

**Change Request**  
**OMB Control Number 0920-0765**  
**Fellowship Management System**  
**Date Submitted: November 8, 2023**

**Summary of Request**

CDC requests OMB approval for non-substantive changes to the electronic Fellowship Management System (FMS). Changes are proposed to improve question clarity, improve relevance of response options, and streamline question logic. There are no changes to the currently approved estimates for the number of responses, burden per response, or total burden hours.

**Purpose and Organization of the FMS**

CDC uses FMS to collect, process, and manage data for 11 CDC fellowship programs (**Table A**). Information is collected from applicants who seek training or public health support services through CDC fellowships, individuals who provide references for applicants, sites that host fellows, and fellowship alumni. The FMS is comprised of 4 modules with specialized functionality: the Fellowship Application module, the Host Site Application module, the Activity Tracking module, and the Alumni Directory. Through Revisions and Change Requests, CDC adapts the FMS to changes in fellowship opportunities and content, to improve alignment and tailoring of questions for each fellowship program's eligibility criteria, and to clarify questions and instructions according to user feedback.

**Table A: Current CDC Fellowships using FMS**

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- Epidemic Intelligence Service (EIS)
  - Epidemiology Elective Program (EEP)
  - CDC Steven M. Teutsch Prevention Effectiveness (PE) Fellowship
  - CDC E-learning Institute (ELI)
  - Future Leaders in Infectious and Global health Threats (FLIGHT)
  - Laboratory Leadership Service (LLS)
  - Public Health Informatics Fellowship Program (PHIFP)
  - Public Health Associates Program (PHAP)
  - Presidential Management Fellowship (PMF)
  - Evaluation Fellowship Program (EFP)
  - Science Ambassador Fellowship (SAF)
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### Description of Changes Requested

In this Change Request, CDC describes minor changes for 2 FMS modules (the Fellowship Application module and the Host Site Application module) that update data entry for 6 fellowship programs. A summary overview is provided in **Table B**.

**Table B: Summary of Changes for the Following Modules & Fellowships** (green = yes included in this request):

Fellowship Program	Fellow Application Module	Host Site Application Module
EIS	n/a	-4 Questions
EEP	n/a	+6 questions
PE	n/a	n/a
ELI	+3 Questions	n/a
FLIGHT	n/a	n/a
LLS	+1 Question	-3 Questions
PHIFP	n/a	n/a
PHAP	+2 Questions	-1 Question
PMF	n/a	n/a
EFP	n/a	+1 question
SAF	-15 Questions	n/a
Total Change in # of Questions	-9 Questions	-1 Questions

The primary purpose of these changes is to increase alignment of collection materials with program goals that have changed over the course of the transition from the FMS 2.0 software to the 3.0 Microsoft Power Platform. There are a few key modifications to response options, especially the picklists for CDC Fellowships, educational degrees, and other appendix items.

Detailed changes to each module are listed and described in **Table C** (Fellowship Application module), **Table D** (Letters of Recommendation portion of Fellowship Application), and **Table E** (Host Site Application module). These tables are provided at the end of this narrative.

### Rationale for Change

During the transition from FMS 2.0 to 3.0 software, programs were asked to review the content of Fellowship and Host Site application modules to ensure program goals and needs were being

met, and that content was ported from 2.0 to 3.0 without errors. During this review process programs also identified potential improvements to the modules. This change request is intended to maximize practicality and functionality of both modules for fellowships as they enter a new cycle of applications in the 3.0 platform.

**Description of Changes to Burden**

The current burden table includes changes approved 8/24/2023 and is provided below (**Table E**). CDC determined that the additional changes proposed at this time do not alter the current burden estimates for the FMS information collections (ICs), given that most changes are simple revisions of existing content, and there is not a substantial change in the average length or complexity of either module.

