory Operations Management 9. Lay Audience 10. Service to Agency	No	Yes	No	No	No	No	No	No
I concur that the CAL requirements for this Activity:	1. Have been met for this Activity 2. Have NOT been met for this Activity 3. Activity is still In Progress 4. Need Further Information	No	Yes	No	No	No	No	No	No
Missing Requirements:	Open Text Response	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Additional Information Needed:	Open Text Response	Yes	Yes	No	No	Yes	Yes	Yes	Yes
General Comments or Feedback:	Open Text Response	Yes	Yes	No	No	Yes	Yes	Yes	Yes
I concur that the overall status of this Activity is:	1. Activity in Progress 2. Completed and meets all the CALs listed above	No	Yes	No	No	No	No	No	No

8.3PE

8.3.1 Supervisor Evaluation of PE Fellow – End of Year 1 and Year 2

8.3.1.1 Introduction

A critical element of the CDC Steven M. Teutsch Prevention Effectiveness Fellowship's professional development is a PE Fellow's successful performance in both the didactic and experiential areas of training. This performance evaluation is a competenecy-based assessment of the PE Fellow's performance. Please complete this evaluation based on the PE Fellow's performance and professionalism observed during their two year PE Fellowship.

Please complete this evaluation by June xx, 20xx

Table 8.3.1.1.a. Introduction Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Supervisor:	Open Text Response	No	No	No	No	No	No	Yes	No	No
Assignment CIO:	Open Text Response	No	No	No	No	No	No	Yes	No	No

8.3.1.2 Development of Competencies

INSTRUCTIONAL TEXT:

Indicate your assessment of the PE Fellow's general proficicnecy in each competency domain on a scale of 1 to 5 with 5 being the highest.

Related to the competency domain, briefly comment on:

- Particular strengths of the PE Fellow
- Areas in need of special attention and/or areas of growth during PE Fellowship

According to each competency domain, the PE Fellow will be able to:

Analytic/Assessment Skills

- Explain prevention effectiveness research (eg., economic analysis, health services research, policy analysis, operations research) methods.
- Conduct prevention effectiveness research of, or to inform, public health programs, policies, or problems.
- Explain epidemiology methods, studies, and investigations

Table 8.3.1.2.a. Analytic / Assessment Skills Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Proficiency:	1. 1 - Basic Proficiency 2. 2 - 3. 3 - 4. 4 - 5. 5 - Advanced Proficiency	No	No	No	No	No	No	Yes	No	No
Strengths of the PE Fellow:	Open Text Response	No	No	No	No	No	No	Yes	No	No
Areas in need of special attention and/or areas of growth during PE Fellowship:	Open Text Response	No	No	No	No	No	No	Yes	No	No

Policy Assessment and Communication

9. Describe the health policy assessment and development process
10. Articulate public health policy recommendations

11. **Figure 8.3.1.2.b. Policy Assessment and Communication Fields**

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Proficiency:	1. 1 - Basic Proficiency 2. 2 - 3. 3 - 4. 4 - 5. 5 - Advanced Proficiency	No	No	No	No	No	No	Yes	No	No
Strengths of the PE Fellow:	Open Text Response	No	No	No	No	No	No	Yes	No	No
Areas in need of special attention and/or areas of growth during PE Fellowship:	Open Text Response	No	No	No	No	No	No	Yes	No	No

Interpersonal and Professional Communication

- Communicate public health information with individuals and organizations

- **Table 8.3.1.2.c. Interpersonal and Professional Communication Fields**

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Proficiency:	1. 1 - Basic Proficiency 2. 2 - 3. 3 - 4. 4 - 5. 5 - Advanced Proficiency	No	No	No	No	No	No	Yes	No	No
Strengths of the PE Fellow:	Open Text Response	No	No	No	No	No	No	Yes	No	No
Areas in need of special attention and/or areas of growth during PE	Open Text Response	No	No	No	No	No	No	Yes	No	No

Fellowship:										

Foundations for Leadership

- Demonstrate self-awareness and self-management strategies to accomplish job duties
- Collaborate with others to accomplish job duties
- Demonstrate effective action and organizational strategies to accomplish job duties

Table 8.3.1.2.d. Foundations for Leadership Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Proficiency:	1. 1 - Basic Proficiency 2. 2 - 3. 3 - 4. 4 - 5. 5 - Advanced Proficiency	No	No	No	No	No	No	Yes	No	No
Strengths of the PE Fellow:	Open Text Response	No	No	No	No	No	No	Yes	No	No
Areas in need of special attention and/or areas of growth during PE Fellowship:	Open Text Response	No	No	No	No	No	No	Yes	No	No

8.3.1.3 Leadership Inventory

INSTRUCTIONAL TEXT:

Please review the statements below and assess your PE Fellow's capabilities

Table 8.3.1.3.a. Leadership Inventory Fields

Self-Awareness and Leadership Presence

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Displaying confidence, commitment, and passion in day-to-day actions:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Prioritizing activities and managing timelines and deadlines:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Making significant changes in my behavior when necessary:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No

Table 8.3.1.3.b. Leadership Inventory Fields

Collaboration, Relationship Management, and Influencing

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Listening and communicating clearly and effectively:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Managing conflict and differences of opinion between myself and others or among others:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Working effectively as a team member:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Navigating Organizational Culture and Change										
Displaying flexibility in adapting to changing or ambiguous situations or overcoming obstacles:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Managing the administrative and bureaucratic tensions of the workplace:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No

Keeping issues and challenges in context while maintaining a balanced viewpoint:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No

8.3.1.4 Progress on Performance Requirements

INSTRUCTIONAL TEXT:

Please comment on your PE Fellow's accomplishments of the following performance requirements.

