

# 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

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# 1. Introduction

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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

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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

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## 2. Sign-In & Sign-Up Pages

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### 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  |



## 2.2 Sign-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

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#### 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.

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Table 3-a. eFMS System Help Desk Ticket Fields

| Field                                           | Values                                                                                                                                                                                                                                                                                                                                                   | EIS | LLS | FLIGHT | EEP | SAF | PHIFP | PE  | ELI | PHAP |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|-----|-----|------|
| <b>Your Name:</b>                               | Open Text Response                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Sign-In Email:</b>                           | Open Text Response                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Contact Phone Number:</b>                    | Open Text Response                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Fellowship:</b>                              | See Appendix <a href="#">p.159</a>                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>What type of issue or need do you have?</b>  | <ol style="list-style-type: none"> <li>1. System Error Message</li> <li>2. Sign-In or Password</li> <li>3. Smart Card Sign-In</li> <li>4. Data Not Saving</li> <li>5. Unable to Submit</li> <li>6. Reset application back to "Draft"</li> <li>7. Reset activity back to "Draft"</li> <li>8. Withdraw Fellowship Application</li> <li>9. Other</li> </ol> | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>URL where the issue is occurring:</b>        | Open Text Response                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Error code message:</b>                      | Open Text Response                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Please describe your issue or need:</b>      | Open Text Response                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Screenshot of error or issue (optional):</b> | Open Text Response                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |

## 4. Application Welcome Page

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[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 |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|-----|-----|------|
| <b>First Name:</b>                    | Open Text Response                                                                                                                                                                                                             | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Last Name:</b>                     | Open Text Response                                                                                                                                                                                                             | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>CDC Employee?</b>                  | 1. Yes<br>2. No                                                                                                                                                                                                                | No  | No  | No     | No  | No  | No    | No  | No  | Yes  |
| <b>Email (If CDC, use CDC Email):</b> | Open Text Response                                                                                                                                                                                                             | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Class Year:</b>                    | Open Text Response                                                                                                                                                                                                             | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Photo Upload:</b>                  | Open Text Response                                                                                                                                                                                                             | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Degree(s):</b>                     | Open Text Response                                                                                                                                                                                                             | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Background:</b>                    | Open Text Response                                                                                                                                                                                                             | Yes | Yes | Yes    | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Employment Status</b>              | 1. Employed as a K-12 or post-secondary teacher<br><br>2. Employed in an education leadership role<br><br>3. Employed in other educational type role (e.g., museum educator, librarian, literacy instructor)<br><br>4. Retired | No  | No  | No     | No  | Yes | No    | No  | No  | No   |

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

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## 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 |
|-----------------------------------------------------------------------------|--------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Handbook Acknowledgement (Required for all students):</b>                | 1. Completed       | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Date Completed:</b>                                                      | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>669A SWEP Volunteer Agreement (Required for all students):</b>           | 1. Completed       | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Date Completed:</b>                                                      | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>669C SWEP Statement of Duties Agreement (Required for all students):</b> | 1. Completed       | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Date Completed:</b>                                                      | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>1438 SWEP E-QIP Initiation Form (Required for all students):</b>         | 1. Completed       | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Date Completed:</b>                                                      | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Provided your SSN to EEP Program (Required for all students):</b>        | 1. Completed       | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Date Completed:</b>                                                      | 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 |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Safety Survival Skills Exam (SSS):</b>                                                                                 | 1. Completed<br>2. Not applicable | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Date Completed:</b>                                                                                                    | Open Text Response                | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Security Awareness Training (SAT):</b>                                                                                 | 1. Completed<br>2. Not applicable | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Date Completed:</b>                                                                                                    | Open Text Response                | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Personnel security background investigation completed by Office of Safety, Security, and Asset Management (OSSAM):</b> | 1. Completed<br>2. Not applicable | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Date Completed:</b>                                                                                                    | Open Text Response                | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Fingerprinting:</b>                                                                                                    | 1. Completed<br>2. Not applicable | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Date Completed:</b>                                                                                                    | 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 |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Pre-Arrival Tracking</b>                                                                                             | 1. Completed<br>2. Not applicable | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Principles of Epidemiology for Public Health Practice Course (See program handbook) (Optional for all students):</b> |                                   |     |     |        |     |     |       |    |     |      |
| <b>Date Completed:</b>                                                                                                  | Open Text Response                | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>End of Rotation Closeout</b>                                                                                         | 1. Completed                      | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Submit Project Abstract (Required for all students):</b>                                                             |                                   |     |     |        |     |     |       |    |     |      |
| <b>Date Completed:</b>                                                                                                  | Open Text Response                | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Return CDC SmartCard to Supervisor (Required for CDC-based students):</b>                                            | 1. Completed<br>2. Not applicable | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Date Completed:</b>                                                                                                  | Open Text Response                | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Return computer and all other equipment provided:</b>                                                                | 1. Completed<br>2. Not applicable | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Date Completed:</b>                                                                                                  | Open Text Response                | No  | No  | No     | Yes | No  | No    | No | No  | No   |



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## 5.3 SAF

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### 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 |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Goal 1:</b>                     | Open Text Response                                                                                                                                                    | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Competency Domain Targeted:</b> | 1. Systems Thinking<br>2. Public Health Sciences<br>3. Analytic Assessment<br>4. Community Dimensions of Practice<br>5. Intercultural Sensitivity<br>6. Communication | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Goal 2:</b>                     | Open Text Response                                                                                                                                                    | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Competency Domain Targeted:</b> | 1. Systems Thinking<br>2. Public Health Sciences<br>3. Analytic Assessment<br>4. Community Dimensions of Practice<br>5. Intercultural Sensitivity<br>6. Communication | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Goal 3:</b>                     | Open Text Response                                                                                                                                                    | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Competency Domain Targeted:</b> | 1. Systems Thinking<br>2. Public Health Sciences<br>3. Analytic Assessment<br>4. Community Dimensions of                                                              | No  | No  | No     | Yes | No  | No    | No | No  | No   |

|  |                                                              |  |  |  |  |  |  |  |  |  |  |
|--|--------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
|  | Practice<br>5. Intercultural Sensitivity<br>6. Communication |  |  |  |  |  |  |  |  |  |  |
|--|--------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|

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## 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 |
|-----------------------------------|-------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Main Objective for Week 1:</b> | Open Text Response                  | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Goal Targeted:</b>             | 1. Goal 1<br>2. Goal 2<br>3. Goal 3 | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Main Objective for Week 2:</b> | Open Text Response                  | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Goal Targeted:</b>             | 1. Goal 1<br>2. Goal 2<br>3. Goal 3 | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Main Objective for Week 3:</b> | Open Text Response                  | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Goal Targeted:</b>             | 1. Goal 1<br>2. Goal 2<br>3. Goal 3 | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Main Objective for Week 4:</b> | Open Text Response                  | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Goal Targeted:</b>             | 1. Goal 1<br>2. Goal 2<br>3. Goal 3 | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Main Objective for Week 5:</b> | Open Text Response                  | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Goal Targeted:</b>             | 1. Goal 1<br>2. Goal 2<br>3. Goal 3 | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Main Objective for Week 6:</b> | Open Text Response                  | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Goal Targeted:</b>             | 1. Goal 1<br>2. Goal 2<br>3. Goal 3 | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Main Objective for Week 7:</b> | Open Text Response                  | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Goal Targeted:</b>             | 1. Goal 1<br>2. Goal 2<br>3. Goal 3 | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Main Objective for Week 8:</b> | Open Text Response                  | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Goal Targeted:</b>             | 1. Goal 1<br>2. Goal 2<br>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](mailto: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<br>2. Week 2<br>3. Week 3<br>4. Week 4<br>5. Week 5<br>6. Week 6<br>7. Week 7<br>8. Week 8                                                                               | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| Did you meet your objectives for this week?                                                     | 1. Yes<br>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)<br>2. Public Health Grand Rounds<br>3. Preventive Medicine Grand Rounds<br>4. EIS Regional Conference<br>5. EIS Annual Conference<br>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<br>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<br>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 |
|------------------------------------------------------|--------------------|----|----|----|-----|----|----|----|----|----|

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## 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 |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Name of Conference:</b>                                       | Open Text Response                                                                                                                                                                                                                                                                                                                                   | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Type of Conference:</b>                                       | 1. Local conference, meeting, or professional development training session<br>2. State/regional conference, meeting, or professional development training session<br>3. National conference, meeting, or professional development training session<br>4. International conference, meeting, or professional development training session<br>5. Other | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Was this conference held in-person, virtually, or hybrid?</b> | 1. In person<br>2. Virtually (if so, Skip to Title of Conference Presentation)<br>3. Hybrid                                                                                                                                                                                                                                                          | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Specify:</b>                                                  | Open Text Response                                                                                                                                                                                                                                                                                                                                   | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Estimated number of conference attendees:</b>                 | Open Text Response                                                                                                                                                                                                                                                                                                                                   | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Conference Location:</b>                                      | See Appendix p. 154                                                                                                                                                                                                                                                                                                                                  | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Title of Conference Presentation:</b>                         | Open Text Response                                                                                                                                                                                                                                                                                                                                   | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Number of Presenters:</b>                                     | Open Text Response                                                                                                                                                                                                                                                                                                                                   | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Primary Audience (Select all that apply):</b>                 | 1. STEM/Science Teachers<br>2. Health Teachers<br>3. Other Teachers<br>4. Administrators<br>5. Students<br>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 Control 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](mailto: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<br>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<br>2. Disagree<br>3. Neither Agree or Disagree<br>4. Agree<br>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<br>2. Disagree<br>3. Neither Agree or Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |

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

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### 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<br>2. Right amount of both lecture and interactive learning<br>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<br>2. Definitely not<br>3. Probably not<br>4. Possibly<br>5. Probably yes<br>6. Definitely yes               | No  | No  | No     | Yes | No  | No    | No | No  | No   |

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

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### 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<br>2. Disagree<br>3. Neither Agree or Disagree<br>4. Agree<br>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<br>2. Disagree<br>3. Neither Agree or Disagree<br>4. Agree<br>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<br>2. Disagree<br>3. Neither Agree or Disagree<br>4. Agree<br>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<br>2. No<br>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<br>2. Next week<br>3. Not sure<br>4. Not applicable   | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| Did you receive your SmartCard?                                                  | 1. Yes<br>2. No<br>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<br>2. Next week<br>3. Not sure<br>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<br>2. Data entry<br>3. Data analysis<br>4. Intervention/program planning<br>5. Intervention/program implementation<br>6. Intervention/program evaluation<br>7. Literature review<br>8. Scientific writing (e.g., drafting a section of a report)<br>9. Communications/design (e.g., developing flyers, website content)<br>10. Field investigation (e.g., Epi Aid)<br>11. Other | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| Specify:                                                                                                                                                                                                                                                        | Open Text Response                                                                                                                                                                                                                                                                                                                                                                                 | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>INSTRUCTIONAL TEXT:</b><br>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. | Open text response                                                                                                                                                                                                                                                                                                                                                                                 | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| What was the title of your main project?                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |        |     |     |       |    |     |      |
| 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 |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Was the timeframe of your rotation appropriate for you to complete your deliverables?</b>                         | 1. Yes, it was appropriate.<br>2. No, it was too short.<br>3. No, it was too long.                                                        | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Please select any of the future roles that you may have related to your main project: (Select all that apply)</b> | 1. Being an author on a report or manuscript<br>2. Giving a presentation<br>3. Supporting the team with further data analysis<br>4. Other | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Specify:</b>                                                                                                      | 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 |
|-------------------------------------------------------------------|--------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Data collection:</b>                                           | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Data entry:</b>                                                | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Data analysis:</b>                                             | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Intervention/program planning:</b>                             | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Intervention/program implementation:</b>                       | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Intervention/program evaluation:</b>                           | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Literature review:</b>                                         | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Scientific writing (e.g., drafting a section of a report):</b> | Open Text          | No  | No  | No     | Yes | No  | No    | No | No  | No   |

|                                                                          |                    |    |    |    |     |    |    |    |    |    |
|--------------------------------------------------------------------------|--------------------|----|----|----|-----|----|----|----|----|----|
|                                                                          | Response           |    |    |    |     |    |    |    |    |    |
| <b>Communications/design (e.g., developing flyers, website content):</b> | Open Text Response | No | No | No | Yes | No | No | No | No | No |
| <b>Field investigation (e.g., Epi Aid):</b>                              | Open Text Response | No | No | No | Yes | No | No | No | No | No |
| <b>Other: Administrative duties</b>                                      | Open Text Response | No | No | No | Yes | No | No | No | No | No |
| <b>Other: Meetings</b>                                                   | Open Text Response | No | No | No | Yes | No | No | No | No | No |
| <b>Other: Strategic planning</b>                                         | 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 |
|----------------------------------|--------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Other 1: (Please specify)</b> | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Other 1: %</b>                | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Other 2: (Please specify)</b> | Open Text Response | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Other 2: %</b>                | 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 |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>What did your supervisor do to enhance your EEP experience? (Select all that apply)</b> | <ol style="list-style-type: none"> <li>1. Discussed my assignment with me before starting the program</li> <li>2. Provided an overview of CDC and how our Center/Division fits into CDC's mission</li> <li>3. Provided an overview of organization and how our work fits into a public health mission</li> <li>4. Met with me each week to</li> </ol> | No  | No  | No     | Yes | No  | No    | No | No  | No   |

|                                                                                                 |                                                                                                                                                                      |    |    |    |     |    |    |    |    |    |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|-----|----|----|----|----|----|
|                                                                                                 | provide any feedback<br>5. Connected me with other professionals<br>6. Facilitated my participation in professional or educational activities within CDC<br>7. Other |    |    |    |     |    |    |    |    |    |
| <b>Specify:</b>                                                                                 | Open Text Response                                                                                                                                                   | No | No | No | Yes | No | No | No | No | No |
| <b>I received adequate support from my host site supervisor to complete my projects</b>         | -Strongly agree<br>-Agree<br>-Neither agree nor disagree<br>-Disagree<br>-Strongly disagree                                                                          |    |    |    |     |    |    |    |    |    |
| <b>Overall, I was satisfied with the guidance I received from my host site for my projects.</b> | -Strongly agree<br>-Agree<br>-Neither agree nor disagree<br>-Disagree<br>-Strongly disagree                                                                          |    |    |    |     |    |    |    |    |    |
| <b>My supervisor provided me with resources to help me complete my project(s)</b>               | -Strongly agree<br>-Agree<br>-Neither agree nor disagree<br>-Disagree<br>-Strongly disagree                                                                          |    |    |    |     |    |    |    |    |    |
| <b>My supervisor provided me with timely feedback on my work.</b>                               | -Strongly agree<br>-Agree<br>-Neither agree nor disagree<br>-Disagree<br>-Strongly disagree                                                                          |    |    |    |     |    |    |    |    |    |
| <b>Overall, I was satisfied with the mentorship I received at my host site.</b>                 | -Strongly agree<br>-Agree<br>-Neither agree nor disagree<br>-Disagree<br>-Strongly disagree                                                                          |    |    |    |     |    |    |    |    |    |
| <b>Would you recommend your supervisor to future EEP students?</b>                              | 1. Yes<br>2. No                                                                                                                                                      | No | No | No | Yes | No | No | No | No | No |
| <b>Please explain why not. Your response will be kept confidential.</b>                         | 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<br>2. 1-4<br>3. 5-9<br>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<br>2. Disagree<br>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<br>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:                                                    | <ul style="list-style-type: none"> <li>- Epi-Aid</li> <li>- CDC Emergency Operations Center (EOC) deployment</li> <li>- State, tribal, local, or territorial field investigation within your host site jurisdiction</li> <li>- Other field investigation/field deployment</li> <li>- Other: [DESCRIBE]</li> </ul> | No  | No  | No     | Yes | No  | No    | No | No  | No   |