**Table E: Estimated Annualized Burden Hours (approved 8/24/2023)**

Type of respondents <i>(Information Collection "IC" title)</i>	Form	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Fellowship Applicants <i>(Fellowship Applications)</i>	FMS Application Module	5286	1	87/60	7665
Reference Letter Writers <i>(Reference Letters for Fellowship Applicants)</i>	FMS Application Module	7142	1	15/60	1786
Subset of FMS Fellowship Applicants** <i>(FMS Application Writing Samples (Subset Applicants))</i>	FMS Application Module (13.6)	220	1	30/60	110
Public Health Agency or Organization Staff <i>(FMS Host Site Module)</i>	FMS Host Site Module	970	1	75/60	1213
Public Health Agency or	FMS Activity Tracking	555	2	30/60	555

Organization Staff (Activity Tracking)	Module				
Fellowship alumni* (FMS Alumni Directory)	FMS Alumni Directory	3484	1	37/60	2148
Total		18212			13477

### Summary of Recent Changes Requested for this ICR

Submission	Approval Date	Content of Change
June 2022 <a href="#">Revision</a> Request	3/13/2023	Moved to Microsoft Power Platform software, increase in number of respondents and total burden to reflect growth of fellowship programs.
August 2023 <a href="#">Change Request</a>	8/24/2023	Added Evaluation Fellowship Program to FMS, removal of PMR/F and PH-TIPP from FMS, update to relevant SORN. Net increase in respondents and increase in burden due to EFP size.
November 2023 Change Request (current request)		Adjustments to Application and Host Site module content to improve question clarity, improve relevance of response options, and streamline question logic.

TABLE C: FELLOWSHIP APPLICATION MODULE				
Program	Type of Change	Sec.	Current Question/Item	Requested Change
PHAP	Question Deactivation	5: Applicant Profile	Other Name:	Deactivate question for PHAP
LLS		Statement	Describe the two most important skills you want to develop or improve during this fellowship/program.	Describe the two most important skills you want to develop or improve during this program.
LLS		Statement	n/a	Add checkbox asking if respondent is a re-applicant for LLS, if they are, then questions pertaining to reapplicants will appear
LS		ility	n/a	Check box response: I have, or will have by March 31 of the year entering LLS, a doctoral-level degree in a laboratory-

TABLE C: FELLOWSHIP APPLICATION MODULE				
Program	Type of Change	Sec.	Current Question/Item	Requested Change
				related discipline.  1. Yes 2. No
All		Personal Statement	Please select all CDC fellowships that you have participated in: (Pick list in Att 3 Appendix page 127)	Updated pick list (Pick list in Att 3 Appendix page 127) that included more known fellowships and excluded some that were selected infrequently or no longer offered.
All	Response Option Revision	7: Education	Undergraduate Degree: (select from drop down list)	Add "Other" option, with open text field to specify
All	Response Option Revision	7: Education	Graduate Degree: (select from drop down list)	Add "Other" option, with open text field to specify
All		Education	What do you want to add? 1. Undergraduate Education 2. Graduate Education (includes degrees in progress) 3. Additional Coursework 4. Active U.S. Clinical License	Separate pick lists for undergraduate and graduate degrees, update contents of pick lists
All	Response Option Revision	6: Eligibility	Country of Citizenship: (pick list in Att 3 Appendix page 124)	Pick list updated to include American territories: Guam, Mariana Islands, American Samoa
LLS		Education and Licenses	Description of Dissertation:	Description of Research:
All		Personal Statement	Please select all CDC fellowships that you have participated in: (pick list)	Add response option "Other" with open text box to ensure all CDC fellowship programs are accounted for
PHAP		Assignment Preference	Selection is broken down into 5 choices from the following subject list from Appendix p 124 of Att 3:  Adolescent & School Health (non-STI) Community Health Improvement Planning (CHIP)/Community Health Assessments (CHA) Chronic Disease Emergency/Disaster Preparedness and Response Environmental Health Genomics Health Equity/Access to Care Health Department Improvement/Accreditation Immunizations/Vaccine Preventable Disease Investigation	Updated Picklist:  1. Obesity, nutrition, and physical activity 2. Cancer prevention and control 3. Diabetes 4. Heart disease and stroke prevention 5. Tobacco prevention and cessation 6. Other chronic disease 7. Emergency preparedness and response 8. Asthma and air pollution 9. Environmental health 10. Immunizations/vaccine preventable disease 11. Influenza 12. HIV/AIDS, or Tuberculosis 13. STD prevention