Table 8.3.1.4.a. Progress on Performance Requirements Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
A. Develop two scientific papers suitable for publication:	Open Text Response	No	No	No	No	No	No	Yes	No	No
B. Deliver two scientific presentations:	Open Text Response	No	No	No	No	No	No	Yes	No	No
C. Deliver two methods-based educational sessions:	Open Text Response	No	No	No	No	No	No	Yes	No	No
D. Develop one policy brief based on a policy issue relevant to the host CIO:	Open Text Response	No	No	No	No	No	No	Yes	No	No

8.3.1.5 Overall Performance

INSTRUCTIONAL TEXT:

Using a scale of 1-5 indicate your assessment of the PE Fellow's overall performance in terms of the competencies listed above AND the PE Fellow's completion of the PE Fellowship Performance Requirements. Written comments are strongly encouraged:

Table 8.3.1.5.a. Overall Performance Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Overall Proficiency:	1. Very Weak 2. Weak 3. Average 4. Strong 5. Very Strong	No	No	No	No	No	No	Yes	No	No
Overall Comments (What are your PE Fellow's strengths? How has the PE Fellow improved?):	Open Text Response	No	No	No	No	No	No	Yes	No	No

8.3.6.1 Statement of Value

Please provide a comment on how valuable you believe the work of your PE Fellow was to your program of research and practice:

Table 8.3.1.6.a. Statement of Value Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Please provide a comment on how valuable you believe the work of your PE Fellow was to your program of research and practice:	Open Text Response	No	No	No	No	No	No	Yes	No	No

8.3.2 Accomplishment Review

Table 8.3.2.a. Accomplishment Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP
What Competencies has the Fellow listed for this Accomplishment? **(for every competency selected, the reviewer will answer the below question)**	1. Analytic / Assessment Skills 2. Policy Assessment and Communication 3. Interpersonal and Professional Communication 4. Foundations for Leadership	No	No	No	No	No	Yes	No	No
I concur that the Competency requirements for this Accomplishment:	1. Have been met for this Accomplishment 2. Have NOT been met for this Accomplishment 3. Accomplishment is still In Progress 4. Need Further Information	No	No	No	No	No	Yes	No	No
Missing Requirements:	Open Text Response	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Additional Information Needed:	Open Text Response	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
General Comments or Feedback:	Open Text Response	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
I concur that the overall status of this Accomplishment is:	1. Accomplishment in Progress 2. Completed and meets all the Competencies listed above	No	No	No	No	No	Yes	No	No

8.4 PHAP

8.4.1 Semi-Annual Activity Reporting (SAAR)

8.4.1.1 Section 1: Associate Activity

Purpose:

The purpose of the Semi-Annual activity report is to track and monitor the progress of the competency-related activities, competency trainings, and learning outcomes of the Associates. Host site supervisors will provide updates every six months about experiences and trainings provided to the associates. CDC PHAP Supervisors will review progress of activities and provide feedback to the Host Site Supervisor

Instructions:

Host Site supervisors are to update the SAAR in eFMS and submit a progress report every six months, on April 15th October 15th

Section 1: Associate Activity

Table 8.4.1.1.a. Section 1: Associate Activity Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Associate Activity:	Open Text Response	No	No	No	No	No	No	No	No	Yes
Activity Status:	1. Not Started 2. In Progress 3. Completed 4. Eliminated 5. Other	No	No	No	No	No	No	No	No	Yes
Specify:	Open Text Response	No	No	No	No	No	No	No	No	Yes
Activity Subject Area:	See Appendix p. 154	No	No	No	No	No	No	No	No	Yes
Description of Progress Made:	Open Text Response	No	No	No	No	No	No	No	No	Yes
Description of Completed Activity:	Open Text Response	No	No	No	No	No	No	No	No	Yes
Description of Activity Delays:	Open Text Response	No	No	No	No	No	No	No	No	Yes
Description of Reason Eliminated:	Open Text Response	No	No	No	No	No	No	No	No	Yes

8.4.1.2 Section 2: Competency Training

Table 8.4.1.2.a. Section 2: Competency Training Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Select Competency:	Open Text Response	No	No	No	No	No	No	No	No	Yes
Competency Training Status:	1. Not Started 2. In Progress 3. Completed	No	No	No	No	No	No	No	No	Yes
Description of Progress Made:	Open Text Response	No	No	No	No	No	No	No	No	Yes
Description of Delays / Challenges:	Open Text Response	No	No	No	No	No	No	No	No	Yes
Description of Completed Competency Training:	Open Text Response	No	No	No	No	No	No	No	No	Yes

8.4.1.3 Section 3: Learning Outcome

Table 8.4.1.3.a. Section 3: Learning Outcome Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Select Learning Outcome:	1. Conduct data collection activities 2. Deliver an oral presentation 3. Develop a health communication or educational product 4. Plan and lead a meeting 5. Identify a need and propose a solution 6. Produce a written report 7. Write and submit an abstract	No	No	No	No	No	No	No	No	Yes
Learning Outcome Completion Date:	Open Text Response	No	No	No	No	No	No	No	No	Yes

8.4.1.4 Section 4: Priority Training Needs

Provide the top three trainings recommended for the Associate

Table 8.4.1.4.a. Section 3: Learning Outcome Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Top Three Recommended Trainings:	Open Text Response	No	No	No	No	No	No	No	No	Yes