|                                                                                                                                                                                                                              |                                             |    |    |    |     |    |    |    |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----|----|----|-----|----|----|----|----|----|
| <b>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)</b> | See Appendix p. 154<br><br>Other<br><br>N/A | No | No | No | Yes | No | No | No | No | No |
| <b>Division/Branch:</b>                                                                                                                                                                                                      | Open Text Response                          | No | No | No | Yes | No | No | No | No | No |
| <b>Location of Investigation:</b>                                                                                                                                                                                            | 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   |
| <b>INSTRUCTIONAL TEXT:</b><br>Please indicate your level of agreement with the following statements:<br><br>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<br>2. Disagree<br>3. Neither Agree or Disagree<br>4. Agree<br>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<br>2. Disagree<br>3. Neither Agree or Disagree<br>4. Agree<br>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<br>2. Disagree<br>3. Neither Agree or Disagree<br>4. Agree<br>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 |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Collaborate in research and intervention efforts to improve global, national, state, and local health and wellbeing.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Incorporate ethical principles as the basis of all interactions with organizations, communities, and individuals.</b>    | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Illustrate how ethical principles play a role in the planning and execution of public health activities.</b>             | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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 |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Collaborate in research and intervention efforts to improve global, national, state, and local health and wellbeing.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert | No  | No  | No     | Yes | No  | No    | No | No  | No   |



|                                                                                                                          |                                                                                                                                           |    |    |    |     |    |    |    |    |    |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|-----|----|----|----|----|----|
|                                                                                                                          | 6. I did not focus on this competency during my rotation                                                                                  |    |    |    |     |    |    |    |    |    |
| <b>Incorporate ethical principles as the basis of all interactions with organizations, communities, and individuals.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No | No | No | Yes | No | No | No | No | No |
| <b>Illustrate how ethical principles play a role in the planning and execution of public health activities.</b>          | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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 |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Use methods and instruments for collecting valid and reliable quantitative and qualitative data.</b>         | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Apply epidemiology and biostatistics concepts to analyze quantitative or qualitative public health data.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Use public health data from epidemiologic studies to make evidence-based decisions for action.</b>           | 1. No experience<br>2. Beginner<br>3. Competent                                                                                           | No  | No  | No     | Yes | No  | No    | No | No  | No   |

|  |                                                                                        |  |  |  |  |  |  |  |  |  |
|--|----------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
|  | 4. Proficient<br>5. Expert<br>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 |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Use methods and instruments for collecting valid and reliable quantitative and qualitative data.</b>         | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Apply epidemiology and biostatistics concepts to analyze quantitative or qualitative public health data.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Use public health data from epidemiologic studies to make evidence-based decisions for action.</b>           | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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 |
|--------------------------------------------|------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Describe how demographic, cultural,</b> | 1. No experience | No  | No  | No     | Yes | No  | No    | No | No  | No   |

|                                                                                                                                                                                                            |                                                                                                                                           |    |    |    |     |    |    |    |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|-----|----|----|----|----|----|
| <b>socioeconomic, religious/spiritual, and behavioral factors affect the health of individuals and communities in global, national, state, and local contexts.</b>                                         | 2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation                     |    |    |    |     |    |    |    |    |    |
| <b>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.</b>                   | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No | No | No | Yes | No | No | No | No | No |
| <b>Explain how demographic, cultural, socioeconomic, religious/spiritual, and behavioral factors are taken into consideration when tailoring public health programs and initiatives to improve impact.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Describe how demographic, cultural, socioeconomic, religious/spiritual, and behavioral factors affect the health of individuals and communities in global, national, state, and local contexts.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>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.</b>               | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Explain how demographic, cultural,</b>                                                                                                                                                              | 1. No experience                                                                                                                          | No  | No  | No     | Yes | No  | No    | No | No  | No   |

|                                                                                                                                                                         |                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| <b>socioeconomic, religious/spiritual, and behavioral factors are taken into consideration when tailoring public health programs and initiatives to improve impact.</b> | 2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>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.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Apply a population-based perspective of the distribution and determinants of disease or health conditions.</b>                                                                                                    | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Exhibit process-oriented thinking by outlining a project timeline, learning objectives, and expected deliverables.</b>                                                                                            | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Identify inputs (e.g., community resources, public and/or private organizations, institutions, individuals,</b>                                                                                                   | 1. No experience<br>2. Beginner<br>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<br>5. Expert<br>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<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Describe how a public health perspective and evidence-based approaches can be used to improve community health.</b>                                                                                                                                 | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>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.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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 |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Describe how a public health perspective and evidence-based approaches can be used to improve community health.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert | No  | No  | No     | Yes | No  | No    | No | No  | No   |

|                                                                                                                                                                                                                                                        |                                                                                                                                           |    |    |    |     |    |    |    |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|-----|----|----|----|----|----|
|                                                                                                                                                                                                                                                        | 6. I did not focus on this competency during my rotation                                                                                  |    |    |    |     |    |    |    |    |    |
| <b>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.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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 |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Use the standard scientific format to clearly and concisely report research findings.</b>        | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Participate in teams as a member and/or leader.</b>                                              | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Communicate orally, electronically, and in writing with linguistic and cultural proficiency.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency                    | No  | No  | No     | Yes | No  | No    | No | No  | No   |

|                                                                                                   |                                                                                                                                           |    |    |    |     |    |    |    |    |    |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|-----|----|----|----|----|----|
|                                                                                                   | during my rotation                                                                                                                        |    |    |    |     |    |    |    |    |    |
| <b>Solicit and discuss feedback from supervisors and colleagues to improve personal learning.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>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 |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Use the standard scientific format to clearly and concisely report research findings.</b>        | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Participate in teams as a member and/or leader.</b>                                              | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Communicate orally, electronically, and in writing with linguistic and cultural proficiency.</b> | 1. No experience<br>2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Solicit and discuss feedback from</b>                                                            | 1. No experience                                                                                                                          | No  | No  | No     | Yes | No  | No    | No | No  | No   |



|                                                                 |                                                                                                                       |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>supervisors and colleagues to improve personal learning.</b> | 2. Beginner<br>3. Competent<br>4. Proficient<br>5. Expert<br>6. I did not focus on this competency during my rotation |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|

DRAFT

### 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 |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Why did you choose to participate in EEP? (Select all that apply)</b>                                                  | <ol style="list-style-type: none"> <li>1. Gain experience in applied epidemiology</li> <li>2. Gain experience in public health</li> <li>3. Learn about preventive medicine</li> <li>4. Learn about CDC and/or the Epidemic Intelligence Service (EIS) and other fellowships</li> <li>5. Interested in working for CDC and/or EIS</li> <li>6. Networking opportunities</li> <li>7. Other</li> </ol> | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Please specify:</b>                                                                                                    | Open Text Response                                                                                                                                                                                                                                                                                                                                                                                 | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>INSTRUCTIONAL TEXT:</b><br>Please indicate your level of agreement with the following statements                       |                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |        |     |     |       |    |     |      |
| <b>My EEP experience provided me with a network of public health professionals with whom I can connect in the future.</b> | <ol style="list-style-type: none"> <li>1. Strongly Disagree</li> <li>2. Disagree</li> <li>3. Neither Agree or Disagree</li> <li>4. Agree</li> <li>5. Strongly Agree</li> </ol>                                                                                                                                                                                                                     | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>My EEP experience made me more likely to pursue a public health career.</b>                                            | <ol style="list-style-type: none"> <li>1. Strongly Disagree</li> <li>2. Disagree</li> <li>3. Neither Agree or Disagree</li> <li>4. Agree</li> <li>5. Strongly Agree</li> </ol>                                                                                                                                                                                                                     | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>My EEP experience made me more likely to incorporate public health perspectives into clinical practice.</b>            | <ol style="list-style-type: none"> <li>1. Strongly Disagree</li> <li>2. Disagree</li> <li>3. Neither Agree or Disagree</li> <li>4. Agree</li> <li>5. Strongly Agree</li> </ol>                                                                                                                                                                                                                     | No  | No  | No     | Yes | No  | No    | No | No  | No   |

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

Table 7.1.2.3.b. Future Consideration Fields

| Field Name                                                                                                                                               | Values                                                                                               | EIS | LLS | FLIGHT | EEP | SAF | PHIFP | PE | ELI | PHAP |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>My EEP experience made me more likely to apply for the Epidemic Intelligence Service (EIS) in the future.</b>                                         | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree or Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>My EEP experience made me more likely to apply for the CDC Preventative Medicine Residency and Fellowship (PMR/F) program in the future.</b>          | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree or Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>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:</b> | Open Text Response                                                                                   | No  | No  | No     | Yes | No  | No    | No | No  | No   |

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

|                                                                                                                  |                                                                                                                                                                                                                                                                                    |    |    |    |    |     |    |    |    |    |  |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|----|-----|----|----|----|----|--|
| <b>grade(s) did you teach? (Select all that apply)</b>                                                           | 2. Middle School (grades 6-8)<br>3. High School (grades 9-12)<br>2. Community College<br>3. College (Undergraduate)<br>4. College (Graduate)<br>5. Other: Curriculum Development<br>6. Other: Professional Development<br>7. Other (Specify)                                       |    |    |    |    |     |    |    |    |    |  |
| <b>Specify:</b>                                                                                                  | Open Text Response                                                                                                                                                                                                                                                                 | No | No | No | No | Yes | No | No | No | No |  |
| <b>2. In the past school year, which subject area(s) did you teach? (Select all that apply)</b>                  | 1. Epidemiology or Public Health<br>2. Core Sciences (e.g., Life Sciences, Physical Sciences, Earth and Space Sciences, Engineering, and Technology)<br>3. Health and Medical Sciences<br>4. Other                                                                                 | No | No | No | No | Yes | No | No | No | No |  |
| <b>Specify:</b>                                                                                                  | Open Text Response                                                                                                                                                                                                                                                                 | No | No | No | No | Yes | No | No | No | No |  |
| <b>3. In the past school year, which resource(s) did you use to teach public health? (Select all that apply)</b> | 1. N/A<br>2. CDC Science Ambassador Fellowship Lesson Plans/Activities<br>3. CDC NERD Academy<br>4. CDC Website<br>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 |  |
| <b>Examples:</b>                                                                                                 | Open Text Response                                                                                                                                                                                                                                                                 | No | No | No | No | Yes | No | No | No | No |  |
| <b>4. In the upcoming school year, do you plan to teach an entire course related to public health?</b>           | 1. Yes, I plan to in the next year.<br>2. No, but I plan to in the future.<br>3. No, but I plan to incorporate public health into my current course.<br>4. No, and I do not plan to incorporate public health into my current course.<br>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<br>2. No<br>3. I am not sure<br>4. I prefer not to answer<br>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<br>2. Somewhat of a barrier<br>3. Major barrier                      | No | No | No | No | Yes | No | No | No | No |
| Basic knowledge to teach public health content                                                                                                | 1. Not a barrier<br>2. Somewhat of a barrier<br>3. Major barrier                      | No | No | No | No | Yes | No | No | No | No |
| Skills to teach public health content                                                                                                         | 1. Not a barrier<br>2. Somewhat of a barrier<br>3. Major barrier                      | No | No | No | No | Yes | No | No | No | No |
| Confidence in teaching public health content                                                                                                  | 1. Not a barrier<br>2. Somewhat of a barrier<br>3. Major barrier                      | No | No | No | No | Yes | No | No | No | No |
| School support for teaching public health content                                                                                             | 1. Not a barrier<br>2. Somewhat of a barrier<br>3. Major barrier                      | No | No | No | No | Yes | No | No | No | No |
| Student interest in public health                                                                                                             | 1. Not a barrier<br>2. Somewhat of a barrier<br>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<br>2. Somewhat of a barrier<br>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<br>2. Somewhat of a barrier<br>3. Major barrier                      | No | No | No | No | Yes | No | No | No | No |
| Other (Specify)                                                                                                                               | 1. Not a barrier<br>2. Somewhat of a barrier<br>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 |
|------------|--------|-----|-----|--------|-----|-----|-------|----|-----|------|
|------------|--------|-----|-----|--------|-----|-----|-------|----|-----|------|

|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                |    |    |    |    |     |    |    |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|----|-----|----|----|----|----|
| <b>8. For my Science Ambassador Fellowship presentation requirement, I plan to present a session about teaching public health content at: (Select all that apply)</b> | 1. Local conference, meeting, or professional development training session<br>2. State/regional conference, meeting, or professional development training session<br>3. National conference, meeting, or professional development training session<br>4. International conference, meeting, or professional development training session<br>5. Other (Specify) | No | No | No | No | Yes | No | No | No | No |
| <b>Specify:</b>                                                                                                                                                       | Open Text Response                                                                                                                                                                                                                                                                                                                                             | No | No | No | No | Yes | No | No | No | No |
| <b>I was satisfied with the pre-course communication about the CDC Science Ambassador Fellowship summer course.</b>                                                   | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree                                                                                                                                                                                                                                                                             | No | No | No | No | Yes | No | No | No | No |
| <b>Please explain and provide suggestions for improvement related to pre-course communication.</b>                                                                    | 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>INSTRUCTIONAL TEXT:</b>                                                                                                                                                     |                                                                                              |     |     |        |     |     |       |    |     |      |
| 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." |                                                                                              |     |     |        |     |     |       |    |     |      |
| <b>Introduction Sessions (CDC Welcome, CDC Mission, CDC Curriculum: Teaching tomorrow's disease detectives)</b>                                                                | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree<br>6. N/A | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Topic Sessions by CDC Subject Matter Experts (SME)</b>                                                                                                                      | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral                                            | No  | No  | No     | No  | Yes | No    | No | No  | No   |



|                                   |                                                                                              |    |    |    |    |     |    |    |    |    |    |
|-----------------------------------|----------------------------------------------------------------------------------------------|----|----|----|----|-----|----|----|----|----|----|
|                                   | 4. Agree<br>5. Strongly Agree<br>6. N/A                                                      |    |    |    |    |     |    |    |    |    |    |
| <b>Activity Planning Sessions</b> | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree<br>6. N/A | No | No | No | No | Yes | No | No | No | No | No |
| <b>Teacher Talks</b>              | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree<br>6. N/A | No | No | No | No | Yes | No | No | No | No | No |