**TABLE C: FELLOWSHIP APPLICATION MODULE**

Program	Type of Change	Sec.	Current Question/Item	Requested Change
			Sexually Transmitted Disease Prevention Tuberculosis Prevention HIV Prevention Viral Hepatitis Prevention Adolescent/school-based Sexually Transmitted Disease prevention Other Infectious Disease Injury Prevention Maternal & Infant Health Public Health Policy & Law Public Health Surveillance Oral Health	14. Viral hepatitis 15. Foodborne diseases 16. Waterborne diseases 17. Vectorborne diseases 18. Fungal Diseases 19. One Health and zoonotic disease 20. Arctic Investigations (Alaska) 21. Healthcare-associated infections 22. Quarantine and border health services 23. Unintentional injury 24. Opioid/prescription drug overdose prevention 25. Occupational health and safety 26. Violence Prevention 27. Reproductive Health 28. Maternal and infant health 29. Blood Disorders 30. Health statistics 31. State, local, and territorial health 32. Global health 33. COVID-19 34. Other (specify)
PHAP	Question Addition	7.2: Education and Licenses	What do you want to add? (Active US clinical license for clinical applicants only) 1. Undergraduate Education 2. Graduate Education (includes degrees in progress) 3. Additional Coursework 4. Active U.S. Clinical License	When respondent selects “4. Active US Clinical License” an open text prompt “Specify Clinical License” should appear
LLS, SAF	Question Deactivation	11: Personal Statement	What other opportunities are you considering?	Deactivate question for LLS and SAF
LLS	Question Addition	7: Education and Licenses	n/a	Dissertation Defense Date: Open Text Response
LLS	Question Deactivation	6: Eligibility	Do you currently live in the US?	Deactivate question for LLS
PHAP	Question Addition	6: Assignment Preferences	Would you accept an assignment in an urban area?	Add this question for PHAP
PHAP	Question Addition	6: Assignment Preferences	Would you accept an assignment in a U.S. territory?	Add this question for PHAP
PHAP	Question Addition	6: Assignment Preferences	When considering geographic preference and subject area preference, which is more important for matching if there is an option?	Add this question for PHAP
EEP	Response Option	13: Location	1. CDC headquarters or Atlanta	1. CDC headquarters or Atlanta

TABLE C: FELLOWSHIP APPLICATION MODULE				
Program	Type of Change	Sec.	Current Question/Item	Requested Change
	Revision	Preferences	<ul style="list-style-type: none"> <li>regional campuses (Atlanta, Georgia)</li> <li>2. Other CDC Regional Campuses</li> <li>3. Other Federal Agencies</li> <li>4. State, local, or territorial health departments</li> <li>5. CDC Country Office (Remote)</li> </ul>	<ul style="list-style-type: none"> <li>regional campuses (Atlanta, Georgia)</li> <li>2. Other CDC Regional Campuses</li> <li>3. Other Federal Agencies</li> <li>4. State, local, tribal, or territorial health departments</li> <li>5. CDC Country Office (Remote)</li> </ul>
SAF	Question Deletion	6.6: Eligibility	Grade levels ever taught:	Delete question
SAF	Question Deletion	13.4 SAF Public Health Interest	First, second, third choice area: <ul style="list-style-type: none"> <li>1. Obesity, nutrition, and physical activity</li> <li>2. Cancer prevention and control</li> <li>3. Diabetes</li> <li>4. Heart disease and stroke prevention</li> <li>5. Tobacco prevention and cessation</li> <li>6. Other chronic disease</li> <li>7. Emergency preparedness and response</li> <li>8. Asthma and air pollution</li> <li>9. Environmental health</li> <li>10. Immunizations/vaccine preventable disease</li> <li>11. Influenza</li> <li>12. HIV/AIDS, or Tuberculosis</li> <li>13. STD prevention</li> <li>14. Viral hepatitis</li> <li>15. Foodborne diseases</li> <li>16. Waterborne diseases</li> <li>17. Vectorborne diseases</li> <li>18. Fungal Diseases</li> <li>19. One Health and zoonotic disease</li> <li>20. Arctic Investigations (Alaska)</li> <li>21. Healthcare-associated infections</li> <li>22. Quarantine and border health services</li> <li>23. Unintentional injury</li> <li>24. Opioid/prescription drug overdose prevention</li> <li>25. Occupational health and safety</li> <li>26. Violence Prevention</li> <li>27. Reproductive Health</li> <li>28. Maternal and infant health</li> <li>29. Blood Disorders</li> </ul>	Delete question