Table 8.4.2.a. Project Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP
What Competencies has the Associate listed for this Project?	1. 1.1 Monitors health risks and factors affecting the community 2. 1.2 Uses data that are valid and reliable for assessing the health of a community 3. 1.3 Synthesizes public health information to accurately assess problems 4. 1.4 Applies ethical principles in using (e.g., accessing, analyzing, using, maintaining, and disseminating) public health data and information 5. 1.5 Uses information technology in accessing, collecting, analyzing, using maintaining, and disseminating data and information 6. 1.6 Defends decisions using logic as well as qualitative and quantitative data 7. 2.1 Applies knowledge of various approaches to improving population-based health 8. 2.2 Describes the basic public health sciences (i.e., laboratory, epidemiology, surveillance, and informatics) 9. 2.3 Describes how public health sciences are used in the delivery of the 10 Essential Public Health services 10. 2.4 Incorporates public health informatics practices and procedures 11. 2.5 Defines the roles, responsibilities and contributions of various organizations and agencies to specific federal, state, tribal, local, and territorial public health programs 12. 2.6 Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels 13. 3.1 Identifies information required in the program planning process 14. 3.2 Gathers information for evaluating policies, programs, and services 15. 3.3 Contributes to the implementation of an organizational strategic plan 16. 3.4 Contributes to state/tribal/community health improvement planning 17. 4.1 Describes the public health laws and regulations governing public health programs 18. 4.2 Adheres to laws, regulations, policies, and procedures for ethical public health practice 19. 4.3 Analyzes public health legislation, policy, and regulation issuances that impact public health 20. 5.1 Treats others courteously and respectfully 21. 5.2 Exercises initiative, persistence, tact, and resourcefulness in establishing and continuing work relationships 22. 5.3 Elicits and applies feedback to build professional skills and competencies 23. 5.4 Makes decisions that are focused on desired results 24. 5.5 Uses the chain of command to address risks, issues, or concerns 25. 6.1 Communicates in writing and orally with linguistic and cultural proficiency to target audience 26. 6.2 Communicates information that is clear, timely, accurate and uses plain language 27. 6.3 Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases) 28. 6.4 Applies communication and group dynamic strategies in interactions with individuals and groups 29. 6.5 Demonstrates active listening skills 30. 7.1 Incorporates strategies for interacting with people from diverse backgrounds 31. 7.2 Recognizes the ways in which diversity influences policies, program, and the overall health of a community 32. 7.3 Recognizes the benefit of using a diverse workforce to better serve target populations 33. 7.4 Uses cultural and social aspects to increase an intervention's effectiveness 34. 7.5 Develops and maintains relationships with diverse partners to improve population-based health 35. 8.1 Establishes relationships to improve health in a community (e.g., partnerships, academic, colleagues, customers, others) 36. 8.2 Collaborates with community partners to improve health in a community 37. 8.3 Serves as a public health ambassador 38. 8.4 Identifies policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program) 39. 9.1 Describes public health funding mechanisms 40. 9.2 Provides assistance on grants, cooperative agreements, contracts, and other awards 41. 9.3 Describes components of a budget 42. 9.4 Tracks program spending to current and forecasted budget constraints	No	No	No	No	No	No	No	Yes

Table 8.4.2.b. Project Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP
I concur that the Competency requirements for this Project:	1. Have been met for this Project 2. Have NOT been met for this Project 3. Project is still In Progress 4. Need Further Information	No	No	No	No	No	No	No	Yes
Missing Requirements:	Open Text Response	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Additional Information Needed:	Open Text Response	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
General Comments or Feedback:	Open Text Response	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
I concur that the overall status of this Project is:	1. Project in Progress 2. Completed and meets all the Competencies listed above	No	No	No	No	No	No	No	Yes

8.5 ELI

8.5.1 Mentor Feedback Survey

8.5.1.1 Introduction

Introduction

Thank you for participating as a mentor in the CDC E-learning Institute Fellowship. We value your feedback to help us improve future cohors. This anonymous survey should take an average of 5 minutes to complete. Please respond to this survey only once.

If you exit the survey before submitting it, you will not be able to return to edit your responses.

We look forward to your feedback. Thank you!

CDC E-learning Institute Fellowship

Table 8.5.1.2.a. Instructional Design Competencies and Program Design Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Instructional Design (process and application)	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Data collection and analysis	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Needs assessment	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Design of instructional interventions	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No

Design learning assessment	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Formative evaluation	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Summative evaluation	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No
Project management	1. Poor 2. Fair 3. Good 4. Excellent	No	No	No	No	No	No	No	Yes	No

Table 8.5.1.2.b. Instructional Design Competencies and Program Design Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
2. What is your opinion of the balance of written material, webinars, and interactivity in this fellowship?	1. Too much written materials and webinars, and not enough interactive learning 2. Right amount of written materials, webinars, and interactive learning 3. Too much interactive learning and not enough written materials and webinars	No	No	No	No	No	No	No	Yes	No
3. Rate your level of agreement with the following statement about the design of the fellowship. **Content provided in the fellowship reflect current best practices in e-learning and development.**	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable / Don't know	No	No	No	No	No	No	No	Yes	No
4. How could the design of this fellowship be improved to make it a more effective learning experience?	Open Text Response	No	No	No	No	No	No	No	Yes	No

8.5.1.3 Your Mentoring Experience

Rate your level of agreement with the following statements about your mentoring experience.

Table 8.5.1.3.a. Your Mentoring Experience Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
My fellow and I were properly matched.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
My fellow developed the necessary skills to successfully complete the fellowship.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
I felt adequately supported by the program administrator.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
Mentor orientation sufficiently prepared me to participate in the fellowship.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
The time commitment required for mentoring matched my expectations.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No

Table 8.5.1.3.b. Your Mentoring Experience Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Other mentors were available to assist me when I needed help.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
I would recommend becoming an ELI mentor to others.	1. Strongly Disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Not Applicable	No	No	No	No	No	No	No	Yes	No
6. How many individuals (peers and fellows) have you developed and plan to maintain a professional relationship with beyond the fellowship? For what purposes?	Open Text Response	No	No	No	No	No	No	No	Yes	No
7. How could the mentoring experience be improved to make it more effective?	Open Text Response	No	No	No	No	No	No	No	Yes	No
8. Is there anything else you want to tell us?	Open Text Response	No	No	No	No	No	No	No	Yes	No

8.6 EIS

8.6.1 EIS Progress Assessment

The EIS Progress Assessment is an opportunity for supervisors to provide meaningful feedback to their EIS officer. Feedback should be frank and objective.

Table 8.6.1.a. EIS Progress Assessment Fields

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Primary Supervisor Name:	See Appendix p. 154	Yes	No	No	No	No	No	No	No	No
EIS Officer Name:	See Appendix p. 154	Yes	No	No	No	No	No	No	No	No
Assessment Period:	1. 6 Month 2. 12 Month 3. 18 Month 4. 24 Month	Yes	No	No	No	No	No	No	No	No
Host Site:	Open Text Response	Yes	No	No	No	No	No	No	No	No
Applied Epidemiology Skills (Oral and Written Communication, Data Analysis, Surveillance, and Field Investigations): What are the officer's strengths?	Open Text Response	Yes	No	No	No	No	No	No	No	No
Applied Epidemiology Skills (Oral and Written Communication, Data Analysis, Surveillance, and Field Investigations): What are the officer's areas for improvement?	Open Text Response	Yes	No	No	No	No	No	No	No	No
Applied Epidemiology Skills (Oral and Written Communication, Data Analysis, Surveillance, and Field Investigations): What are your recommendations for addressing the areas for improvement?	Open Text Response	Yes	No	No	No	No	No	No	No	No
Professionalism Skills (Communication, Decision-making, Leadership, Teamwork): What are the officer's strengths?	Open Text Response	Yes	No	No	No	No	No	No	No	No
Professionalism Skills (Communication, Decision-making, Leadership, Teamwork): What are the officer's areas for improvement?	Open Text Response	Yes	No	No	No	No	No	No	No	No