Table 7.2.1.1.f. Introduction Fields

| Field Name                                                                                       | Values                                                                                       | EIS | LLS | FLIGHT | EEP | SAF | PHIFP | PE | ELI | PHAP |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Tours &amp; Special Sessions</b>                                                              | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree<br>6. N/A | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Overall Summer Course</b>                                                                     | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree           | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Please comment on sessions were the most helpful and provide suggestions for improvement.</b> | Open Text Response                                                                           | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>11. Are you serving as a peer leader this year?</b>                                           | 1. Yes<br>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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>12. Please indicate your level of agreement with the following statement:</b>                                                                                                |                                                                                    |     |     |        |     |     |       |    |     |      |
| <b>Prior to participation in the CDC Science Ambassador Fellowship summer course, I felt confident teaching public health content.</b>                                          | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>After participation in the CDC Science Ambassador Fellowship summer course, I feel confident that I can teach public health content.</b>                                     | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Participation in the CDC Science Ambassador Fellowship summer course improved my understanding of the basic knowledge needed to teach public health content effectively.</b> | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>The CDC Science Ambassador Fellowship summer course improved my skills to teach public health content effectively.</b>                                                       | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Participation in the CDC Science Ambassador Fellowship summer course motivated me to teach public health content.</b>                                                        | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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?<br><br>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.<br>2. Yes, I plan to apply in the future.<br>3. Maybe, I am not sure yet.<br>4. No, while I would like to, it would be difficult to return as a peer leader.<br>5. No, I do not plan to apply.<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | No  | Yes | No    | No | No  | No   |

|                                                                                                                                                                                                     |                                                                                               |    |    |    |    |     |    |    |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----|----|----|----|-----|----|----|----|----|
| <p>Participation in the CDC Science Ambassador Fellowship summer course as a peer leader motivated me to encourage other teachers to teach public health content.</p>                               | <p>1. Strongly Disagree<br/>2. Disagree<br/>3. Neutral<br/>4. Agree<br/>5. Strongly Agree</p> | No | No | No | No | Yes | No | No | No | No |
| <p>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.</p> | <p>1. Strongly Disagree<br/>2. Disagree<br/>3. Neutral<br/>4. Agree<br/>5. Strongly Agree</p> | No | No | No | No | Yes | No | No | No | No |
| <p>Participation in the CDC Science Ambassador Fellowship summer course as a peer leader met my professional expectations.</p>                                                                      | <p>1. Strongly Disagree<br/>2. Disagree<br/>3. Neutral<br/>4. Agree<br/>5. Strongly Agree</p> | No | No | No | No | Yes | No | No | No | No |

DRAFT

## 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](mailto: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 |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>1. In the past school year, which grade(s) did you teach? (Select all that apply)</b> | 1. Elementary School (grades K-5)<br>2. Middle School (grades 6-8)<br>3. High School (grades 9-12)<br>2. Community College<br>3. College (Undergraduate)<br>4. College (Graduate)<br>5. Other: Curriculum Development<br>6. Other: Professional Development<br>7. Other (Specify) | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Specify:</b>                                                                          | 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 |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>2. In the past school year, which subject area(s) did you teach? (Select all that apply)</b>                          | <ol style="list-style-type: none"> <li>1. Epidemiology or Public Health</li> <li>2. Life Sciences (e.g., Biology)</li> <li>3. Physical Sciences (e.g., Chemistry, Physics)</li> <li>4. Health and Medical Sciences</li> <li>5. Mathematics or Statistics</li> <li>6. Not applicable</li> <li>7. Other (please specify):<br/>_____</li> </ol>                                                                             | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Specify:</b>                                                                                                          | Open Text Response                                                                                                                                                                                                                                                                                                                                                                                                       | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>3. In the past school year, which resource(s) did you use to teach public health content? (Select all that apply)</b> | <ol style="list-style-type: none"> <li>1. CDC NERD Academy</li> <li>2. CDC Science Ambassador Fellowship Lesson Plans/Activities</li> <li>3. CDC Website</li> <li>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:</li> <li>5. In the past school year, I did not teach public health content.</li> </ol> | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>Examples:</b>                                                                                                         | Open Text Response                                                                                                                                                                                                                                                                                                                                                                                                       | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>4. In the upcoming school year, do you plan to teach an entire course related to public health?</b>                   | <ol style="list-style-type: none"> <li>1. Yes, I plan to in the next year.</li> <li>2. No, but I plan to in the future.</li> <li>3. No, but I plan to incorporate public health into my current course.</li> <li>4. None of the above.</li> </ol>                                                                                                                                                                        | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>5. Do any of the schools where you teach receive Title I funds?</b>                                                   | <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. I am not sure</li> <li>4. I prefer not to answer</li> <li>5. Not applicable</li> </ol>                                                                                                                                                                                                                                                          | 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 |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>6. Which of the following are barriers to your teaching public health?</b> |                                                                  |     |     |        |     |     |       |    |     |      |
| Availability of public health activities and lesson plans                     | 1. Not a barrier<br>2. Somewhat of a barrier<br>3. Major barrier | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| Basic knowledge to teach public health content                                | 1. Not a barrier<br>2. Somewhat of a barrier<br>3. Major barrier | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| Skills to teach public health content                                         | 1. Not a barrier<br>2. Somewhat of a barrier<br>3. Major barrier | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| Confidence in teaching public health content                                  | 1. Not a barrier<br>2. Somewhat of a barrier<br>3. Major barrier | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| School support for teaching public health content                             | 1. Not a barrier<br>2. Somewhat of a barrier<br>3. Major barrier | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| Student interest in public health                                             | 1. Not a barrier<br>2. Somewhat of a barrier<br>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<br>2. Somewhat of a barrier<br>3. Major barrier | No  | No  | No     | No  | Yes | No    | No | No  | No   |
| <b>7. Please indicate your level of agreement with the following statements:</b> |                                                                  |     |     |        |     |     |       |    |     |      |

|                                                                                                                                                           |                                                                                    |    |    |    |    |     |    |    |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----|----|----|----|-----|----|----|----|----|
| 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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>8. Please provide your best estimations for the following. Please enter 0 for the following values that are non-applicable to you.</b>                                                                                                             |                    |     |     |        |     |     |       |    |     |      |
| 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<br>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<br>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 |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>9. Please indicate your level of agreement with the following statements.</b>                                 |                                                                                    |     |     |        |     |     |       |    |     |      |
| I was satisfied with the interaction with CDC Science Ambassador Fellowship team throughout the fellowship year. | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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 |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>10. Please provide feedback for improvement on the following questions.</b>                             |                                                                                                                                                                                                                                                                                                                     |     |     |        |     |     |       |    |     |      |
| 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<br>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<br>2. About once a quarter<br>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<br>2. Networking with other SAF alumni<br>3. Sharing ideas and resources with other SAF alumni<br>4. In-person trainings focused on teaching epidemiology<br>5. Virtual trainings focused on teaching epidemiology<br>6. Co-teaching with CDC at conferences and trainings<br>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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>12. Please indicate your level of agreement with the following statements.</b>                                                                          |                                                                                    |     |     |        |     |     |       |    |     |      |
| Participation in the CDC Science Ambassador Fellowship improved my understanding of the basic knowledge needed to teach public health content effectively. | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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?<br><br>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.<br>2. Yes, I plan to apply in the future.<br>3. Maybe, I am not sure yet.<br>4. No, while I would like to, it would be difficult to return as a peer leader.<br>5. No, I do not plan to apply.<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>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<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | No  | Yes | No    | No | No  | No   |

DRAFT

## 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](mailto: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<br>2. Not very useful<br>3. Somewhat useful<br>4. Very useful<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| Supervisor Orientation                                                                                                                                                      | 1. Not at all useful<br>2. Not very useful<br>3. Somewhat useful<br>4. Very useful<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| Supervisor Meetings                                                                                                                                                         | 1. Not at all useful<br>2. Not very useful<br>3. Somewhat useful<br>4. Very useful<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |

|                                                                                                              |                                                                                              |    |     |    |    |    |    |    |    |    |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----|-----|----|----|----|----|----|----|----|
| <b>Administrative support provided to fellows (e.g., onboarding)</b>                                         | 1. Not at all useful<br>2. Not very useful<br>3. Somewhat useful<br>4. Very useful<br>5. N/A | No | Yes | No | No | No | No | No | No | No |
| <b>If you selected, "not at all useful" or "not very useful" please explain in the space provided below.</b> | 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Selecting an LLS Fellow</b>                                                                                                                                                                                               | 1. Less Support<br>2. The same level of support<br>3. More support<br>4. No support needed<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Ensuring the LLS Fellow completes CALs (Core Activities of Learning)</b>                                                                                                                                                  | 1. Less Support<br>2. The same level of support<br>3. More support<br>4. No support needed<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Assistance with planning projects for LLS Fellow</b>                                                                                                                                                                      | 1. Less Support<br>2. The same level of support<br>3. More support<br>4. No support needed<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>If you selected, "less support" or "more support" please specify in the space provided below.</b>                                                                                                                         | Open Text Response                                                                                   | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>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.</b> | 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<br>2. Yes<br>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<br>2. Yes<br>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<br>2. Dissatisfied<br>3. Satisfied<br>4. Very Satisfied<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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 | EPP | SAF | PHIFP | PE | ELI | PHAP |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| Your LLS Fellow contributes to the advancement of applied health research in the laboratory. | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| My team values the LLS Fellow's contributions.                                               | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>4. Strongly Agree | No  | Yes | No     | No  | No  | No    | No | No  | No   |

|                                                                                                |                                                                      |    |     |    |    |    |    |    |    |    |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----|-----|----|----|----|----|----|----|----|
| <b>Hosting my LLS Fellow has changed the way I or team members approach laboratory safety.</b> | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>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 |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Hosting my LLS Fellow has changed the way I or team members approach laboratory quality.</b>    | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Hosting my LLS Fellow has changed the way I or team members approach laboratory management.</b> | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Please share some examples to support your responses to the questions above.</b>                | 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 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](mailto: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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>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.</b> |                                                                                              |     |     |        |     |     |       |    |     |      |
| Supervisor Handbook                                                                                                                                                                | 1. Not at all useful<br>2. Not very useful<br>3. Somewhat useful<br>4. Very useful<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| Supervisor Orientation                                                                                                                                                             | 1. Not at all useful<br>2. Not very useful<br>3. Somewhat useful<br>4. Very useful<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| Supervisor Meetings                                                                                                                                                                | 1. Not at all useful<br>2. Not very useful<br>3. Somewhat useful<br>4. Very useful<br>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 |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Supervisor Handbook</b>                                                                                   | 1. Not at all useful<br>2. Not very useful<br>3. Somewhat useful<br>4. Very useful<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Supervisor Orientation</b>                                                                                | 1. Not at all useful<br>2. Not very useful<br>3. Somewhat useful<br>4. Very useful<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Supervisor Meetings</b>                                                                                   | 1. Not at all useful<br>2. Not very useful<br>3. Somewhat useful<br>4. Very useful<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>If you selected, "not at all useful" or "not very useful" please explain in the space provided below.</b> | 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>2. Please indicate the level of support you would like to receive in the future from the LLS office for the following processes:</b> |                                                                                                      |     |     |        |     |     |       |    |     |      |
| <b>Selecting an LLS Fellow</b>                                                                                                          | 1. Less Support<br>2. The same level of support<br>3. More support<br>4. No support needed<br>5. N/A | No  | Yes | No     | No  | No  | No    | No | No  | No   |

|                                                                                                      |                                                                                                      |    |     |    |    |    |    |    |    |    |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----|-----|----|----|----|----|----|----|----|
| <b>Ensuring the LLS Fellow completes CALs (Core Activities of Learning)</b>                          | 1. Less Support<br>2. The same level of support<br>3. More support<br>4. No support needed<br>5. N/A | No | Yes | No | No | No | No | No | No | No |
| <b>Assistance with planning projects for LLS Fellow</b>                                              | 1. Less Support<br>2. The same level of support<br>3. More support<br>4. No support needed<br>5. N/A | No | Yes | No | No | No | No | No | No | No |
| <b>If you selected, "less support" or "more support" please specify in the space provided below.</b> | 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Open Text Response | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <p>4. Please refer to the [Year] CAL list for the questions listed below. The CAL list for 2019 included:</p> <ul style="list-style-type: none"> <li>CAL 1 – Conduct applied laboratory research to address a public health or safety-related issue.</li> <li>CAL 2 – Conduct a risk assessment to evaluate the probability and potential consequences of exposure to a given hazard.</li> <li>CAL 3 – Evaluate a quality management system</li> <li>CAL 4 – Incorporate bioinformatics principles into applied public health laboratory science</li> <li>CAL 5 – Give a 10-20 minute oral presentation to a scientific audience</li> <li>CAL 6 – Give an in-depth public health talk on the fellow's original LLS work or field of study.</li> <li>CAL 7 – Write and submit, as a first author, a scientific manuscript for a peer-reviewed journal.</li> <li>CAL 8 – Participate in laboratory operations management</li> <li>CAL 9 – Communicate complex scientific concepts to an external lay audience</li> <li>CAL 10 – Provide service to the agency</li> </ul> |                    |     |     |        |     |     |       |    |     |      |
| <b>Are there any CALs that you would recommend removing from the list?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1. Yes<br>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<br>2. No<br>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<br>2. No<br>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<br>2. Dissatisfied<br>3. Satisfied<br>4. Very Satisfied<br>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<br>2. Dissatisfied<br>3. Satisfied<br>4. Very Satisfied<br>5. Not Applicable | No  | Yes | No     | No  | No  | No    | No | No  | No   |

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

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### 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>10. Would you like to provide feedback regarding LLS Fellow accomplishments? If you do not have any feedback please write, N/A.</b>       | Open Text Response                                                   | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>11. Thinking about the LLS Fellow you supervised, please indicate to what extent you agree or disagree with the following statements.</b> |                                                                      |     |     |        |     |     |       |    |     |      |
| <b>Your LLS Fellow serves as an active member of the laboratory team.</b>                                                                    | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Your LLS Fellow contributes toward advancing laboratory assessments, protocols, or procedures.</b>                                        | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Your LLS Fellow supports the development of laboratory safety in the laboratory.</b>                                                      | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>4. Strongly Agree | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| My team values the LLS Fellow's contributions.                                               | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>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   |

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## 7.4 ELI

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### 7.4.1 End of Year Survey

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#### 7.4.1.1 Introduction

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##### 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!