**TABLE C: FELLOWSHIP APPLICATION MODULE**

Program	Type of Change	Sec.	Current Question/Item	Requested Change
			30. Health statistics 31. State, local, and territorial health 32. Global health 33. COVID-19 34. Other (specify)	
SAF	Question Deletion	13.4 SAF Public Health Interest	Other (Specify): Open Text Response	Delete question
SAF	Question Revision	6.6 Eligibility	Specify Grade Level Taught	Other (Specify):
SAF	Question Deactivation	11: Personal Statement	For re-applicants: What year did you previously apply to the SAF Fellowship and what has changed since your last application? If you are not a re-applicant please write N/A.	Deactivate question for SAF
SAF	Response Option Revision	6: Eligibility	In the past 5 years, in which ways have you interacted with the Science Ambassador program? (Select all that apply)  <ol style="list-style-type: none"> <li>1. Attended a CDC Science Ambassador regional training workshop</li> <li>2. Previously applied to the CDC Science Ambassador Fellowship</li> <li>3. Used CDC NERD Academy curriculum in my classroom</li> <li>4. Used CDC Science Ambassador lesson plans in my classroom</li> <li>5. None of the above</li> <li>6. Other</li> </ol>	In the past 5 years, in which ways have you interacted with the Science Ambassador program? (Select all that apply) Attended a CDC Science Ambassador regional training workshop Applied to the CDC Science Ambassador Fellowship Participated in the CDC Science Ambassador Fellowship Used CDC NERD Academy curriculum in my classroom Used CDC Science Ambassador lesson plans in my classroom Attended an in-person session hosted or co-hosted by CDC Science Ambassador staff (e.g., at a conference) Attended a virtual session hosted or co-hosted by CDC Science Ambassador staff (e.g., a Department of Education webinar) I have not interacted with the Science Ambassador program or its resources - Other (please specify)`
SAF	Question Deactivation	9: Additional Training	Institution Name:	Deactivate question for SAF
SAF	Question Deactivation	9: Additional Training	Country:	Deactivate question for SAF



<b>TABLE C: FELLOWSHIP APPLICATION MODULE</b>				
<b>Program</b>	<b>Type of Change</b>	<b>Sec.</b>	<b>Current Question/Item</b>	<b>Requested Change</b>
SAF	Question Deactivation	9: Additional Training	State/Territory:	Deactivate question for SAF
SAF	Question Deactivation	9: Additional Training	State/Province:	Deactivate question for SAF
SAF	Question Deactivation	9: Additional Training	City:	Deactivate question for SAF
SAF	Question Deactivation	13: Applicant survey	On what job search platform did you find out about the fellowships?	Deactivate question for SAF
SAF	Question Deactivation	13: Applicant survey	How did you connect with the person who told you about the fellowship by word of mouth?	Deactivate question for SAF
ELI	Question Revision	11: Personal Statement	What do you believe are barriers at your organization for developing e-learning?	What do you believe currently exists at your organization to facilitate e-learning development?
ELI	Question Deactivation	7: Degree	Undergraduate Degree	Deactivate question for ELI
ELI	Question Deactivation	7: Degree	Graduate Degree	Deactivate question for ELI
ELI	Question Deactivation	7: Degree	GPA:	Deactivate question for ELI