Field Name	Values	EIS	LLS	FLIGHT	EEP	SAF	PHIFP	PE	ELI	PHAP
Professionalism Skills (Communication, Decision-making, Leadership, Teamwork): What are your recommendations for addressing the areas for improvement?	Open Text Response	Yes	No	No	No	No	No	No	No	No
Comments and Suggestions:	Open Text Response	Yes	No	No	No	No	No	No	No	No
Signature:	1. Checking this box indicates my signature on this form.	Yes	No	No	No	No	No	No	No	No
Today's Date:		Yes	No	No	No	No	No	No	No	No

8.6.2 Activity Review

Table 8.6.2.a. Activity Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI
What CALs has the Officer listed for this activity?	1. Field Investigation 2. Epi Analysis 3. Short Presentation 4. Long Presentation 5. Service to the Agency 6. Abstract 7. Manuscript 8. Lay Audience Presentation 9. Public Health Update 10. Surveillance Evaluation	Yes	No	No	No	No	No	No
I concur that the CAL requirements for this Activity:	1. Have been met for this Activity 2. Have NOT been met for this Activity 3. Activity is still In Progress 4. Need Further Information	Yes	No	No	No	No	No	No
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 deliverables/products.	o 1=very poor o 2=poor o 3=fair o 4=good o 5=excellent	Yes	No	No	No	No	No	No
Missing Requirements:	Open Text Response	Yes	Yes	No	No	Yes	Yes	Yes
Additional Information Needed:	Open Text Response	Yes	Yes	No	No	Yes	Yes	Yes
General Comments or Feedback:	Open Text Response	Yes	Yes	No	No	Yes	Yes	Yes
I concur that the overall status of this Activity is:	1. Activity in Progress 2. Completed and meets all the CALs listed above	Yes	No	No	No	No	No	No

8.7 PHIFP

8.7.1 Project Review

Table 8.7.1.a. Project Review Fields

Field Name	Values	EIS	LLS	EEP	SAF	PHIFP	PE	ELI	PHAP
What Competencies has the Fellow listed for this project?	1. 1.1 Formulate a public health informatics problem to enable design of effective solutions 2. 1.2 Assess data, information, knowledge needs and resources to support decision making and problem solving 3. 1.3 Apply the scientific method to PHI problem solving 4. 2.1 Implement a communication plan to engage stakeholders 5. 2.2 Synthesize information for dissemination to technical and non-technical audiences 6. 2.3 Apply team management strategies, such as conflict resolution, active listening, and negotiation skills, with individuals and groups 7. 2.4 Develop strategies for interacting with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds 8. 3.1 Apply software engineering models and methods to software development life cycle 9. 3.2 Recommend solutions that assure confidentiality, security, and integrity while maximizing availability of information public health 10. 3.3 Formulate models for acquisition, representation, processing, display, or transmission of public health information 11. 3.4 Apply information standards in developing public health information systems projects and interoperable public health information systems 12. 4.1 Develops a vision for system change 13. 4.2 Demonstrates self-awareness and one's impact on others 14. 4.3 Plan with community partners to solve an informatics problem	No	No	No	No	Yes	No	No	No
I concur that the Competency requirements for this Project:	1. Have been met for this Project 2. Have NOT been met for this Project 3. Activity is still In Progress 4. Need Further Information	No	No	No	No	Yes	No	No	No
Missing Requirements:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Additional Information Needed:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
General Comments or Feedback:	Open Text Response	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
I concur that the overall status of this Project is:	1. Project in Progress 2. Completed and meets all the Competencies listed above	No	No	No	No	Yes	No	No	No

9. Appendix

I. Field Value Tables

Appendix of Field Value Tables

Field Name	Application Locations	Values 1	Values 2	Values 3	Values 4
Approved Country List	6.2 Citizenship Status	United States Anguilla Antigua Australia Bahamas Barbados Barbuda Belize Bermuda British Virgin Islands Canada Dominica Grand Cayman Islands	Grenada Guyana Irish Republic Jamaica Montserrat New Zealand Saint Kitts and Nevis St. Lucia St. Vincent & the Grenadine Tabago Trinidad Turks and Caicos Islands United Kingdom		

II. Lookup Tables

Appendix of Lookup Tables

Lookup Table Name	Application Locations	Values 1	Values 2	Values 3	Values 4	Values 5
Fellowship Lookup	3. eFMS System Help Desk Ticket	CDC E-learning Institute Fellowship Program (ELI) CDC Steven M. Teutsch Prevention Effectiveness (PE) Fellowship Epidemic Intelligence Service (EIS) Epidemiology Elective Program (EEP) Future Leaders in Infections and Global Health Threats (FLIGHT) Laboratory Leadership Service (LLS) Population Health Training in Place Program (PH-TIPP) Population Health Workforce Initiative (PHWI) Preventive Medicine Residency and Fellowship (PMR/F) Public Health Associate Program (PHAP) Public Health Informatics Fellowship Program (PHIFP) Science Ambassador Fellowship (SAF)				
State/Territory Lookup	6.2.1 Conference Presentation	Alabama Alaska	Nevada New Hampshire	American Samoa		

	6.4.3 Success Story 7.1.2 Student Exit Survey	Arizona Arkansas California Colorado Connecticut Delaware Washington, DC Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana	New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming Puerto Rico Pacific Islands U.S. Virgin Islands Guam			