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### 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<br>2. Disagree<br>3. Neither<br>4. Agree<br>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<br>2. Disagree<br>3. Neither<br>4. Agree<br>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<br>2. Disagree<br>3. Neither<br>4. Agree<br>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<br>2. Disagree<br>3. Neither<br>4. Agree<br>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 |
|------------------------------------------------------------------------------------|-----------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>2. Please rate the degree to which the fellowship addressed each competency</b> |                                               |     |     |        |     |     |       |    |     |      |
| <b>Instructional Design (process and application)</b>                              | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>Data collection and analysis</b>                                                | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>Needs assessment</b>                                                            | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>Design of instructional interventions</b>                                       | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>Learning assessment design</b>                                                  | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>Formative evaluation</b>                                                        | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>Summative evaluation</b>                                                        | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No  | No  | No     | No  | No  | No    | No | Yes | No   |

|                           |                                               |    |    |    |    |    |    |    |     |    |
|---------------------------|-----------------------------------------------|----|----|----|----|----|----|----|-----|----|
| <b>Project management</b> | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No | No | No | No | No | No | No | Yes | No |
|---------------------------|-----------------------------------------------|----|----|----|----|----|----|----|-----|----|

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### 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <p>3. Rate your knowledge of the following topics both before the fellowship and now, after the fellowship:</p> <p>Project management, Analysis, Content Development, Learner Assessment, Accessibility, Interface and Navigation, Interactivity, Product Evaluation</p> |                                                                                                                                                |     |     |        |     |     |       |    |     |      |
| Before the Fellowship:                                                                                                                                                                                                                                                   | 1. Not at all knowledgeable<br>2. Slightly Knowledgeable<br>3. Moderately Knowledgeable<br>4. Very Knowledgeable<br>5. Extremely Knowledgeable | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| After the Fellowship:                                                                                                                                                                                                                                                    | 1. Not at all knowledgeable<br>2. Slightly Knowledgeable<br>3. Moderately Knowledgeable<br>4. Very Knowledgeable<br>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 |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>4. Select the answer that best describes what the fellowship enabled you to do, if anything.</b>                                  | 1. It DID NOT enable me to UNDERSTAND NEW CONCEPTS or USE NEW SKILLS.<br>2. It enabled me to UNDERSTAND SOME NEW CONCEPTS, but did NOT PREPARE ME TO USE THE NEW SKILLS on the job.<br>3. It enabled me to BEGIN TRYING TO USE NEW SKILLS on the job.<br>4. It enabled me to CONFIDENTLY USE NEW SKILLS on the job.<br>5. It enabled me to BE THOROUGHLY CONFIDENT AND PRACTICED IN USING NEW SKILLS on the job.<br>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   |
| <b>5. In regards to the best practices taught in the fellowship, how motivated will you be to UTILIZE these skills in your work?</b> | 1. I will NOT MAKE THIS A PRIORITY when I get back to my day-to-day job.<br>2. I will make this a PRIORITY - BUT A LOW PRIORITY - when I get back to my day-to-day job.<br>3. I will make this a MODERATE PRIORITY when I get back to my day-to-day job.<br>4. I will make this a HIGH PRIORITY when I get back to my day-to-day job.<br>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 |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>6. How relevant is this fellowship to your current work?</b>                                                    | 1. Not at all relevant<br>2. Slightly relevant<br>3. Moderately relevant<br>4. Very relevant<br>5. Extremely relevant                                                                                                                         | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>7. What is your opinion of the balance of written material, webinars, and interactivity in this fellowship?</b> | 1. Too much written materials and webinars, and not enough interactive learning<br>2. Right amount of written materials, webinars, and interactive learning<br>3. Too much interactive learning and not enough written materials and webinars | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>8. How much of what you learned during the fellowship do you expect to use in your position?</b>                | 1. None<br>2. A little<br>3. Some<br>4. A lot<br>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 |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>I would recommend my MENTOR to an incoming ELI fellow.</b>  | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>I would recommend the ELI fellowship program to others.</b> | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | No  | No  | No     | No  | No  | No    | No | Yes | No   |

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

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## 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](mailto: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 |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Thinking about your experience hosting and supervising an EIS officer, please indicate your level of agreement with each statement.</b> |                                                                                           |     |     |        |     |     |       |    |     |      |
| <b>a) The EIS Handbook was a useful resource.</b>                                                                                          | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>b) Supervisor orientation provided me with the information I needed to begin supervising my officer.</b>                                | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>c) The EIS program clearly communicated supervisory expectations before the fellowship started.</b>                                     | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | Yes | No  | No     | No  | No  | No    | No | No  | No   |

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

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## 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.           | <ol style="list-style-type: none"> <li>1. Strongly Disagree</li> <li>2. Disagree</li> <li>3. Agree</li> <li>4. Strongly Agree</li> <li>5. I did not attend any supervisor seminars.</li> </ol> | 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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>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<br>2. Disagree<br>3. Agree<br>4. Strongly Agree | Yes | No  | No     | No  | No  | No    | No | No  | No   |

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



|                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |    |    |    |    |    |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|----|----|----|----|----|----|
| <p><b>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)</b></p> | <ol style="list-style-type: none"> <li>1. Public health programs or initiatives</li> <li>2. Policies or formal guidelines</li> <li>3. Scientific publications or presentations</li> <li>3. Communication with lay audiences</li> <li>4. Data for public health decision making (including creation of registries, surveillance)</li> <li>5. Data for continuous quality improvement</li> <li>6. Training or technical assistance materials (e.g., curricula, job aids)</li> <li>7. Budgets</li> <li>8. Public health information systems</li> <li>9. Partnerships</li> <li>10. Improvements to organizational efficiencies (e.g., standard operating procedures)</li> <li>11. No lasting effect after service ends</li> <li>12. Other</li> </ol> | Yes | No | No | No | No | No | No | No | No |
| <p><b>Specify:</b></p>                                                                                                                                                                                                                                          | <p>Open Text Response</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No | No | No | No | No | No | No | No |
| <p><b>16. Our organization plans to or is the process of:</b></p>                                                                                                                                                                                               | <ol style="list-style-type: none"> <li>1. Hiring the officer into the immediate work group where the fellowship occurred</li> <li>2. Hiring the officer into another work group</li> <li>3. Continuing to work with the officer through a mechanism other than hiring (e.g., contracting, another fellowship, etc.)</li> <li>4. Not retaining the officer through any mechanism</li> </ol>                                                                                                                                                                                                                                                                                                                                                       | 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>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)</b> | 1. No position available<br>2. No funds available<br>3. Officer is not interested (e.g., accepted another position)<br>4. Officer does not have the knowledge and skills needed for the work<br>5. My organization already has the knowledge and skills the officer would bring (i.e., no value added)<br>6. Personal qualities of the officer (e.g., dependability, work ethic)<br>7. Other | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Specify:</b>                                                                                                                                                                        | Open Text Response                                                                                                                                                                                                                                                                                                                                                                           | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>18. Which of these are reasons why your organization is planning to work with your officer? (Check all that apply)</b>                                                              | 1. Officer has the knowledge and skills needed for the work<br>2. Officer brings additional knowledge and skills the team would not otherwise have<br>3. Personal qualities of the officer (e.g., dependability, work ethic)<br>4. Easier than recruiting for a new person for the position<br>5. Familiarity with your organization and its work<br>6. Other                                | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Specify:</b>                                                                                                                                                                        | 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<br>2. No<br>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   |

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## 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](mailto: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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>3. Thinking about your experience hosting and supervising an EIS officer, please indicate your level of agreement with each statement.</b> |                                                                                           |     |     |        |     |     |       |    |     |      |
| <b>a) The EIS Handbook is a useful resource.</b>                                                                                              | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>b) Supervisor orientation provided me with the information I needed to begin supervising my officer.</b>                                   | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>c) The EIS program clearly communicated supervisory expectations before the fellowship started.</b>                                        | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>d) When I have a question or issue to discuss with the EIS program, I know which person to contact.</b>                                    | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>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<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>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<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>7. Please indicate your level of agreement: Supervisor seminars provided me with the information needed to supervise my officer throughout the year.</b>       | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. I have not attended any supervisor seminars. | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>8. If you selected “strongly disagree,” “disagree,” or “I have not attended any supervisor seminars,” please explain in the space provided below.</b>          | Open Text Response                                                                                                      | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>9. Please identify any training areas that you have not received from the EIS program that would improve your supervisor experience, knowledge, or skills.</b> | Open Text Response                                                                                                      | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>10. Describe your management style:</b>                                                                                                                        | Open Text Response                                                                                                      | Yes | No  | No     | No  | No  | No    | No | No  | No   |

## 7.5.2.4 Overall Feedback

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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   |

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## 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>2. Are you interested in hosting a CDC Epidemiology Elective student next year?</b><br><br><b>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.</b> | 1. Yes<br>2. No                                                  | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>3. Are you interested in hosting a medical or veterinary student (Select all that apply):</b>                                                                                                                                                                                  | 1. Medical Student<br>2. Veterinary Student<br>3. Not Interested | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>4. Would you be interested in hosting a student for 6 or 8 weeks (Select all that apply):</b>                                                                                                                                                                                  | 1. 6 weeks<br>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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>For your position, how suitable are the following professional categories?</b>                                                                                                    |                                                                                                                                                                                                            |     |     |        |     |     |       |    |     |      |
| <b>Physician:</b>                                                                                                                                                                    | 1. Highly Suitable<br>2. Suitable<br>3. No Preference<br>4. Not Suitable                                                                                                                                   | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>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)</b>           | 1. Infectious disease<br>2. Pediatric infectious disease<br>3. Internal medicine<br>4. Emergency medicine<br>5. Family medicine<br>6. Obstetrics and gynecology<br>7. Pediatrics<br>8. Surgery<br>9. Other | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Please List:</b>                                                                                                                                                                  | Open Text Response                                                                                                                                                                                         | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Doctoral Scientist:</b>                                                                                                                                                           | 1. Highly Suitable<br>2. Suitable<br>3. No Preference<br>4. Not Suitable                                                                                                                                   | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>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)</b> | 1. Epidemiology, general<br>2. Infectious disease epidemiology<br>3. Chronic disease epidemiology<br>4. Global or international epidemiology<br>5. Environmental epidemiology                              | Yes | No  | No     | No  | No  | No    | No | No  | No   |

|                     |                                                                                                                                                                                                                                                                                                                                                                                       |     |    |    |    |    |    |    |    |    |    |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|----|----|----|----|----|----|----|
|                     | 6. Biostatistics<br>7. Behavioral sciences, general<br>8. Psychology<br>9. Social sciences (anthropology, sociology, etc.)<br>10. Social Work<br>11. Biology, general<br>12. Microbiology<br>13. Molecular biology<br>14. Nutrition<br>15. Veterinary Preventative Medicine<br>16. Public or Community Health<br>17. Health Management or policy<br>18. Health Education<br>19. Other |     |    |    |    |    |    |    |    |    |    |
| <b>Please List:</b> | Open Text Response                                                                                                                                                                                                                                                                                                                                                                    | Yes | No | 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 |
|-------------------------------------------------|--------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Veterinarian:</b>                            | 1. Highly Suitable<br>2. Suitable<br>3. No Preference<br>4. Not Suitable | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Nurse:</b>                                   | 1. Highly Suitable<br>2. Suitable<br>3. No Preference<br>4. Not Suitable | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Pharmacist:</b>                              | 1. Highly Suitable<br>2. Suitable<br>3. No Preference<br>4. Not Suitable | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Dentist:</b>                                 | 1. Highly Suitable<br>2. Suitable<br>3. No Preference<br>4. Not Suitable | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Other licensed healthcare professionals:</b> | 1. Highly Suitable<br>2. Suitable<br>3. No Preference<br>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 |

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### 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 |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Clinical skills, knowledge, and experience:</b> | 1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS<br>2. Yes, nice to have for my position<br>3. No preference<br>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   |
| <b>What type of clinical experience?</b>           | 1. Human<br>2. Animal<br>3. No Preference                                                                                                                                                                                                      | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Medical chart review</b>                        | 1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS<br>2. Yes, nice to have for my position<br>3. No preference<br>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   |
| <b>Foreign language</b>                            | 1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS<br>2. Yes, nice to have for my position<br>3. No preference<br>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   |
| <b>If yes, what languages?</b>                     | Open Text Response                                                                                                                                                                                                                             | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Global field experience</b>                     | 1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS<br>2. Yes, nice to have for my position<br>3. No preference<br>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 |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Experience working with international partners</b>                  | 1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS<br>2. Yes, nice to have for my position<br>3. No preference<br>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   |
| <b>Qualitative or anthropological methods</b>                          | 1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS<br>2. Yes, nice to have for my position<br>3. No preference<br>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   |
| <b>Large secondary data management</b>                                 | 1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS<br>2. Yes, nice to have for my position<br>3. No preference<br>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   |
| <b>Advanced epidemiologic or behavioral science analytical methods</b> | 1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS<br>2. Yes, nice to have for my position<br>3. No preference<br>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   |
| <b>Scientific writing</b>                                              | 1. Yes, my position will greatly benefit from an officer with this skill at the start of EIS<br>2. Yes, nice to have for my position<br>3. No preference<br>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   |

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## 8. Assessments & Evaluations

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### 8.1 EEP

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#### 8.1.1 Supervisor Evaluation of Student Survey

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##### 8.1.1.1 General Information

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###### 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](mailto:epielective@cdc.gov).

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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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>INSTRUCTIONAL TEXT:</b><br><br>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. |                                                                                                       |     |     |        |     |     |       |    |     |      |
| <b>The student had knowledge of the public health sciences prior to his/her EEP rotation that contributed to the project.</b>                                                                                              | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>The student had skills in public health sciences prior to his/her EPP rotation that contributed to the project.</b>                                                                                                     | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>We were able to teach the student new knowledge of public health sciences.</b>                                                                                                                                          | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>We were able to teach the student new skills in public health sciences.</b>                                                                                                                                             | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>The student contributed to the overall goals of the project.</b>                                                                                                                                                        | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>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 |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Demonstrated the ability to set goals and objectives.</b>                           | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Accomplished necessary tasks and completed assigned work.</b>                       | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Organized and used time efficiently.</b>                                            | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Was able to quickly adapt to changing needs and priorities to support the team.</b> | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Developed working relationships with a variety of people.</b>                       | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>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 |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Contributed positively to the team dynamic.</b>          | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Demonstrated effective oral communication skills.</b>    | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Demonstrated effective written communication skills.</b> | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Was effective at solving problems.</b>                   | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Presented innovative ideas in a professional manner.</b> | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>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 |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Was able to evaluate personal effort and the work of others.</b>            | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Was able to take and respond to constructive criticism.</b>                 | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Displayed qualities of a future leader.</b>                                 | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>5. Strongly Agree | No  | No  | No     | Yes | No  | No    | No | No  | No   |
| <b>Overall demonstrated skills need to enter the public health profession.</b> | 1. Strongly Disagree<br>2. Disagree<br>3. Neither Agree nor Disagree<br>4. Agree<br>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<br>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<br>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 |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-------|-----|-----|------|
| <b>What competencies has the student listed for this project?</b>  | <ol style="list-style-type: none"> <li>1. Systems Thinking</li> <li>2. Public Health Sciences</li> <li>3. Analytic Assessment</li> <li>4. Community Dimensions of Practice</li> <li>5. Intercultural Sensitivity</li> <li>6. Communication</li> </ol> | No  | No  | Yes | No  | No    | No  | No  | No   |
| <b>I concur that the competency requirements for this project:</b> | <ol style="list-style-type: none"> <li>1. Have been met for this Project</li> <li>2. Have NOT been met for this Project</li> <li>3. Project is still In Progress</li> <li>4. Need Further Information</li> </ol>                                      | No  | No  | Yes | No  | No    | No  | No  | No   |
| <b>Missing requirements:</b>                                       | Open Text Response                                                                                                                                                                                                                                    | Yes | Yes | Yes | No  | Yes   | Yes | Yes | Yes  |
| <b>Additional information needed:</b>                              | Open Text Response                                                                                                                                                                                                                                    | Yes | Yes | Yes | No  | Yes   | Yes | Yes | Yes  |
| <b>General comments or feedback:</b>                               | Open Text Response                                                                                                                                                                                                                                    | Yes | Yes | Yes | No  | Yes   | Yes | Yes | Yes  |
| <b>I concur that the overall status of this project is:</b>        | <ol style="list-style-type: none"> <li>1. Project in Progress</li> <li>2. Completed and meets all the Competencies listed above</li> </ol>                                                                                                            | 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 |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Fellow will meet the Core Activities of Learning (CALs) during this LLS assignment</b>             | 1. Strongly Disagree<br>2. Disagree<br>3. Neutral<br>4. Agree<br>5. Strongly Agree | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>If you disagree with any statement listed above, please provide comments for why you disagree:</b> | Open Text Response                                                                 | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>What concerns do you have or challenges do you anticipate in the next 6 months?</b>                | Open Text Response                                                                 | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>What changes or additions to support would you like to see from the LLS Program? Why?</b>          | Open Text Response                                                                 | No  | Yes | No     | No  | No  | No    | No | No  | No   |

## 8.2.2 6-Month CAL Assessment

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### 8.2.2.1 Section I.