<b>TABLE D: FELLOWSHIP APPLICATION Module: Letters of Recommendation (LOR)</b>				
<b>Program</b>	<b>Type of Change</b>	<b>Sec.</b>	<b>Current Question/Item</b>	<b>Requested Change</b>
SAF	Question Revision	LOR	Recommender's Name	Recommender's Full Name
SAF	Response Option Revision	LOR	<p>Compared with other similar individuals you have supervised or advised, how do you rank this candidate at developing effective working relationships with a variety of different people?</p> <p>1. Below average (Below 50%)  2. Average (50% to 75%)  3. Above Average (Top 25%)  4. Excellent (Top 10%)  5. Superior (Top 2%)  6. Not able to judge</p>	<p>Compared with other similar individuals you have supervised or advised, how do you rank this candidate at developing effective working relationships with a variety of different people?</p> <p>1. Average (50% to 75%)  2. Above Average (Top 25%)  3. Excellent (Top 10%)  4. Superior (Top 2%)  5. Not able to judge</p>
SAF	Question Revision	LOR	Compared with other similar	Compared with other similar

**TABLE D: FELLOWSHIP APPLICATION Module: Letters of Recommendation (LOR)**

Program	Type of Change	Sec.	Current Question/Item	Requested Change
			individuals at similar points in their careers, how do you rank this candidate's ability to take initiative?  1. Below average (Bottom 50%) 2. Average (50% to 75%) 3. Above Average (Top 25%) 4. Excellent (Top 10%) 5. Superior (Top 2%) 6. Not able to judge	individuals at similar points in their careers, how do you rank this candidate's ability to take initiative?  1. Average (50% to 75%) 2. Above Average (Top 25%) 3. Excellent (Top 10%) 4. Superior (Top 2%) 5. Not able to judge
SAF	Question Revision	LOR	Compared with other similar individuals at similar points in their careers, how well did this candidate respond to constructive feedback?  1. Below average (Bottom 50%) 2. Average (50% to 75%) 3. Above Average (Top 25%) 4. Excellent (Top 10%) 5. Superior (Top 2%) 6. Not able to judge	Compared with other similar individuals at similar points in their careers, how well did this candidate respond to constructive feedback?  1. Average (50% to 75%) 2. Above Average (Top 25%) 3. Excellent (Top 10%) 4. Superior (Top 2%) 5. Not able to judge
EEP	Question Deactivation	LOR	Dean of Medical School?	Deactivate this question for EEP

**TABLE E: HOST SITE APPLICATION MODULE**

Program	Type of Change	Page/ Section	Current Question/Item	Requested Change
LLS	Question Deactivation	5.3 Host Site Position Description	Public Health Agency Type:	Deactivate Question for LLS
LLS	Question Deactivation	5.3: Public Health Agency Details	State/Province	Deactivate question for LLS. Only State/Territory option should be included
LLS	Question Deactivation	5.3: Public Health Agency Details	Country:	Deactivate question for LLS, Host Sites for LLS must be in US
PHAP	Question Deactivation	5.3: Public Health Agency Details	CDC Campus:	Deactivate question for PHAP