		Nebraska	Northern Mariana Islands American Samoa			
Center/Division/Branch Lookup	7.1.2 Student Exit Survey	NIOSH / Office of the Director / Administrative Svcs Branch (Cincinnati) NIOSH / Office of the Director / Administrative Svcs Branch (Morgantown) NIOSH / Office of the Director / Administrative Svcs Branch (Spokane) NIOSH / Office of the Director / Administrative Svrcs Branch (Pittsburgh) NCHS / Office of Analysis & Epidemiology / Aging & Chronic Disease Statistics Branch NIOSH / Health Effects Laboratory Division / Allergy & Clinical Immunology Branch NCHS / Division of Health Care Statistics / Ambulatory and Hospital Care Statistics Branch NIOSH / Division of Safety Research / Analysis & Field Branch NCHS / Division of Health & Nutrition Examination Surveys / Analysis Branch NCHS / Office of Analysis & Epidemiology / Analytic Studies Branch NCEZID / Division of Scientific Resources / Animal Resources Branch NCCDPHP / Division for Heart Disease and Stroke Prevention / Applied Research and Evaluation	NCHS / Division of Health Interview Statistics / Data Analysis & Quality Assurance Branch CSELS / Division of Scientific Education and Professional Development / Education and Training Se... NCHHSTP / Division of Tuberculosis Elimination / Data Management and Statistics Branch NIOSH / Pittsburgh Mining Research Division / Electrical & Mechanical Systems Safety Branch NCHS / Division of Health Interview Statistics / Data Production & Systems Branch CPR / Division of Emergency Operations / Emergency and Risk Communications Branch NCEZID / Division of Vector-Borne Diseases / Dengue Branch NCEH / Division of Environmental Health Science and Practice / Emergency Management, Radiation, a... NCBDDD / Division of Congenital and Developmental Disorders / Developmental Disabilities Branch NCEZID / Division of Preparedness and Emerging Infections / Emergency	NIOSH / Pittsburgh Mining Research Division / Fires and Explosions Branch NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Food Safety Office NCEZID / Division of Global Migration and Quarantine / Geographic Medicine and Health Promotion B... NCHS / Office of Analysis & Epidemiology / Health Promotion Statistics Branch ATSDR / Division of Toxicology and Human Health Sciences / Geospatial Research, Analysis, and Ser... CGH / Division of Global Health Protection / Global Non-communicable Disease Branch NCCDPHP / Office on Smoking and Health / Global Tobacco Control Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Health Services Research and Eval... CGH / Division of Global HIV and TB / Global Tuberculosis Branch NCIPC / Division of Unintentional Injury Prevention / Health Systems and Trauma Systems Branch NIOSH / Pittsburgh Mining Research Division / Ground	Research and Evaluation Branch NCEH / Division of Laboratory Science / Inorganic and radiation analytical toxicology branch CSELS / Division of Laboratory Systems / Laboratory Training and Services Branch NCEH / Division of Environmental Health Science and Practice / Lead Poisoning Prevention and Envi... CSELS / Division of Public Health Information and Dissemination / Library Science Branch CPR / Division of Strategic National Stockpile / Logistics Branch CPR / Division of Emergency Operations / Logistics Support Branch NCHS / Division of Health Care Statistics / Long-Term Care Statistics Branch CGH / Division of Parasitic Diseases and Malaria / Malaria Branch CGH / Division of Global HIV and TB / Management and Operations Branch NIOSH / Office of the Director / Management Systems Branch CGH / Division of Global HIV and TB / Maternal and Child	CPR / Division of Select Agents and Toxins / Operations Branch NCEZID / Office of the Director / Office of the Director NCEH / Division of Laboratory Science / Organic analytical toxicology branch NCHS / Office of the Director / Office of the Director NIOSH / Division of Applied Research & Technology / Organizational Science & Human Factors Branch NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Outbreak Response and Pre... CGH / Division of Global Health Protection / Overseas Business Operations Branch CGH / Division of Global HIV and TB / Overseas Strategy and Management Branch CGH / Division of Parasitic Diseases and Malaria / Parasitic Diseases Branch CSELS / Division of Health Informatics and Surveillance Systems / Partnerships and Evaluation Branch NIOSH / Health Effects Laboratory Division / Pathology & Physiological Research Branch

		Branch NCCDPHP / Division of Population Health / Applied Research and Translation Branch CPR / Division of State and Local Readiness / Applied Science and Evaluation Branch NCCDPHP / Division of Reproductive Health / Applied Sciences Branch NCEZID / Division of Vector-Borne Diseases / Arboviral Diseases Branch NCEZID / Division of Preparedness and Emerging Infections / Arctic Investigations Program NCCDPHP / Division of Population Health / Arthritis, Epilepsy and Well-Being Branch NCIRD / Immunization Services Division / Assessment Branch NCEH / Division of Environmental Health Science and Practice / Asthma and Community Health Branch NCEZID / Division of Vector-Borne Diseases / Bacterial Diseases Branch NCEZID / Division of High Consequence Pathogens & Pathology / Bacterial Special Pathogens Branch NCHHSTP / Division of HIV/AIDS Prevention Surveillance & Epidemiology / Behavioral And Clinical S... NIOSH / Division of Applied Research & Technology / Biomonitoring & Health	Preparedness and Response B... NCBDDD / Division of Human Development and Disability / Disability and Health Branch CGH / Division of Global Health Protection / Emergency Response and Recovery Branch NIOSH / Division of Compensation Analysis & Support / Division of Compensation Analysis & Support NCEH / Division of Laboratory Science / Emergency response branch NCCDPHP / Division of Oral Health / Division of Oral Health ATSDR / Division of Toxicology and Human Health Sciences / Emergency Response Program NIOSH / Health Effects Laboratory Division / Engineering & Control Branch NIOSH / Division of Applied Research & Technology / Engineering & Physical Hazards Branch NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Enteric Diseases Epidemio... NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Enteric Diseases Laborato... CGH / Division of Parasitic Diseases and Malaria /	Control Branch NCEH / Division of Emergency and Environmental Health Services / Healthy Community Design Initiative NIOSH / Division of Surveillance, Hazard Evaluations & Field Studies / Hazard Evaluations & Techn... NCEH / Division of Emergency and Environmental Health Services / Healthy Homes and Lead Poisoning... NIOSH / Health Effects Laboratory Division / Health Communication Research Branch NCBDDD / Division of Blood Disorders / Hemostasis Laboratory Branch NCCDPHP / Office of the Director / Health Communication Science Office NCHHSTP / Office of the Director / Health Communication Science Office CGH / Division of Global HIV and TB / HIV Care and Treatment Branch NCBDDD / Office of the Director / Health Communication Science Office NCHHSTP / Division of HIV/AIDS Prevention Surveillance & Epidemiology / HIV Incidence and Case Su... NIOSH / Pittsburgh Mining Research Division / Health Communication, Surveillance,	Health Branch NCCDPHP / Division of Reproductive Health / Maternal and Infant Health Branch NCIRD / Division of Bacterial Branch / Meningitis and Vaccine Preventable Diseases Branch CGH / Division of Global HIV and TB / Monitoring, Evaluation, and Data Analysis Branch NIOSH / Office of the Director / Office of Extramural Coordination & Special Projects NCHS / Division of Vital Statistics / Mortality Statistics Branch NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Mycotic Diseases Branch NCEH / Office of the Director / Office of Financial, Administrative, and Information Services NCEH / Division of Laboratory Science / Newborn screening and molecular biology branch NCIRD / Office of the Director / Office of Health Communication Science NCCDPHP / Division of Nutrition, Physical Activity, & Obesity / Nutrition Branch NCHHSTP / Office of the Director / Office of Health Equity	NCCDPHP / Division of Nutrition, Physical Activity, & Obesity / Physical Activity and Health Branch CPR / Division of Strategic National Stockpile / Planning and Analysis Branch NCHS / Division of Health & Nutrition Examination Surveys / Planning Branch CPR / Division of Emergency Operations / Plans, Training, Exercise and Evaluation Branch NCIPC / Division of Violence Prevention / Prevention Practice and Translation Branch NCBDDD / Office of the Director / Policy, Planning, and Evaluation Team NCHHSTP / Division of HIV/AIDS Prevention-Intervention & Support / Prevention Program Branch NCIRD / Division of Viral Diseases / Polio and Picornavirus Laboratory Branch NCBDDD / Division of Congenital and Developmental Disorders / Prevention Research and Translation... CGH / Global Immunization Division / Polio Eradication NCCDPHP / Division of Population Health / Population Health Surveillance Branch NCHHSTP / Division of HIV/AIDS Prevention-