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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 |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities associated with this CAL.                                                | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Topic:</b> What is the public health or safety issue?                                                            | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Status:</b> What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.  | 1. 0%<br>2. 25%<br>3. 50%<br>4. 75%<br>5. 100% | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>If Status is "Not Started " state why:</b>                                                                       | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Strength(s):</b> 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   |
| <b>Area(s) for Growth:</b> 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 |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities associated with this CAL.                                               | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Topic:</b> What is the public health or safety issue?                                                           | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Status:</b> What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete. | 1. 0%<br>2. 25%<br>3. 50%<br>4. 75%<br>5. 100% | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>If Status is "Not Started " state why:</b>                                                                      | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |

|                                                                                                                     |                    |    |     |    |    |    |    |    |    |    |
|---------------------------------------------------------------------------------------------------------------------|--------------------|----|-----|----|----|----|----|----|----|----|
| <b>Strength(s):</b> 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 |
| <b>Area(s) for Growth:</b> 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 |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities associated with this CAL.                                                | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Topic:</b> What is the public health or safety issue?                                                            | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Status:</b> What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.  | 1. 0%<br>2. 25%<br>3. 50%<br>4. 75%<br>5. 100% | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>If Status is "Not Started " state why:</b>                                                                       | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Strength(s):</b> 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   |
| <b>Area(s) for Growth:</b> 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 |
|----------------------------------------------------------------------|--------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities associated with this CAL. | Open Text Response | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Topic:</b> What is the public health or safety issue?             | Open Text Response | No  | Yes | No     | No  | No  | No    | No | No  | No   |

|                                                                                                                     |                                                  |    |     |    |    |    |    |    |    |    |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----|-----|----|----|----|----|----|----|----|
| <b>Status:</b> What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.  | 1. Not Started<br>2. In Progress<br>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 |
| <b>Strength(s):</b> 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 |
| <b>Area(s) for Growth:</b> 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 |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities associated with this CAL.                                                | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Topic:</b> What is the public health or safety issue?                                                            | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Status:</b> What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.  | 1. 0%<br>2. 25%<br>3. 50%<br>4. 75%<br>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   |
| <b>Strength(s):</b> 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   |
| <b>Area(s) for Growth:</b> 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   |
| <b>Presentation Title:</b>                                                                                          | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Event or Conference (e.g., EIS Conference):</b>                                                                  | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Approximate Number of Attendees:</b>                                                                             | 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 |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities associated with this CAL.                                                | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Topic:</b> What is the public health or safety issue?                                                            | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Status:</b> What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.  | 1. 0%<br>2. 25%<br>3. 50%<br>4. 75%<br>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   |
| <b>Strength(s):</b> 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   |
| <b>Area(s) for Growth:</b> 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   |
| <b>Presentation Title:</b>                                                                                          | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Event or Conference (e.g., EIS conference):</b>                                                                  | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Approximate Number of Attendees</b>                                                                              | 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 |
|----------------------------------------------------------------------|--------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities associated with this CAL. | Open Text Response | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Topic:</b> What is the public health or safety issue?             | Open Text Response | No  | Yes | No     | No  | No  | No    | No | No  | No   |

|                                                                                                                     |                                                |    |     |    |    |    |    |    |    |    |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----|-----|----|----|----|----|----|----|----|
| <b>Status:</b> What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.  | 1. 0%<br>2. 25%<br>3. 50%<br>4. 75%<br>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 |
| <b>Clearance Submission:</b> When was the manuscript submitted to clearance?                                        | Open Text Response                             | No | Yes | No | No | No | No | No | No | No |
| <b>Strength(s):</b> 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 |
| <b>Area(s) for Growth:</b> 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 |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities associated with this CAL.                                                | Open Text Response                               | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Topic:</b> What is the public health or safety issue?                                                            | Open Text Response                               | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Status:</b> What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.  | 1. Not Started<br>2. In Progress<br>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   |
| <b>Strength(s):</b> 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   |
| <b>Area(s) for Growth:</b> 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 |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities associated with this CAL.                                                | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Topic:</b> What is the public health or safety issue?                                                            | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Status:</b> What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.  | 1. 0%<br>2. 25%<br>3. 50%<br>4. 75%<br>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   |
| <b>Strength(s):</b> 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   |
| <b>Area(s) for Growth:</b> 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 |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities associated with this CAL.                                                | Open Text Response                               | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Topic:</b> What is the public health or safety issue?                                                            | Open Text Response                               | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Status:</b> What is the status of this CAL? Please refer to the CAL Status Guide to determine percent complete.  | 1. Not Started<br>2. In Progress<br>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   |
| <b>Strength(s):</b> 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   |
| <b>Area(s) for Growth:</b> 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 |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities of this project.                                                             | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Status:</b> What is the status of this project?                                                                      | 1. 0%<br>2. 25%<br>3. 50%<br>4. 75%<br>5. 100% | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Strength(s):</b> 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   |
| <b>Area(s) for Growth:</b> 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 |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities of this project.                                                             | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Status:</b> What is the status of this project?                                                                      | 1. 0%<br>2. 25%<br>3. 50%<br>4. 75%<br>5. 100% | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Strength(s):</b> 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   |
| <b>Area(s) for Growth:</b> 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 |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Activities:</b> Describe the activities of this project.                                                             | Open Text Response                             | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Status:</b> What is the status of this project?                                                                      | 1. 0%<br>2. 25%<br>3. 50%<br>4. 75%<br>5. 100% | No  | Yes | No     | No  | No  | No    | No | No  | No   |
| <b>Strength(s):</b> 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   |
| <b>Area(s) for Growth:</b> 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   |

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### 8.2.3 Activity Review

Table 8.2.3.a. Activity Review Fields

| Field Name                                                   | Values                                                                                                                                                                                                                                                                                         | EIS | LLS | EEP | SAF | PHIFP | PE  | ELI | PHAP |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-------|-----|-----|------|
| <b>What CALs has the Fellow listed for this activity?</b>    | 1. Applied Laboratory Research<br>2. Safety Risk Assessment<br>3. Quality Management System Evaluation<br>4. Long Presentation<br>5. Short Presentation<br>6. Peer-reviewed Manuscript<br>7. Bioinformatics<br>8. Laboratory Operations Management<br>9. Lay Audience<br>10. Service to Agency | No  | Yes | No  | No  | No    | No  | No  | No   |
| <b>I concur that the CAL requirements for this Activity:</b> | 1. Have been met for this Activity<br>2. Have NOT been met for this Activity<br>3. Activity is still In Progress<br>4. Need Further Information                                                                                                                                                | No  | Yes | No  | No  | No    | No  | No  | No   |
| <b>Missing Requirements:</b>                                 | Open Text Response                                                                                                                                                                                                                                                                             | Yes | Yes | No  | No  | Yes   | Yes | Yes | Yes  |
| <b>Additional Information Needed:</b>                        | Open Text Response                                                                                                                                                                                                                                                                             | Yes | Yes | No  | No  | Yes   | Yes | Yes | Yes  |
| <b>General Comments or Feedback:</b>                         | Open Text Response                                                                                                                                                                                                                                                                             | Yes | Yes | No  | No  | Yes   | Yes | Yes | Yes  |
| <b>I concur that the overall status of this Activity is:</b> | 1. Activity in Progress<br>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 competency-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 proficiency 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 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|-----|-----|------|
| <b>Proficiency:</b>                                                                    | 1. 1 - Basic Proficiency<br>2. 2 -<br>3. 3 -<br>4. 4 -<br>5. 5 - Advanced Proficiency | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Strengths of the PE Fellow:</b>                                                     | Open Text Response                                                                    | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Areas in need of special attention and/or areas of growth during PE Fellowship:</b> | 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 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|-----|-----|------|
| <b>Proficiency:</b>                                                                    | 1. 1 - Basic Proficiency<br>2. 2 -<br>3. 3 -<br>4. 4 -<br>5. 5 - Advanced Proficiency | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Strengths of the PE Fellow:</b>                                                     | Open Text Response                                                                    | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Areas in need of special attention and/or areas of growth during PE Fellowship:</b> | 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 |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|-----|-----|------|
| <b>Proficiency:</b>                                                        | 1. 1 - Basic Proficiency<br>2. 2 -<br>3. 3 -<br>4. 4 -<br>5. 5 - Advanced Proficiency | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Strengths of the PE Fellow:</b>                                         | Open Text Response                                                                    | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Areas in need of special attention and/or areas of growth during PE</b> | Open Text Response                                                                    | No  | No  | No     | No  | No  | No    | Yes | No  | No   |

|                    |  |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|
| <b>Fellowship:</b> |  |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|

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 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|-----|-----|------|
| <b>Proficiency:</b>                                                                    | 1. 1 - Basic Proficiency<br>2. 2 -<br>3. 3 -<br>4. 4 -<br>5. 5 - Advanced Proficiency | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Strengths of the PE Fellow:</b>                                                     | Open Text Response                                                                    | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Areas in need of special attention and/or areas of growth during PE Fellowship:</b> | 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 |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|-----|-----|------|
| <b>Displaying confidence, commitment, and passion in day-to-day actions:</b> | 1. Very Weak<br>2. Weak<br>3. Average<br>4. Strong<br>5. Very Strong | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Prioritizing activities and managing timelines and deadlines:</b>         | 1. Very Weak<br>2. Weak<br>3. Average<br>4. Strong<br>5. Very Strong | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Making significant changes in my behavior when necessary:</b>             | 1. Very Weak<br>2. Weak<br>3. Average<br>4. Strong<br>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 |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|-----|-----|------|
| <b>Listening and communicating clearly and effectively:</b>                                            | 1. Very Weak<br>2. Weak<br>3. Average<br>4. Strong<br>5. Very Strong | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Managing conflict and differences of opinion between myself and others or among others:</b>         | 1. Very Weak<br>2. Weak<br>3. Average<br>4. Strong<br>5. Very Strong | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Working effectively as a team member:</b>                                                           | 1. Very Weak<br>2. Weak<br>3. Average<br>4. Strong<br>5. Very Strong | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Navigating Organizational Culture and Change</b>                                                    |                                                                      |     |     |        |     |     |       |     |     |      |
| <b>Displaying flexibility in adapting to changing or ambiguous situations or overcoming obstacles:</b> | 1. Very Weak<br>2. Weak<br>3. Average<br>4. Strong<br>5. Very Strong | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Managing the administrative and bureaucratic tensions of the workplace:</b>                         | 1. Very Weak<br>2. Weak<br>3. Average<br>4. Strong<br>5. Very Strong | No  | No  | No     | No  | No  | No    | Yes | No  | No   |

|                                                                                         |                                                                      |    |    |    |    |    |    |     |    |    |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------|----|----|----|----|----|----|-----|----|----|
| <b>Keeping issues and challenges in context while maintaining a balanced viewpoint:</b> | 1. Very Weak<br>2. Weak<br>3. Average<br>4. Strong<br>5. Very Strong | No | No | No | No | No | No | Yes | No | No |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------|----|----|----|----|----|----|-----|----|----|

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### 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 |
|--------------------------------------------------------------------------------------|--------------------|-----|-----|--------|-----|-----|-------|-----|-----|------|
| <b>A. Develop two scientific papers suitable for publication:</b>                    | Open Text Response | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>B. Deliver two scientific presentations:</b>                                      | Open Text Response | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>C. Deliver two methods-based educational sessions:</b>                            | Open Text Response | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>D. Develop one policy brief based on a policy issue relevant to the host CIO:</b> | Open Text Response | No  | No  | No     | No  | No  | No    | Yes | No  | No   |

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### 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 |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|-----|-----|------|
| <b>Overall Proficiency:</b>                                                                     | 1. Very Weak<br>2. Weak<br>3. Average<br>4. Strong<br>5. Very Strong | No  | No  | No     | No  | No  | No    | Yes | No  | No   |
| <b>Overall Comments (What are your PE Fellow’s strengths? How has the PE Fellow improved?):</b> | 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   |

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### 8.3.2 Accomplishment Review

Table 8.3.2.a. Accomplishment Review Fields

| Field Name                                                                                                                                                  | Values                                                                                                                                                            | EIS | LLS | EEP | SAF | PHIFP | PE  | ELI | PHAP |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-------|-----|-----|------|
| <b>What Competencies has the Fellow listed for this Accomplishment?</b><br><br>(for every competency selected, the reviewer will answer the below question) | 1. Analytic / Assessment Skills<br>2. Policy Assessment and Communication<br>3. Interpersonal and Professional Communication<br>4. Foundations for Leadership     | No  | No  | No  | No  | No    | Yes | No  | No   |
| <b>I concur that the Competency requirements for this Accomplishment:</b>                                                                                   | 1. Have been met for this Accomplishment<br>2. Have NOT been met for this Accomplishment<br>3. Accomplishment is still In Progress<br>4. Need Further Information | No  | No  | No  | No  | No    | Yes | No  | No   |
| <b>Missing Requirements:</b>                                                                                                                                | Open Text Response                                                                                                                                                | Yes | Yes | Yes | No  | Yes   | Yes | Yes | Yes  |
| <b>Additional Information Needed:</b>                                                                                                                       | Open Text Response                                                                                                                                                | Yes | Yes | Yes | No  | Yes   | Yes | Yes | Yes  |
| <b>General Comments or Feedback:</b>                                                                                                                        | Open Text Response                                                                                                                                                | Yes | Yes | Yes | No  | Yes   | Yes | Yes | Yes  |
| <b>I concur that the overall status of this Accomplishment is:</b>                                                                                          | 1. Accomplishment in Progress<br>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 15<sup>th</sup> October 15<sup>th</sup>