**TABLE E: HOST SITE APPLICATION MODULE**

<b>Program</b>	<b>Type of Change</b>	<b>Page/ Section</b>	<b>Current Question/Item</b>	<b>Requested Change</b>
EEP	Response Option Revision	6.8: Assignment Preference	Which type of work settings are you open to for your EEP student? (select all that apply): <ul style="list-style-type: none"> <li>In person (100%)</li> <li>Telework/remote (100%)</li> <li>Hybrid, mostly in person (&gt;50%)</li> <li>Hybrid, mostly telework/remote (&lt;50%)</li> </ul>	Which type of work settings are you open to for your EEP student? (select all that apply): <ul style="list-style-type: none"> <li>In person at least one day per week with telework option</li> <li>Fully remote</li> <li>Hybrid (at least 3 consecutive weeks in person with telework option, remaining time remote)</li> </ul>
EEP	Question Deactivation	5.3: Public Health Agency Details	Agency Center:	Deactivate question for EEP
EEP	Question Revision	6: Position Assignment Details	How would you best describe the subject area covered in this position?	How would you best describe the subject area covered in this position? Please select all subject areas that are covered by your work.
EEP	Section Addition	n/a	n/a	EEP Host Site Network Participation: All EEP primary supervisors can participate in this opportunity by filling out the Host Site Network survey. Note: If you work within a STLT or other federal agency, you cannot be added to the MS Teams channel since it will be created through the CDC network. However, we will send routine emails to all host sites with resources and can share information on the behalf of non-CDC host sites. If any non-CDC host site is interested in participating in the Host Site Network, we encourage you to fill out this section.
EEP	Question Addition	Host Site Network Participation	n/a	Would the primary supervisor like to participate in the EEP Host Site Network? -Yes -No (if no, section ends)
EEP	Question Addition	Host Site Network Participation	n/a	Can EEP share the primary supervisor's contact information (as provided on your host site application) with other primary host site supervisors participating in the Host Site Network? Note: All contact information will be shared through a spreadsheet.* - Yes - No
EEP	Question Addition	Host Site Network Participation	n/a	What contact information would the primary supervisor like to be included in

**TABLE E: HOST SITE APPLICATION MODULE**

Program	Type of Change	Page/ Section	Current Question/Item	Requested Change
				the spreadsheet? [Select all that apply]?* - Work phone (please confirm work phone number is entered in the supervisor list) - Email - Other (please specify)
EEP	Question Addition	Host Site Network Participation	n/a	What is the primary supervisor's preferred contact method(s) for networking-related meetings (e.g., phone call, Teams/Zoom meeting, email, etc.)? The following information is optional and can be included in the spreadsheet to provide more information to primary supervisors. [Select all that apply] - Email - Video conference (e.g., MS Teams, Zoom) - Phone - Other (please specify)
EEP	Question Addition	Host Site Network Participation	n/a	What is the primary supervisor's regular work schedule (Please include time zones, e.g., "M-F 8am – 4:30pm ET")? The following information is optional and can be included in the spreadsheet to provide more information to primary supervisors. [Open-text response]
EEP	Question Addition	Host Site Network Participation	n/a	Are you part of a CDC, STLT, or other federal agency host site? - CDC host site - STLT or other federal agency host site
EEP	Question Addition	Host Site Network Participation	n/a	Would you like the primary supervisor to be added to the MS Teams channel (a part of the Host Site Network) to connect with other EEP host sites?  - Yes - No
EEP	Response Option Revision	6: Position Assignment details	What level of proficiency do you prefer? -At least good -At least excellent	What level of proficiency do you prefer?  Read: At least Poor At least Fair At least Good At least Excellent  Write: At least Poor At least Fair