		Assessment Branch NIOSH / Health Effects Laboratory Division / Biostatistics & Epidemiology Branch NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Biostatistics and Informa... NCEZID / Division of Scientific Resources / Biotechnology Core Facility Branch NCBDDD / Division of Congenital and Developmental Disorders / Birth Defects Branch NCHS / Office of Management & Operations / Building Operations & Services Staff NCHS / Office of Management & Operations / Business Logistics Staff NCCDPHP / Division of Cancer Prevention and Control / Cancer Surveillance Branch NCHHSTP / Division of HIV/AIDS Prevention-Intervention & Support / Capacity Building Branch CPR / Division of State and Local Readiness / Capacity Building Branch ATSDR / Division of Community Health Investigations / Central Branch NIOSH / Division of Applied Research & Technology / Chemical Exposure & Monitoring NCBDDD / Division of Human Development and Disability / Child Development and Disability	Entomology Branch ATSDR / Division of Toxicology and Human Health Sciences / Environmental Epidemiology Branch NCCDPHP / Division of Population Health / Epidemiology and Surveillance Branch NCEH / Division of Emergency and Environmental Health Services / Environmental Health Services Br... ATSDR / Division of Toxicology and Human Health Sciences / Environmental Health Surveillance Branch NCHHSTP / Division of Viral Hepatitis / Epidemiology and Surveillance Branch ATSDR / Division of Toxicology and Human Health Sciences / Environmental Medicine Branch NCHHSTP / Division of HIV/AIDS Prevention Surveillance & Epidemiology / Epidemiology Branch NCEH / Division of Emergency and Environmental Health Services / Environmental Public Health Read... NCCDPHP / Office on Smoking and Health / Epidemiology Branch ATSDR / Division of Toxicology and Human	Research Suppor... CGH / Division of Global HIV and TB / HIV Prevention Branch NCCDPHP / Office on Smoking and Health / Health Communications Branch NCIPC / Division of Unintentional Injury Prevention / Home, Recreation, and Transportation Branch CGH / Division of Global HIV and TB / Health Informatics, Data Management, and Statistics Branch NIOSH / Pittsburgh Mining Research Division / Human Factors Branch NCEZID / Division of Global Migration and Quarantine / Immigrant, Refugee, and Migrant Health Branch NCIRD / Immunization Services Division / Immunization Information System Support Branch NCEZID / Division of Healthcare Quality Promotion / Immunization Safety Office CGH / Global Immunization Division / Immunization System Branch NCIRD / Influenza Division / Immunology and Pathogenesis Branch NIOSH / Division of Surveillance, Hazard Evaluations & Field Studies / Industrywide Studies Branch	NCEH / Division of Laboratory Science / Nutritional biomarkers branch NCIRD / Office of the Director / Office of Informatics NCCDPHP / Division of Nutrition, Physical Activity, & Obesity / Obesity Prevention and Control Br... NCIRD / Office of the Director / Office of Laboratory Science NIOSH / Office of the Director / Office of Administrative & Management Svcs NCIRD / Office of the Director / Office of Management and Operations NCEH / Office of the Director / Office of Communication NCHHSTP / Office of the Director / Office of Management and Program Support NCIPC / Office of the Director / Office of Communication NCHS / Office of Planning Budget and Legislation / Office of Planning Budget and Legislation NCIRD / Office of the Director / Office of Policy NCIPC / Office of the Director / Office of Policy and Partnerships NCEH / Office of the Director / Office of Policy, Planning, and Evaluation	Intervention & Support / Prevention Research Branch CSELS / Division of Scientific Education and Professional Development / Population Health Workfor... NCEZID / Division of High Consequence Pathogens & Pathology / Prion & Public Health Office NCEZID / Division of High Consequence Pathogens & Pathology / Poxvirus and Rabies Branch NCHHSTP / Office of the Director / Program and Performance Improvement Office NCIPC / Division of Analysis, Research, and Practice Integration / Practice Integration and Evalu... CGH / Division of Global HIV and TB / Program Budget and Extramural Management Branch NCEZID / Division of Healthcare Quality Promotion / Prevention & Response Branch NCCDPHP / Division of Nutrition, Physical Activity, & Obesity / Program Development and Evaluatio... NCHHSTP / Division of Viral Hepatitis / Prevention Branch NCCDPHP / Division for Heart Disease and Stroke Prevention / Program Development and Services Branch NCHHSTP / Division of