**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 |
|-------------------------------------------|-------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Associate Activity:</b>                | Open Text Response                                                            | No  | No  | No     | No  | No  | No    | No | No  | Yes  |
| <b>Activity Status:</b>                   | 1. Not Started<br>2. In Progress<br>3. Completed<br>4. Eliminated<br>5. Other | No  | No  | No     | No  | No  | No    | No | No  | Yes  |
| <b>Specify:</b>                           | Open Text Response                                                            | No  | No  | No     | No  | No  | No    | No | No  | Yes  |
| <b>Activity Subject Area:</b>             | See Appendix p. 154                                                           | No  | No  | No     | No  | No  | No    | No | No  | Yes  |
| <b>Description of Progress Made:</b>      | Open Text Response                                                            | No  | No  | No     | No  | No  | No    | No | No  | Yes  |
| <b>Description of Completed Activity:</b> | Open Text Response                                                            | No  | No  | No     | No  | No  | No    | No | No  | Yes  |
| <b>Description of Activity Delays:</b>    | Open Text Response                                                            | No  | No  | No     | No  | No  | No    | No | No  | Yes  |
| <b>Description of Reason Eliminated:</b>  | 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<br>2. In Progress<br>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  |

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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 |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Select Learning Outcome:</b>          | 1. Conduct data collection activities<br>2. Deliver an oral presentation<br>3. Develop a health communication or educational product<br>4. Plan and lead a meeting<br>5. Identify a need and propose a solution<br>6. Produce a written report<br>7. Write and submit an abstract | No  | No  | No     | No  | No  | No    | No | No  | Yes  |
| <b>Learning Outcome Completion Date:</b> | Open Text Response                                                                                                                                                                                                                                                                | No  | No  | No     | No  | No  | No    | No | No  | Yes  |

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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  |

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Table 8.4.2.a. Project Review Fields

| Field Name                                                          | Values                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EIS | LLS | EEP | SAF | PHIFP | PE | ELI | PHAP |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-------|----|-----|------|
| <b>What Competencies has the Associate listed for this Project?</b> | 1. 1.1 Monitors health risks and factors affecting the community<br>2. 1.2 Uses data that are valid and reliable for assessing the health of a community<br>3. 1.3 Synthesizes public health information to accurately assess problems<br>4. 1.4 Applies ethical principles in using (e.g., accessing, analyzing, using, maintaining, and disseminating) public health data and information<br>5. 1.5 Uses information technology in accessing, collecting, analyzing, using maintaining, and disseminating data and information<br>6. 1.6 Defends decisions using logic as well as qualitative and quantitative data<br>7. 2.1 Applies knowledge of various approaches to improving population-based health<br>8. 2.2 Describes the basic public health sciences (i.e., laboratory, epidemiology, surveillance, and informatics)<br>9. 2.3 Describes how public health sciences are used in the delivery of the 10 Essential Public Health services<br>10. 2.4 Incorporates public health informatics practices and procedures<br>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<br>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<br>13. 3.1 Identifies information required in the program planning process<br>14. 3.2 Gathers information for evaluating policies, programs, and services<br>15. 3.3 Contributes to the implementation of an organizational strategic plan<br>16. 3.4 Contributes to state/tribal/community health improvement planning<br>17. 4.1 Describes the public health laws and regulations governing public health programs<br>18. 4.2 Adheres to laws, regulations, policies, and procedures for ethical public health practice<br>19. 4.3 Analyzes public health legislation, policy, and regulation issuances that impact public health<br>20. 5.1 Treats others courteously and respectfully<br>21. 5.2 Exercises initiative, persistence, tact, and resourcefulness in establishing and continuing work relationships<br>22. 5.3 Elicits and applies feedback to build professional skills and competencies<br>23. 5.4 Makes decisions that are focused on desired results<br>24. 5.5 Uses the chain of command to address risks, issues, or concerns<br>25. 6.1 Communicates in writing and orally with linguistic and cultural proficiency to target audience<br>26. 6.2 Communicates information that is clear, timely, accurate and uses plain language<br>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)<br>28. 6.4 Applies communication and group dynamic strategies in interactions with individuals and groups<br>29. 6.5 Demonstrates active listening skills<br>30. 7.1 Incorporates strategies for interacting with people from diverse backgrounds<br>31. 7.2 Recognizes the ways in which diversity influences policies, program, and the overall health of a community<br>32. 7.3 Recognizes the benefit of using a diverse workforce to better serve target populations<br>33. 7.4 Uses cultural and social aspects to increase an intervention's effectiveness<br>34. 7.5 Develops and maintains relationships with diverse partners to improve population-based health<br>35. 8.1 Establishes relationships to improve health in a community (e.g., partnerships, academic, colleagues, customers, others)<br>36. 8.2 Collaborates with community partners to improve health in a community<br>37. 8.3 Serves as a public health ambassador<br>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)<br>39. 9.1 Describes public health funding mechanisms<br>40. 9.2 Provides assistance on grants, cooperative agreements, contracts, and other awards<br>41. 9.3 Describes components of a budget<br>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 |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-------|-----|-----|------|
| <b>I concur that the Competency requirements for this Project:</b> | 1. Have been met for this Project<br>2. Have NOT been met for this Project<br>3. Project is still In Progress<br>4. Need Further Information | No  | No  | No  | No  | No    | No  | No  | Yes  |
| <b>Missing Requirements:</b>                                       | Open Text Response                                                                                                                           | Yes | Yes | Yes | No  | Yes   | Yes | Yes | Yes  |
| <b>Additional Information Needed:</b>                              | Open Text Response                                                                                                                           | Yes | Yes | Yes | No  | Yes   | Yes | Yes | Yes  |
| <b>General Comments or Feedback:</b>                               | Open Text Response                                                                                                                           | Yes | Yes | Yes | No  | Yes   | Yes | Yes | Yes  |
| <b>I concur that the overall status of this Project is:</b>        | 1. Project in Progress<br>2. Completed and meets all the Competencies listed above                                                           | No  | No  | No  | No  | No    | No  | No  | Yes  |

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## 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 cohorts. 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 |
|-------------------------------------------------------|-----------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Instructional Design (process and application)</b> | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>Data collection and analysis</b>                   | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>Needs assessment</b>                               | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>Design of instructional interventions</b>          | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No  | No  | No     | No  | No  | No    | No | Yes | No   |

|                                   |                                               |    |    |    |    |    |    |    |    |     |    |
|-----------------------------------|-----------------------------------------------|----|----|----|----|----|----|----|----|-----|----|
| <b>Design learning assessment</b> | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No | No | No | No | No | No | No | No | Yes | No |
| <b>Formative evaluation</b>       | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No | No | No | No | No | No | No | No | Yes | No |
| <b>Summative evaluation</b>       | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No | No | No | No | No | No | No | No | Yes | No |
| <b>Project management</b>         | 1. Poor<br>2. Fair<br>3. Good<br>4. Excellent | No | 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>2. What is your opinion of the balance of written material, webinars, and interactivity in this fellowship?</b>                                                                                                     | 1. Too much written materials and webinars, and not enough interactive learning<br>2. Right amount of written materials, webinars, and interactive learning<br>3. Too much interactive learning and not enough written materials and webinars | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>3. Rate your level of agreement with the following statement about the design of the fellowship.</b><br><br><b>Content provided in the fellowship reflect current best practices in e-learning and development.</b> | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable / Don't know                                                                                                                                        | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>4. How could the design of this fellowship be improved to make it a more effective learning experience?</b>                                                                                                         | Open Text Response                                                                                                                                                                                                                            | No  | No  | No     | No  | No  | No    | No | Yes | No   |

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### 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 |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>My fellow and I were properly matched.</b>                                            | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>My fellow developed the necessary skills to successfully complete the fellowship.</b> | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>I felt adequately supported by the program administrator.</b>                         | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>Mentor orientation sufficiently prepared me to participate in the fellowship.</b>     | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>The time commitment required for mentoring matched my expectations.</b>               | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Other mentors were available to assist me when I needed help.</b>                                                                                                  | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>I would recommend becoming an ELI mentor to others.</b>                                                                                                            | 1. Strongly Disagree<br>2. Disagree<br>3. Agree<br>4. Strongly Agree<br>5. Not Applicable | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>6. How many individuals (peers and fellows) have you developed and plan to maintain a professional relationship with beyond the fellowship? For what purposes?</b> | Open Text Response                                                                        | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>7. How could the mentoring experience be improved to make it more effective?</b>                                                                                   | Open Text Response                                                                        | No  | No  | No     | No  | No  | No    | No | Yes | No   |
| <b>8. Is there anything else you want to tell us?</b>                                                                                                                 | 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----|-----|--------|-----|-----|-------|----|-----|------|
| <b>Primary Supervisor Name:</b>                                                                                                                                                                     | See Appendix p. 154                                     | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>EIS Officer Name:</b>                                                                                                                                                                            | See Appendix p. 154                                     | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Assessment Period:</b>                                                                                                                                                                           | 1. 6 Month<br>2. 12 Month<br>3. 18 Month<br>4. 24 Month | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Host Site:</b>                                                                                                                                                                                   | Open Text Response                                      | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Applied Epidemiology Skills (Oral and Written Communication, Data Analysis, Surveillance, and Field Investigations): What are the officer's strengths?</b>                                       | Open Text Response                                      | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Applied Epidemiology Skills (Oral and Written Communication, Data Analysis, Surveillance, and Field Investigations): What are the officer's areas for improvement?</b>                           | Open Text Response                                      | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Applied Epidemiology Skills (Oral and Written Communication, Data Analysis, Surveillance, and Field Investigations): What are your recommendations for addressing the areas for improvement?</b> | Open Text Response                                      | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Professionalism Skills (Communication, Decision-making, Leadership, Teamwork): What are the officer's strengths?</b>                                                                             | Open Text Response                                      | Yes | No  | No     | No  | No  | No    | No | No  | No   |
| <b>Professionalism Skills (Communication, Decision-making, Leadership, Teamwork): What are the officer's areas for improvement?</b>                                                                 | Open Text Response                                      | Yes | No  | No     | No  | No  | No    | No | No  | No   |



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

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## 8.6.2 Activity Review

Table 8.6.2.a. Activity Review Fields

| Field Name                                                                                                                                                | Values                                                                                                                                                                                                                                           | EIS | LLS | EEP | SAF | PHIFP | PE  | ELI |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-------|-----|-----|
| <b>What CALs has the Officer listed for this activity?</b>                                                                                                | 1. Field Investigation<br>2. Epi Analysis<br>3. Short Presentation<br>4. Long Presentation<br>5. Service to the Agency<br>6. Abstract<br>7. Manuscript<br>8. Lay Audience Presentation<br>9. Public Health Update<br>10. Surveillance Evaluation | Yes | No  | No  | No  | No    | No  | No  |
| <b>I concur that the CAL requirements for this Activity:</b>                                                                                              | 1. Have been met for this Activity<br>2. Have NOT been met for this Activity<br>3. Activity is still In Progress<br>4. Need Further Information                                                                                                  | Yes | No  | No  | No  | No    | No  | No  |
| <b>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.</b> | <input type="radio"/> 1=very poor<br><input type="radio"/> 2=poor<br><input type="radio"/> 3=fair<br><input type="radio"/> 4=good<br><input type="radio"/> 5=excellent                                                                           | Yes | No  | No  | No  | No    | No  | No  |
| <b>Missing Requirements:</b>                                                                                                                              | Open Text Response                                                                                                                                                                                                                               | Yes | Yes | No  | No  | Yes   | Yes | Yes |
| <b>Additional Information Needed:</b>                                                                                                                     | Open Text Response                                                                                                                                                                                                                               | Yes | Yes | No  | No  | Yes   | Yes | Yes |
| <b>General Comments or Feedback:</b>                                                                                                                      | Open Text Response                                                                                                                                                                                                                               | Yes | Yes | No  | No  | Yes   | Yes | Yes |
| <b>I concur that the overall status of this Activity is:</b>                                                                                              | 1. Activity in Progress<br>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 |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-------|-----|-----|------|
| <b>What Competencies has the Fellow listed for this project?</b>   | 1. 1.1 Formulate a public health informatics problem to enable design of effective solutions<br>2. 1.2 Assess data, information, knowledge needs and resources to support decision making and problem solving<br>3. 1.3 Apply the scientific method to PHI problem solving<br>4. 2.1 Implement a communication plan to engage stakeholders<br>5. 2.2 Synthesize information for dissemination to technical and non-technical audiences<br>6. 2.3 Apply team management strategies, such as conflict resolution, active listening, and negotiation skills, with individuals and groups<br>7. 2.4 Develop strategies for interacting with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds<br>8. 3.1 Apply software engineering models and methods to software development life cycle<br><br>9. 3.2 Recommend solutions that assure confidentiality, security, and integrity while maximizing availability of information public health<br>10. 3.3 Formulate models for acquisition, representation, processing, display, or transmission of public health information<br>11. 3.4 Apply information standards in developing public health information systems projects and interoperable public health information systems<br>12. 4.1 Develops a vision for system change<br>13. 4.2 Demonstrates self-awareness and one's impact on others<br>14. 4.3 Plan with community partners to solve an informatics problem | No  | No  | No  | No  | Yes   | No  | No  | No   |
| <b>I concur that the Competency requirements for this Project:</b> | 1. Have been met for this Project<br>2. Have NOT been met for this Project<br>3. Activity is still In Progress<br>4. Need Further Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No  | No  | No  | No  | Yes   | No  | No  | No   |
| <b>Missing Requirements:</b>                                       | Open Text Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>Additional Information Needed:</b>                              | Open Text Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>General Comments or Feedback:</b>                               | Open Text Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | Yes | Yes | Yes | Yes   | Yes | Yes | Yes  |
| <b>I concur that the overall status of this Project is:</b>        | 1. Project in Progress<br>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 |
|------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>Approved Country List</b> | <a href="#">6.2 Citizenship Status</a> | United States<br>Anguilla<br>Antigua<br>Australia<br>Bahamas<br>Barbados<br>Barbuda<br>Belize<br>Bermuda<br>British Virgin Islands<br>Canada<br>Dominica<br>Grand Cayman Islands | Grenada<br>Guyana<br>Irish Republic<br>Jamaica<br>Montserrat<br>New Zealand<br>Saint Kitts and Nevis<br>St. Lucia<br>St. Vincent & the Grenadine<br>Tabago<br>Trinidad<br>Turks and Caicos Islands<br>United Kingdom |          |          |