**TABLE E: HOST SITE APPLICATION MODULE**

Program	Type of Change	Page/Section	Current Question/Item	Requested Change
				At least Good At least Excellent  Speak At least Poor At least Fair At least Good At least Excellent
EIS	Response Option Revision	6: Position Assignment Details	What is the anticipated work status for this position?  <ul style="list-style-type: none"> <li>In person (100%)</li> <li>Telework/remote (100%)</li> <li>Hybrid, mostly in person (&gt;50%)</li> <li>Hybrid, mostly telework/remote (&lt;50%)</li> </ul>	What is the anticipated work status for this position?  <ul style="list-style-type: none"> <li>In person (100%)</li> <li>Hybrid, mostly in person (&gt;50%)</li> <li>Hybrid, mostly telework/remote (&lt;50%)</li> </ul>
EIS	Question Deactivation	6: Position Assignment Environment	Describe the program area, department, or organizational unit within the public health agency where the position assignment will be based. Include information on the number of employees/departments/divisions/branches/teams:	Deactivate this question for EIS
EIS	Question Deactivation	6: Position Assignment Environment	Describe in detail the workplace support that will be provided (e.g., office setting, computer equipment, clerical and administrative support, peer support, dedicated resources):	Deactivate this question for EIS
EIS	Question Deactivation	6: Position Assignment Environment	What recent changes or upcoming reorganizations may impact the assignment(s) or supervisor assigned to the candidate?	Deactivate this question for EIS
EIS	Question Deactivation	6: Position Assignment Environment	Please attach a PDF of the current organizational chart for the public health agency:	Deactivate this question for EIS
EFP	Question Deactivation	7: Supervisors	CDC Employee?	Deactivate question for EFP
EFP	Response option	6: Position Assignment	Fellow stipends vary based on education and experience. Please	Fellow stipends vary based on education and experience. Please let us know the

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Program	Type of Change	Page/ Section	Current Question/Item	Requested Change
	revision		<p>let us know the highest level of funding your program is budgeting for:</p> <ul style="list-style-type: none"> <li>• GS-9 (Master’s degree only, no relevant work experience)</li> <li>• GS-11 (Master’s degree with at least 1 year of relevant work experience)</li> <li>• GS-12 (Doctoral degree)</li> <li>• We’re applying for EFP-sponsored Evaluation Fellow. EFP funding will only cover salary &amp; benefits. Host programs must be able to provide \$5000/fellowship year for the Fellow’s professional development funds.</li> </ul>	<p>highest level of funding your program is budgeting for:</p> <ul style="list-style-type: none"> <li>• GS-9 (Master’s degree only, no relevant work experience)</li> <li>• GS-11 (Master’s degree with at least 1 year of relevant work experience)</li> <li>• GS-12 (Doctoral degree)</li> </ul>
<b>EFP</b>	Response option revision	6: Position Assignment	<p>The CDC Evaluation Fellowship is intended to be two years. Which describes your program’s funding ability to host the Evaluation Fellow?</p> <ul style="list-style-type: none"> <li>• Full cost of hosting the Fellow for the two years</li> <li>• We’re only able to fund the professional development funds (\$5000/fellowship year) for both years if we receive a PPEO-sponsored Evaluation Fellow.</li> <li>• Other, specify</li> </ul>	<p>The CDC Evaluation Fellowship is intended to be two years. Which describes your program’s funding ability to host the Evaluation Fellow?</p> <ul style="list-style-type: none"> <li>• Full cost of hosting the Fellow for the two years</li> <li>• Other, specify</li> </ul>
<b>EFP</b>	Question Activation	7.4: Mentoring Experience	<p>Mentorship Experience (select all that apply):</p> <ol style="list-style-type: none"> <li>1) I have mentored staff within my organization.</li> <li>2) I have mentored fellows/associates in this fellowship/program.</li> <li>3) I have mentored fellows/associates in other fellowships/programs.</li> </ol>	<p>Activate this question for EFP</p> <p>Also edit response options to match related supervisor questions:</p> <ol style="list-style-type: none"> <li>1) Supervisor has mentored staff within the organization.</li> <li>2) Supervisor has mentored fellows/associates in this fellowship/program.</li> <li>3) Supervisor has mentored fellows/associates in other</li> </ol>