		Branch NCEZID / Division of High Consequence Pathogens & Pathology / Chronic Viral Diseases Branch NCHS / Classification & Public Health Data Standards Staff / Classification & Public Health Data ... NCEZID / Division of Healthcare Quality Promotion / Clinical & Environmental Microbiology Branch NCEH / Division of Laboratory Science / Clinical chemistry branch NCHHSTP / Division of Tuberculosis Elimination / Clinical Research Branch NCHS / Division of Research & Methodology / Collaborating Center for Questionnaire Design & Evalu... NCHS / Division of Research & Methodology / Collaborating Center for Statistical Research & Surve... NCIRD / Immunization Services Division / Communication and Education Branch NCHHSTP / Division of Tuberculosis Elimination / Communications, Education, and Behavioral Studie... CSELS / Division of Public Health Information and Dissemination / Community Guide Branch NCCDPHP / Division of Cancer Prevention and Control / Comprehensive Cancer Control	Health Sciences / Environmental Toxicology Branch NCEZID / Division of Healthcare Quality Promotion / Epidemiology Research and Innovations Branch NCCDPHP / Division of Cancer Prevention and Control / Epidemiology and Applied Research Branch CSELS / Division of Scientific Education and Professional Development / Epidemiology Workforce Br... NCIRD / Influenza Division / Epidemiology and Prevention Branch CGH / Division of Global Health Protection / Epidemiology, Informatics, Surveillance and Lab Branch NCCDPHP / Division of Diabetes Translation / Epidemiology and Statistics Branch NIOSH / National Personal Protective Technology Laboratory / Evaluation & Testing Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Epidemiology and Statistics Branch NIOSH / Health Effects Laboratory Division / Exposure Assessment Branch NCCDPHP / Division for Heart Disease and Stroke Prevention / Epidemiology	NCHS / Office of Analysis & Epidemiology / Infant, Child, & Women?s Health Statistics Branch NCEZID / Division of High Consequence Pathogens & Pathology / Infectious Diseases Pathology Branch NCIRD / Office of the Director / Influenza Coordination Unit CGH / Division of Global HIV and TB / International Laboratory Branch NCHS / Division of Health & Nutrition Examination Surveys / Informatics Branch CSELS / Division of Public Health Information and Dissemination / Informatics Innovation Unit NCHHSTP / Division of HIV/AIDS Prevention Surveillance & Epidemiology / Laboratory Branch NCHHSTP / Office of the Director / Informatics Office NCHHSTP / Division of Tuberculosis Elimination / Laboratory Branch NCHS / Office of Information Services / Information Design & Publishing Staff NCHHSTP / Division of Viral Hepatitis / Laboratory Branch NCHS / Office of Information Services / Information Dissemination Staff NIOSH / Education & Information Division / Information Resources and	NCIPC / Office of the Director / Office of Program Management and Operations NCHHSTP / Office of the Director / Office of Program Planning & Policy Coordination CSELS / Division of Public Health Information and Dissemination / Office of Public Health Genomics NCCDPHP / Office of the Director / Office of Public Health Practice NCIRD / Office of the Director / Office of Science and Integrated Programs NCHHSTP / Office of the Director / Office of the Associate Director for Laboratory Science NCHHSTP / Office of the Director / Office of the Associate Director for Science NCIPC / Office of the Director / Office of the Associate Director for Science NCHS / Office of the Director / Office of the Director NCHS / Division of Health & Nutrition Examination Surveys / Office of the Director NCHS / Division of Health Care Statistics / Office of the Director CPR / Office of the Director / Office of the Director NCHS / Division of Health	HIV/AIDS Prevention-Intervention & Support / Prevention Communications Branch NCHHSTP / Division of Adolescent and School Health / Program Development and Services Branch NCHHSTP / Division of HIV/AIDS Prevention-Intervention & Support / Program Evaluation Branch NCCDPHP / Division of Diabetes Translation / Program Implementation Branch CPR / Division of Select Agents and Toxins / Program Management and Operations Branch NCIRD / Immunization Services Division / Program Operations Branch NCCDPHP / Division of Cancer Prevention and Control / Program Services Branch CPR / Division of Select Agents and Toxins / Program Services Branch CPR / Division of State and Local Readiness / Program Services Branch NCCDPHP / Office of the Director / Program Services Branch NCCDPHP / Office on Smoking and Health / Program Services Branch NCHHSTP / Division of Sexually Transmitted Disease

		Branch ATSDR / Division of Toxicology and Human Health Sciences / Computational Toxicology and Methods D… NIOSH / Education & Information Division / Document Development Branch NIOSH / National Personal Protective Technology Laboratory / Conformity Verification & Standards … NCCDPHP / Division of Population Health / Coordinated State Support Branch NIOSH / Pittsburgh Mining Research Division / Dust, Ventilation & Toxic Substances Branch CGH / Division of Global Health Protection / Country Strategy and Implementation Branch ATSDR / Division of Community Health Investigations / Eastern Branch NCHS / Division of Vital Statistics / Data Acquisition, Classification & Evaluation Branch CGH / Division of Global HIV and TB / Economics and Health Services Research Branch	and Surveillance Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Field Services Branch NCBDDD / Division of Blood Disorders / Epidemiology and Surveillance Branch CPR / Division of State and Local Readiness / Field Services Branch CGH / Division of Global HIV and TB / Epidemiology and Surveillance Branch NCHHSTP / Division of Tuberculosis Elimination / Field Services Branch NIOSH / Respiratory Health Division / Field Studies Branch NCCDPHP / Division of Reproductive Health / Field Support Branch	Dissemination Branch CSELS / Division of Laboratory Systems / Laboratory Practice Standards Branch NCEZID / Division of Preparedness and Emerging Infections / Laboratory Preparedness and Response … CSELS / Division of Health Informatics and Surveillance Systems / Information Systems Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Laboratory Reference and Research… NCHS / Division of Vital Statistics / Information Technology Branch NCHS / Office of Information Technology / Information Technology Solutions & Services Staff CSELS / Division of Laboratory Systems / Laboratory	Interview Statistics / Office of the Director NCEZID / Division of Healthcare Quality Promotion / Office of the Director/International Infectio… NCCDPHP / Division of Reproductive Health / Office of the Director NCCDPHP / Division of Cancer Prevention and Control / Office of the Director/Office of Internatio… NCHS / Division of Vital Statistics / Office of the Director NCEZID / Office of the Director / One Health Office NCHS / Office of Analysis & Epidemiology / Office of the Director CPR / Division of Emergency Operations / Operations Branch CGH / Office of the Director / Office of the Director NCHS / Division of Health & Nutrition Examination Surveys / Operations Branch CSELS / Office of the Director / Office of the Director	Prevention / Programs Development and Quality … NIOSH / Division of Safety Research / Protective Technology Branch NCIRD / Division of Viral Diseases / Respiratory Viruses Branch NCHHSTP / Division of HIV/AIDS Prevention Surveillance & Epidemiology / Quantitative Sciences and… NCEZID / Division of Global Migration and Quarantine / Quarantine and Border Health Services Branch CPR / Division of Strategic National Stockpile / Response Branch NCHS / Division of Vital Statistics / Reproductive Statistics Branch NCEZID / Division of Vector-Borne Diseases / Rickettsial Zoonoses Branch NCIPC / Division of Violence Prevention / Research and Evaluation Branch NIOSH / Education & Information Division / Risk Evaluation Branch NCHHSTP / Division of Adolescent and School Health / Research Application and Evaluation Branch NCCDPHP / Division of Population Health / School Health Branch NIOSH / National Personal