## II. Lookup Tables

### Appendix of Lookup Tables

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

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|  | <a href="#">6.4.3 Success Story</a><br><br><a href="#">7.1.2 Student Exit Survey</a> | Arizona<br>Arkansas<br>California<br>Colorado<br>Connecticut<br>Delaware<br>Washington, DC<br>Florida<br>Georgia<br>Hawaii<br>Idaho<br>Illinois<br>Indiana<br>Iowa<br>Kansas<br>Kentucky<br>Louisiana<br>Maine<br>Maryland<br>Massachusetts<br>Michigan<br>Minnesota<br>Mississippi<br>Missouri<br>Montana | New Jersey<br>New Mexico<br>New York<br>North Carolina<br>North Dakota<br>Ohio<br>Oklahoma<br>Oregon<br>Pennsylvania<br>Rhode Island<br>South Carolina<br>South Dakota<br>Tennessee<br>Texas<br>Utah<br>Vermont<br>Virginia<br>Washington<br>West Virginia<br>Wisconsin<br>Wyoming<br>Puerto Rico<br>Pacific Islands<br>U.S. Virgin Islands<br>Guam |  |  |  |
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|                                          |                                               | Nebraska                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Northern Mariana Islands<br><br>American Samoa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Center/Division/Branch<br/>Lookup</b> | <a href="#">7.1.2 Student Exit<br/>Survey</a> | <p>NIOSH / Office of the Director / Administrative Svcs Branch (Cincinnati)</p> <p>NIOSH / Office of the Director / Administrative Svcs Branch (Morgantown)</p> <p>NIOSH / Office of the Director / Administrative Svcs Branch (Spokane)</p> <p>NIOSH / Office of the Director / Administrative Svcs Branch (Pittsburgh)</p> <p>NCHS / Office of Analysis &amp; Epidemiology / Aging &amp; Chronic Disease Statistics Branch</p> <p>NIOSH / Health Effects Laboratory Division / Allergy &amp; Clinical Immunology Branch</p> <p>NCHS / Division of Health Care Statistics / Ambulatory and Hospital Care Statistics Branch</p> <p>NIOSH / Division of Safety Research / Analysis &amp; Field Branch</p> <p>NCHS / Division of Health &amp; Nutrition Examination Surveys / Analysis Branch</p> <p>NCHS / Office of Analysis &amp; Epidemiology / Analytic Studies Branch</p> <p>NCEZID / Division of Scientific Resources / Animal Resources Branch</p> <p>NCCDPHP / Division for Heart Disease and Stroke Prevention / Applied Research and Evaluation</p> | <p>NCHS / Division of Health Interview Statistics / Data Analysis &amp; Quality Assurance Branch</p> <p>CSELS / Division of Scientific Education and Professional Development / Education and Training Se...</p> <p>NCHHSTP / Division of Tuberculosis Elimination / Data Management and Statistics Branch</p> <p>NIOSH / Pittsburgh Mining Research Division / Electrical &amp; Mechanical Systems Safety Branch</p> <p>NCHS / Division of Health Interview Statistics / Data Production &amp; Systems Branch</p> <p>CPR / Division of Emergency Operations / Emergency and Risk Communications Branch</p> <p>NCEZID / Division of Vector-Borne Diseases / Dengue Branch</p> <p>NCEH / Division of Environmental Health Science and Practice / Emergency Management, Radiation, a...</p> <p>NCBDDD / Division of Congenital and Developmental Disorders / Developmental Disabilities Branch</p> <p>NCEZID / Division of Preparedness and Emerging Infections / Emergency</p> | <p>NIOSH / Pittsburgh Mining Research Division / Fires and Explosions Branch</p> <p>NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Food Safety Office</p> <p>NCEZID / Division of Global Migration and Quarantine / Geographic Medicine and Health Promotion B...</p> <p>NCHS / Office of Analysis &amp; Epidemiology / Health Promotion Statistics Branch</p> <p>ATSDR / Division of Toxicology and Human Health Sciences / Geospatial Research, Analysis, and Ser...</p> <p>CGH / Division of Global Health Protection / Global Non-communicable Disease Branch</p> <p>NCCDPHP / Office on Smoking and Health / Global Tobacco Control Branch</p> <p>NCHHSTP / Division of Sexually Transmitted Disease Prevention / Health Services Research and Eval...</p> <p>CGH / Division of Global HIV and TB / Global Tuberculosis Branch</p> <p>NCIPC / Division of Unintentional Injury Prevention / Health Systems and Trauma Systems Branch</p> <p>NIOSH / Pittsburgh Mining Research Division / Ground</p> | <p>Research and Evaluation Branch</p> <p>NCEH / Division of Laboratory Science / Inorganic and radiation analytical toxicology branch</p> <p>CSELS / Division of Laboratory Systems / Laboratory Training and Services Branch</p> <p>NCEH / Division of Environmental Health Science and Practice / Lead Poisoning Prevention and Envi...</p> <p>CSELS / Division of Public Health Information and Dissemination / Library Science Branch</p> <p>CPR / Division of Strategic National Stockpile / Logistics Branch</p> <p>CPR / Division of Emergency Operations / Logistics Support Branch</p> <p>NCHS / Division of Health Care Statistics / Long-Term Care Statistics Branch</p> <p>CGH / Division of Parasitic Diseases and Malaria / Malaria Branch</p> <p>CGH / Division of Global HIV and TB / Management and Operations Branch</p> <p>NIOSH / Office of the Director / Management Systems Branch</p> <p>CGH / Division of Global HIV and TB / Maternal and Child</p> | <p>CPR / Division of Select Agents and Toxins / Operations Branch</p> <p>NCEZID / Office of the Director / Office of the Director</p> <p>NCEH / Division of Laboratory Science / Organic analytical toxicology branch</p> <p>NCHS / Office of the Director / Office of the Director</p> <p>NIOSH / Division of Applied Research &amp; Technology / Organizational Science &amp; Human Factors Branch</p> <p>NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Outbreak Response and Pre...</p> <p>CGH / Division of Global Health Protection / Overseas Business Operations Branch</p> <p>CGH / Division of Global HIV and TB / Overseas Strategy and Management Branch</p> <p>CGH / Division of Parasitic Diseases and Malaria / Parasitic Diseases Branch</p> <p>CSELS / Division of Health Informatics and Surveillance Systems / Partnerships and Evaluation Branch</p> <p>NIOSH / Health Effects Laboratory Division / Pathology &amp; Physiological Research Branch</p> |