**TABLE E: HOST SITE APPLICATION MODULE**

Program	Type of Change	Page/Section	Current Question/Item	Requested Change
				fellowships/programs.
PHIFP		Information	Is the supervisor a full-time employee at the organization where the fellow/associate will spend most of their time?	Is the supervisor/mentor a full-time employee at the organization where the fellow/associate will spend most of their time?
PHIFP		Experience	Please provide the following information for each Supervisor (e.g., Primary and Secondary) and mentor that will support the PHIFP fellow. Additionally, in describing their public health experiences, please include information about their public health knowledge and technical skill sets that may be applicable to supporting the PHIFP fellow.	Please provide the following information for this supervisor/mentor. In describing their public health experiences, please include information about their public health knowledge and technical skill sets (e.g. informatics, data science, etc) that may be applicable to supporting the PHIFP fellow.
PHIFP		Information	Is the supervisor a full-time employee at the organization where the fellow/associate will spend most of their time?	Is the supervisor/mentor a full-time employee at the organization where the fellow/associate will spend most of their time?
PHIFP		Information	How much time per week (hours) can the supervisor devote to supervise?	How much time per week (hours) can the supervisor/mentor devote to supervising/mentoring?
PHIFP		Information	Is the supervisor an alumnus of any CDC fellowship or training program?	Is the supervisor/mentor an alumnus of any CDC fellowship or training program?
PHIFP		Information	Which of the following CDC fellowship(s)/program(s) is the Supervisor an alumnus of:	Which of the following CDC fellowship(s)/program(s) is the supervisor/mentor an alumnus of:
PHIFP		Experience	Describe the public health experience of the supervisor (or additional staff) relevant to the associate's assignment:	Describe the public health experience of the supervisor/mentor relevant to the associate's assignment:
PHIFP		Experience	Describe why the Supervisor would be a good mentor/coach for a fellow/associate and how the primary supervisor will foster growth and development:	Describe why the supervisor/mentor would be a good mentor/coach for a fellow and how the supervisor/mentor will foster growth and development:
PHIFP		Experience	Please provide the following information for each Supervisor (e.g., Primary and Secondary) and mentor that will support the	Please provide the following information for this supervisor/mentor. In describing their public health experiences, please include information about their public

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<b>Program</b>	<b>Type of Change</b>	<b>Page/ Section</b>	<b>Current Question/Item</b>	<b>Requested Change</b>
			PHIFP fellow. Additionally, in describing their public health experiences, please include information about their public health knowledge and technical skill sets that may be applicable to supporting the PHIFP fellow.	health knowledge and technical skill sets (e.g. informatics, data science, etc) that may be applicable to supporting the PHIFP fellow.
<b>PHIFP</b>	Question Revision	7.2-a Supervisor Information	List the class year for each alumnus fellowship/program:	In what years did the supervisor/mentor participate in the fellowship/program?
<b>PHIFP</b>	Question Revision	7.3-c Supervisor Experience	Supervisory Plan	Supervisory/mentorship plan
<b>PHIFP</b>	Question Revision	7.3-c Supervisor Experience	Describe the Supervisor's supervisory experience and style:	Describe this individual's supervisory/mentorship experience and style:
<b>PHIFP</b>	Question Revision	7.3-c Supervisor Experience	Describe how the primary supervisor will provide direct supervision, foster growth, and on-the-job training:	Describe how this individual will provide guidance, foster growth, and facilitate on-the-job training:
<b>PHIFP</b>	Question Revision	6: Position Assignment Details	Background:	Background information about your site:
<b>PHIFP</b>	Question Revision	8.1-b Activity/Project Details	Level of Responsibility / Role:	Fellow's Level of Responsibility / Role:
<b>PHIFP</b>	Question Revision	6: Position Assignment details	Will any of these positions be prematched?	Will any of these positions be prematched? A prematched position is when an applicant is already known to your host site and you request them by name.
<b>All</b>	Response Option Revision	5.3 Public Health Agency Details	Center/Division/Branch: See pick list in Appendix of Att 4 page 78	Picklist updated to reflect CDC reorganization and new CIO titles.