						Protective Technology Laboratory / Research Branch NCHS / Division of Research & Methodology / Research Data Center NCHHSTP / Division of Adolescent and School Health / School-Based Surveillance Branch NCBDDD / Office of the Director / Resource Management Office NCBDDD / Office of the Director / Science and Public Health Team NCIRD / Division of Bacterial Branch / Respiratory Diseases Branch CGH / Division of Global HIV and TB / Science Integrity Branch ATSDR / Division of Community Health Investigations / Science Support Branch NCEZID / Division of Preparedness and Emerging Infections / Scientific and Program Services Branch NCEZID / Division of Scientific Resources / Scientific Products and Support Branch CSELS / Division of Public Health Information and Dissemination / Scientific Publications Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Social and Behavioral Research an...

						CGH / Division of Global HIV and TB / Special Initiatives Branch NCHS / Office of Analysis & Epidemiology / Special Projects Branch NCIPC / Division of Violence Prevention / Special Surveys & Prevention Initiatives Branch (proposed) NCEZID / Division of Scientific Resources / Specimen Management Branch NIOSH / Spokane Mining Research Division / Spokane Mining Research Division NIOSH / Division of Surveillance, Hazard Evaluations & Field Studies / Statistical Support Most E... NCIPC / Division of Analysis, Research, and Practice Integration / Statistics, Programming, and E... CGH / Global Immunization Division / Strategic Information and Workforce Development Branch NCHS / Division of Health Interview Statistics / Survey Planning & Special Surveys Branch CGH / Division of Global HIV and TB / Strategy, Policy, and Communication Branch CSELS / Division of Health Informatics and Surveillance Systems / Surveillance and Data Branch NCHS / Division of Health Care Statistics / Technical

						Services Branch NCHHSTP / Division of Sexually Transmitted Disease Prevention / Surveillance and Data Management … NCEH / Division of Laboratory Science / Tobacco and volatiles branch NIOSH / Health Effects Laboratory Division / Toxicology & Molecular Biology Branch NIOSH / Division of Safety Research / Surveillance and Field Investigations Branch NIOSH / Education & Information Division / Training Research & Evaluation Branch NCEZID / Division of Healthcare Quality Promotion / Surveillance Branch NCCDPHP / Division of Diabetes Translation / Translation, Health Education and Evaluation Branch NIOSH / Division of Surveillance, Hazard Evaluations & Field Studies / Surveillance Branch NCEZID / Division of Global Migration and Quarantine / U.S. - Mexico Unit NCIPC / Division of Violence Prevention / Surveillance Branch NCIRD / Immunization Services Division / Vaccine Supply and Assurance Branch

						NIOSH / Respiratory Health Division / Surveillance Branch NCIRD / Division of Viral Diseases / Viral Gastroenteritis Branch NCHHSTP / Division of Tuberculosis Elimination / Surveillance, Epidemiology, & Outbreak Investiga... NCEZID / Division of High Consequence Pathogens & Pathology / Viral Special Pathogens Branch NCIRD / Division of Viral Diseases / Viral Vaccine Preventable Diseases Branch NCIRD / Influenza Division / Virology, Surveillance and Diagnosis Branch NCEH / Division of Environmental Health Science and Practice / Water, Food, and Environmental Hea... NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Waterborne Diseases Preve... ATSDR / Division of Community Health Investigations / Western Branch NIOSH / Western States Division / Western States Division NCCDPHP / Division of Reproductive Health / Women?s Health and Fertility Branch NCHS / Office of Management & Operations / Workforce & Career

						Development Staff CGH / Division of Global Health Protection / Workforce and Institute Development Branch NIOSH / Pittsburgh Mining Research Division / Workplace Health Branch NIOSH / World Trade Center Health Program / World Trade Center Health Program NCBDDD / Division of Congenital and Developmental Disorders / Zika Transition Unit CGH / Global Immunization Division / Accelerated Disease Control and Vaccine Preventable Diseases… NCCDPHP / Office on Smoking and Health / Office of the Director
Subject Area Lookup	8.4.1 Semi-Annual Activity Reporting (SAAR)	Adolescent & School Health (non-STI) Community Health Improvement Planning (CHIP)/Community Health Assessments (CHA) Chronic Disease Emergency/Disaster Preparedness and Response Environmental Health Genomics Health Equity/Access to Care Health Department Improvement/Accreditation Immunizations/Vaccine Preventable Disease Investigation				

		Sexually Transmitted Disease Prevention Tuberculosis Prevention HIV Prevention Viral Hepatitis Prevention Adolescent/school-based Sexually Transmitted Disease prevention Other Infectious Disease Injury Prevention Maternal & Infant Health Public Health Policy & Law Public Health Surveillance Oral Health				