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|  |  | <p>Branch</p> <p>NCCDPHP / Division of Population Health / Applied Research and Translation Branch</p> <p>CPR / Division of State and Local Readiness / Applied Science and Evaluation Branch</p> <p>NCCDPHP / Division of Reproductive Health / Applied Sciences Branch</p> <p>NCEZID / Division of Vector-Borne Diseases / Arboviral Diseases Branch</p> <p>NCEZID / Division of Preparedness and Emerging Infections / Arctic Investigations Program</p> <p>NCCDPHP / Division of Population Health / Arthritis, Epilepsy and Well-Being Branch</p> <p>NCIRD / Immunization Services Division / Assessment Branch</p> <p>NCEH / Division of Environmental Health Science and Practice / Asthma and Community Health Branch</p> <p>NCEZID / Division of Vector-Borne Diseases / Bacterial Diseases Branch</p> <p>NCEZID / Division of High Consequence Pathogens &amp; Pathology / Bacterial Special Pathogens Branch</p> <p>NCHHSTP / Division of HIV/AIDS Prevention Surveillance &amp; Epidemiology / Behavioral And Clinical S...</p> <p>NIOSH / Division of Applied Research &amp; Technology / Biomonitoring &amp; Health</p> | <p>Preparedness and Response B...</p> <p>NCBDDD / Division of Human Development and Disability / Disability and Health Branch</p> <p>CGH / Division of Global Health Protection / Emergency Response and Recovery Branch</p> <p>NIOSH / Division of Compensation Analysis &amp; Support / Division of Compensation Analysis &amp; Support</p> <p>NCEH / Division of Laboratory Science / Emergency response branch</p> <p>NCCDPHP / Division of Oral Health / Division of Oral Health</p> <p>ATSDR / Division of Toxicology and Human Health Sciences / Emergency Response Program</p> <p>NIOSH / Health Effects Laboratory Division / Engineering &amp; Control Branch</p> <p>NIOSH / Division of Applied Research &amp; Technology / Engineering &amp; Physical Hazards Branch</p> <p>NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Enteric Diseases Epidemio...</p> <p>NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Enteric Diseases Laborato...</p> <p>CGH / Division of Parasitic Diseases and Malaria /</p> | <p>Control Branch</p> <p>NCEH / Division of Emergency and Environmental Health Services / Healthy Community Design Initiative</p> <p>NIOSH / Division of Surveillance, Hazard Evaluations &amp; Field Studies / Hazard Evaluations &amp; Techn...</p> <p>NCEH / Division of Emergency and Environmental Health Services / Healthy Homes and Lead Poisoning...</p> <p>NIOSH / Health Effects Laboratory Division / Health Communication Research Branch</p> <p>NCBDDD / Division of Blood Disorders / Hemostasis Laboratory Branch</p> <p>NCCDPHP / Office of the Director / Health Communication Science Office</p> <p>NCHHSTP / Office of the Director / Health Communication Science Office</p> <p>CGH / Division of Global HIV and TB / HIV Care and Treatment Branch</p> <p>NCBDDD / Office of the Director / Health Communication Science Office</p> <p>NCHHSTP / Division of HIV/AIDS Prevention Surveillance &amp; Epidemiology / HIV Incidence and Case Su...</p> <p>NIOSH / Pittsburgh Mining Research Division / Health Communication, Surveillance,</p> | <p>Health Branch</p> <p>NCCDPHP / Division of Reproductive Health / Maternal and Infant Health Branch</p> <p>NCIRD / Division of Bacterial Branch / Meningitis and Vaccine Preventable Diseases Branch</p> <p>CGH / Division of Global HIV and TB / Monitoring, Evaluation, and Data Analysis Branch</p> <p>NIOSH / Office of the Director / Office of Extramural Coordination &amp; Special Projects</p> <p>NCHS / Division of Vital Statistics / Mortality Statistics Branch</p> <p>NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Mycotic Diseases Branch</p> <p>NCEH / Office of the Director / Office of Financial, Administrative, and Information Services</p> <p>NCEH / Division of Laboratory Science / Newborn screening and molecular biology branch</p> <p>NCIRD / Office of the Director / Office of Health Communication Science</p> <p>NCCDPHP / Division of Nutrition, Physical Activity, &amp; Obesity / Nutrition Branch</p> <p>NCHHSTP / Office of the Director / Office of Health Equity</p> | <p>NCCDPHP / Division of Nutrition, Physical Activity, &amp; Obesity / Physical Activity and Health Branch</p> <p>CPR / Division of Strategic National Stockpile / Planning and Analysis Branch</p> <p>NCHS / Division of Health &amp; Nutrition Examination Surveys / Planning Branch</p> <p>CPR / Division of Emergency Operations / Plans, Training, Exercise and Evaluation Branch</p> <p>NCIPC / Division of Violence Prevention / Prevention Practice and Translation Branch</p> <p>NCBDDD / Office of the Director / Policy, Planning, and Evaluation Team</p> <p>NCHHSTP / Division of HIV/AIDS Prevention-Intervention &amp; Support / Prevention Program Branch</p> <p>NCIRD / Division of Viral Diseases / Polio and Picornavirus Laboratory Branch</p> <p>NCBDDD / Division of Congenital and Developmental Disorders / Prevention Research and Translation...</p> <p>CGH / Global Immunization Division / Polio Eradication</p> <p>NCCDPHP / Division of Population Health / Population Health Surveillance Branch</p> <p>NCHHSTP / Division of HIV/AIDS Prevention-</p> |
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|  |  | <p>Assessment Branch</p> <p>NIOSH / Health Effects Laboratory Division / Biostatistics &amp; Epidemiology Branch</p> <p>NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Biostatistics and Informa...</p> <p>NCEZID / Division of Scientific Resources / Biotechnology Core Facility Branch</p> <p>NCBDDD / Division of Congenital and Developmental Disorders / Birth Defects Branch</p> <p>NCHS / Office of Management &amp; Operations / Building Operations &amp; Services Staff</p> <p>NCHS / Office of Management &amp; Operations / Business Logistics Staff</p> <p>NCCDHP / Division of Cancer Prevention and Control / Cancer Surveillance Branch</p> <p>NCHHSTP / Division of HIV/AIDS Prevention-Intervention &amp; Support / Capacity Building Branch</p> <p>CPR / Division of State and Local Readiness / Capacity Building Branch</p> <p>ATSDR / Division of Community Health Investigations / Central Branch</p> <p>NIOSH / Division of Applied Research &amp; Technology / Chemical Exposure &amp; Monitoring</p> <p>NCBDDD / Division of Human Development and Disability / Child Development and Disability</p> | <p>Entomology Branch</p> <p>ATSDR / Division of Toxicology and Human Health Sciences / Environmental Epidemiology Branch</p> <p>NCCDHP / Division of Population Health / Epidemiology and Surveillance Branch</p> <p>NCEH / Division of Emergency and Environmental Health Services / Environmental Health Services Br...</p> <p>ATSDR / Division of Toxicology and Human Health Sciences / Environmental Health Surveillance Branch</p> <p>NCHHSTP / Division of Viral Hepatitis / Epidemiology and Surveillance Branch</p> <p>ATSDR / Division of Toxicology and Human Health Sciences / Environmental Medicine Branch</p> <p>NCHHSTP / Division of HIV/AIDS Prevention Surveillance &amp; Epidemiology / Epidemiology Branch</p> <p>NCEH / Division of Emergency and Environmental Health Services / Environmental Public Health Read...</p> <p>NCCDHP / Office on Smoking and Health / Epidemiology Branch</p> <p>ATSDR / Division of Toxicology and Human</p> | <p>Research Support...</p> <p>CGH / Division of Global HIV and TB / HIV Prevention Branch</p> <p>NCCDHP / Office on Smoking and Health / Health Communications Branch</p> <p>NCIPC / Division of Unintentional Injury Prevention / Home, Recreation, and Transportation Branch</p> <p>CGH / Division of Global HIV and TB / Health Informatics, Data Management, and Statistics Branch</p> <p>NIOSH / Pittsburgh Mining Research Division / Human Factors Branch</p> <p>NCEZID / Division of Global Migration and Quarantine / Immigrant, Refugee, and Migrant Health Branch</p> <p>NCIRD / Immunization Services Division / Immunization Information System Support Branch</p> <p>NCEZID / Division of Healthcare Quality Promotion / Immunization Safety Office</p> <p>CGH / Global Immunization Division / Immunization System Branch</p> <p>NCIRD / Influenza Division / Immunology and Pathogenesis Branch</p> <p>NIOSH / Division of Surveillance, Hazard Evaluations &amp; Field Studies / Industrywide Studies Branch</p> | <p>NCEH / Division of Laboratory Science / Nutritional biomarkers branch</p> <p>NCIRD / Office of the Director / Office of Informatics</p> <p>NCCDHP / Division of Nutrition, Physical Activity, &amp; Obesity / Obesity Prevention and Control Br...</p> <p>NCIRD / Office of the Director / Office of Laboratory Science</p> <p>NIOSH / Office of the Director / Office of Administrative &amp; Management Svcs</p> <p>NCIRD / Office of the Director / Office of Management and Operations</p> <p>NCEH / Office of the Director / Office of Communication</p> <p>NCHHSTP / Office of the Director / Office of Management and Program Support</p> <p>NCIPC / Office of the Director / Office of Communication</p> <p>NCHS / Office of Planning Budget and Legislation / Office of Planning Budget and Legislation</p> <p>NCIRD / Office of the Director / Office of Policy</p> <p>NCIPC / Office of the Director / Office of Policy and Partnerships</p> <p>NCEH / Office of the Director / Office of Policy, Planning, and Evaluation</p> | <p>Intervention &amp; Support / Prevention Research Branch</p> <p>CSELS / Division of Scientific Education and Professional Development / Population Health Workfor...</p> <p>NCEZID / Division of High Consequence Pathogens &amp; Pathology / Prion &amp; Public Health Office</p> <p>NCEZID / Division of High Consequence Pathogens &amp; Pathology / Poxvirus and Rabies Branch</p> <p>NCHHSTP / Office of the Director / Program and Performance Improvement Office</p> <p>NCIPC / Division of Analysis, Research, and Practice Integration / Practice Integration and Evalu...</p> <p>CGH / Division of Global HIV and TB / Program Budget and Extramural Management Branch</p> <p>NCEZID / Division of Healthcare Quality Promotion / Prevention &amp; Response Branch</p> <p>NCCDHP / Division of Nutrition, Physical Activity, &amp; Obesity / Program Development and Evaluatio...</p> <p>NCHHSTP / Division of Viral Hepatitis / Prevention Branch</p> <p>NCCDHP / Division for Heart Disease and Stroke Prevention / Program Development and Services Branch</p> <p>NCHHSTP / Division of</p> |
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|  |  | <p>Branch</p> <p>NCEZID / Division of High Consequence Pathogens &amp; Pathology / Chronic Viral Diseases Branch</p> <p>NCHS / Classification &amp; Public Health Data Standards Staff / Classification &amp; Public Health Data ...</p> <p>NCEZID / Division of Healthcare Quality Promotion / Clinical &amp; Environmental Microbiology Branch</p> <p>NCEH / Division of Laboratory Science / Clinical chemistry branch</p> <p>NCHHSTP / Division of Tuberculosis Elimination / Clinical Research Branch</p> <p>NCHS / Division of Research &amp; Methodology / Collaborating Center for Questionnaire Design &amp; Evalu...</p> <p>NCHS / Division of Research &amp; Methodology / Collaborating Center for Statistical Research &amp; Surve...</p> <p>NCIRD / Immunization Services Division / Communication and Education Branch</p> <p>NCHHSTP / Division of Tuberculosis Elimination / Communications, Education, and Behavioral Studie...</p> <p>CSELS / Division of Public Health Information and Dissemination / Community Guide Branch</p> <p>NCCDPHP / Division of Cancer Prevention and Control / Comprehensive Cancer Control</p> | <p>Health Sciences / Environmental Toxicology Branch</p> <p>NCEZID / Division of Healthcare Quality Promotion / Epidemiology Research and Innovations Branch</p> <p>NCCDPHP / Division of Cancer Prevention and Control / Epidemiology and Applied Research Branch</p> <p>CSELS / Division of Scientific Education and Professional Development / Epidemiology Workforce Br...</p> <p>NCIRD / Influenza Division / Epidemiology and Prevention Branch</p> <p>CGH / Division of Global Health Protection / Epidemiology, Informatics, Surveillance and Lab Branch</p> <p>NCCDPHP / Division of Diabetes Translation / Epidemiology and Statistics Branch</p> <p>NIOSH / National Personal Protective Technology Laboratory / Evaluation &amp; Testing Branch</p> <p>NCHHSTP / Division of Sexually Transmitted Disease Prevention / Epidemiology and Statistics Branch</p> <p>NIOSH / Health Effects Laboratory Division / Exposure Assessment Branch</p> <p>NCCDPHP / Division for Heart Disease and Stroke Prevention / Epidemiology</p> | <p>NCHS / Office of Analysis &amp; Epidemiology / Infant, Child, &amp; Women's Health Statistics Branch</p> <p>NCEZID / Division of High Consequence Pathogens &amp; Pathology / Infectious Diseases Pathology Branch</p> <p>NCIRD / Office of the Director / Influenza Coordination Unit</p> <p>CGH / Division of Global HIV and TB / International Laboratory Branch</p> <p>NCHS / Division of Health &amp; Nutrition Examination Surveys / Informatics Branch</p> <p>CSELS / Division of Public Health Information and Dissemination / Informatics Innovation Unit</p> <p>NCHHSTP / Division of HIV/AIDS Prevention Surveillance &amp; Epidemiology / Laboratory Branch</p> <p>NCHHSTP / Office of the Director / Informatics Office</p> <p>NCHHSTP / Division of Tuberculosis Elimination / Laboratory Branch</p> <p>NCHS / Office of Information Services / Information Design &amp; Publishing Staff</p> <p>NCHHSTP / Division of Viral Hepatitis / Laboratory Branch</p> <p>NCHS / Office of Information Services / Information Dissemination Staff</p> <p>NIOSH / Education &amp; Information Division / Information Resources and</p> | <p>NCIPC / Office of the Director / Office of Program Management and Operations</p> <p>NCHHSTP / Office of the Director / Office of Program Planning &amp; Policy Coordination</p> <p>CSELS / Division of Public Health Information and Dissemination / Office of Public Health Genomics</p> <p>NCCDPHP / Office of the Director / Office of Public Health Practice</p> <p>NCIRD / Office of the Director / Office of Science and Integrated Programs</p> <p>NCHHSTP / Office of the Director / Office of the Associate Director for Laboratory Science</p> <p>NCHHSTP / Office of the Director / Office of the Associate Director for Science</p> <p>NCIPC / Office of the Director / Office of the Associate Director for Science</p> <p>NCHS / Office of the Director / Office of the Director</p> <p>NCHS / Division of Health &amp; Nutrition Examination Surveys / Office of the Director</p> <p>NCHS / Division of Health Care Statistics / Office of the Director</p> <p>CPR / Office of the Director / Office of the Director</p> <p>NCHS / Division of Health</p> | <p>HIV/AIDS Prevention- Intervention &amp; Support / Prevention Communications Branch</p> <p>NCHHSTP / Division of Adolescent and School Health / Program Development and Services Branch</p> <p>NCHHSTP / Division of HIV/AIDS Prevention- Intervention &amp; Support / Program Evaluation Branch</p> <p>NCCDPHP / Division of Diabetes Translation / Program Implementation Branch</p> <p>CPR / Division of Select Agents and Toxins / Program Management and Operations Branch</p> <p>NCIRD / Immunization Services Division / Program Operations Branch</p> <p>NCCDPHP / Division of Cancer Prevention and Control / Program Services Branch</p> <p>CPR / Division of Select Agents and Toxins / Program Services Branch</p> <p>CPR / Division of State and Local Readiness / Program Services Branch</p> <p>NCCDPHP / Office of the Director / Program Services Branch</p> <p>NCCDPHP / Office on Smoking and Health / Program Services Branch</p> <p>NCHHSTP / Division of Sexually Transmitted Disease</p> |
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|  |  | <p>Branch</p> <p>ATSDR / Division of Toxicology and Human Health Sciences / Computational Toxicology and Methods D...</p> <p>NIOSH / Education &amp; Information Division / Document Development Branch</p> <p>NIOSH / National Personal Protective Technology Laboratory / Conformity Verification &amp; Standards ...</p> <p>NCCDPHP / Division of Population Health / Coordinated State Support Branch</p> <p>NIOSH / Pittsburgh Mining Research Division / Dust, Ventilation &amp; Toxic Substances Branch</p> <p>CGH / Division of Global Health Protection / Country Strategy and Implementation Branch</p> <p>ATSDR / Division of Community Health Investigations / Eastern Branch</p> <p>NCHS / Division of Vital Statistics / Data Acquisition, Classification &amp; Evaluation Branch</p> <p>CGH / Division of Global HIV and TB / Economics and Health Services Research Branch</p> | <p>and Surveillance Branch</p> <p>NCHHSTP / Division of Sexually Transmitted Disease Prevention / Field Services Branch</p> <p>NCBDDD / Division of Blood Disorders / Epidemiology and Surveillance Branch</p> <p>CPR / Division of State and Local Readiness / Field Services Branch</p> <p>CGH / Division of Global HIV and TB / Epidemiology and Surveillance Branch</p> <p>NCHHSTP / Division of Tuberculosis Elimination / Field Services Branch</p> <p>NIOSH / Respiratory Health Division / Field Studies Branch</p> <p>NCCDPHP / Division of Reproductive Health / Field Support Branch</p> | <p>Dissemination Branch</p> <p>CSELS / Division of Laboratory Systems / Laboratory Practice Standards Branch</p> <p>NCEZID / Division of Preparedness and Emerging Infections / Laboratory Preparedness and Response ...</p> <p>CSELS / Division of Health Informatics and Surveillance Systems / Information Systems Branch</p> <p>NCHHSTP / Division of Sexually Transmitted Disease Prevention / Laboratory Reference and Research...</p> <p>NCHS / Division of Vital Statistics / Information Technology Branch</p> <p>NCHS / Office of Information Technology / Information Technology Solutions &amp; Services Staff</p> <p>CSELS / Division of Laboratory Systems / Laboratory</p> | <p>Interview Statistics / Office of the Director</p> <p>NCEZID / Division of Healthcare Quality Promotion / Office of the Director/International Infectio...</p> <p>NCCDPHP / Division of Reproductive Health / Office of the Director</p> <p>NCCDPHP / Division of Cancer Prevention and Control / Office of the Director/Office of Internatio...</p> <p>NCHS / Division of Vital Statistics / Office of the Director</p> <p>NCEZID / Office of the Director / One Health Office</p> <p>NCHS / Office of Analysis &amp; Epidemiology / Office of the Director</p> <p>CPR / Division of Emergency Operations / Operations Branch</p> <p>CGH / Office of the Director / Office of the Director</p> <p>NCHS / Division of Health &amp; Nutrition Examination Surveys / Operations Branch</p> <p>CSELS / Office of the Director / Office of the Director</p> | <p>Prevention / Programs Development and Quality ...</p> <p>NIOSH / Division of Safety Research / Protective Technology Branch</p> <p>NCIRD / Division of Viral Diseases / Respiratory Viruses Branch</p> <p>NCHHSTP / Division of HIV/AIDS Prevention Surveillance &amp; Epidemiology / Quantitative Sciences and...</p> <p>NCEZID / Division of Global Migration and Quarantine / Quarantine and Border Health Services Branch</p> <p>CPR / Division of Strategic National Stockpile / Response Branch</p> <p>NCHS / Division of Vital Statistics / Reproductive Statistics Branch</p> <p>NCEZID / Division of Vector-Borne Diseases / Rickettsial Zoonoses Branch</p> <p>NCIPC / Division of Violence Prevention / Research and Evaluation Branch</p> <p>NIOSH / Education &amp; Information Division / Risk Evaluation Branch</p> <p>NCHHSTP / Division of Adolescent and School Health / Research Application and Evaluation Branch</p> <p>NCCDPHP / Division of Population Health / School Health Branch</p> <p>NIOSH / National Personal</p> |
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|  |  |  |  |  |  | <p>Protective Technology Laboratory / Research Branch</p> <p>NCHS / Division of Research &amp; Methodology / Research Data Center</p> <p>NCHHSTP / Division of Adolescent and School Health / School-Based Surveillance Branch</p> <p>NCBDDD / Office of the Director / Resource Management Office</p> <p>NCBDDD / Office of the Director / Science and Public Health Team</p> <p>NCIRD / Division of Bacterial Branch / Respiratory Diseases Branch</p> <p>CGH / Division of Global HIV and TB / Science Integrity Branch</p> <p>ATSDR / Division of Community Health Investigations / Science Support Branch</p> <p>NCEZID / Division of Preparedness and Emerging Infections / Scientific and Program Services Branch</p> <p>NCEZID / Division of Scientific Resources / Scientific Products and Support Branch</p> <p>CSELS / Division of Public Health Information and Dissemination / Scientific Publications Branch</p> <p>NCHHSTP / Division of Sexually Transmitted Disease Prevention / Social and Behavioral Research an...</p> |
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|  |  |  |  |  |  | <p>CGH / Division of Global HIV and TB / Special Initiatives Branch</p> <p>NCHS / Office of Analysis &amp; Epidemiology / Special Projects Branch</p> <p>NCIPC / Division of Violence Prevention / Special Surveys &amp; Prevention Initiatives Branch (proposed)</p> <p>NCEZID / Division of Scientific Resources / Specimen Management Branch</p> <p>NIOSH / Spokane Mining Research Division / Spokane Mining Research Division</p> <p>NIOSH / Division of Surveillance, Hazard Evaluations &amp; Field Studies / Statistical Support Most E...</p> <p>NCIPC / Division of Analysis, Research, and Practice Integration / Statistics, Programming, and E...</p> <p>CGH / Global Immunization Division / Strategic Information and Workforce Development Branch</p> <p>NCHS / Division of Health Interview Statistics / Survey Planning &amp; Special Surveys Branch</p> <p>CGH / Division of Global HIV and TB / Strategy, Policy, and Communication Branch</p> <p>CSELS / Division of Health Informatics and Surveillance Systems / Surveillance and Data Branch</p> <p>NCHS / Division of Health Care Statistics / Technical</p> |
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|  |  |  |  |  |  | <p>Services Branch</p> <p>NCHHSTP / Division of Sexually Transmitted Disease Prevention / Surveillance and Data Management ...</p> <p>NCEH / Division of Laboratory Science / Tobacco and volatiles branch</p> <p>NIOSH / Health Effects Laboratory Division / Toxicology &amp; Molecular Biology Branch</p> <p>NIOSH / Division of Safety Research / Surveillance and Field Investigations Branch</p> <p>NIOSH / Education &amp; Information Division / Training Research &amp; Evaluation Branch</p> <p>NCEZID / Division of Healthcare Quality Promotion / Surveillance Branch</p> <p>NCCDPHP / Division of Diabetes Translation / Translation, Health Education and Evaluation Branch</p> <p>NIOSH / Division of Surveillance, Hazard Evaluations &amp; Field Studies / Surveillance Branch</p> <p>NCEZID / Division of Global Migration and Quarantine / U.S. - Mexico Unit</p> <p>NCIPC / Division of Violence Prevention / Surveillance Branch</p> <p>NCIRD / Immunization Services Division / Vaccine Supply and Assurance Branch</p> |
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|  |  |  |  |  |  | <p>NIOSH / Respiratory Health Division / Surveillance Branch</p> <p>NCIRD / Division of Viral Diseases / Viral Gastroenteritis Branch</p> <p>NCHHSTP / Division of Tuberculosis Elimination / Surveillance, Epidemiology, &amp; Outbreak Investiga...</p> <p>NCEZID / Division of High Consequence Pathogens &amp; Pathology / Viral Special Pathogens Branch</p> <p>NCIRD / Division of Viral Diseases / Viral Vaccine Preventable Diseases Branch</p> <p>NCIRD / Influenza Division / Virology, Surveillance and Diagnosis Branch</p> <p>NCEH / Division of Environmental Health Science and Practice / Water, Food, and Environmental Hea...</p> <p>NCEZID / Division of Foodborne, Waterborne and Environmental Diseases / Waterborne Diseases Preve...</p> <p>ATSDR / Division of Community Health Investigations / Western Branch</p> <p>NIOSH / Western States Division / Western States Division</p> <p>NCCDPHP / Division of Reproductive Health / Women's Health and Fertility Branch</p> <p>NCHS / Office of Management &amp; Operations / Workforce &amp; Career</p> |
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| <b>Subject Area Lookup</b> | <a href="#">8.4.1 Semi-Annual Activity Reporting (SAAR)</a> | <p>Adolescent &amp; School Health (non-STI)</p> <p>Community Health Improvement Planning (CHIP)/Community Health Assessments (CHA)</p> <p>Chronic Disease</p> <p>Emergency/Disaster Preparedness and Response</p> <p>Environmental Health</p> <p>Genomics</p> <p>Health Equity/Access to Care</p> <p>Health Department Improvement/Accreditation</p> <p>Immunizations/Vaccine Preventable Disease Investigation</p> |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



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