**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**** |
| 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) |

**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*(Information Collection “IC” title)* | Form | Number of Respondents | Number of Responses per Respondent | Average Burden per Response(in hours) | Total Burden (in hours) |
| Fellowship Applicants*(Fellowship Applications)* | FMS Application Module | 5286 | 1 | 87/60 | 7665 |
| Reference Letter Writers *(Reference Letters for Fellowship Applicants)* | FMS Application Module  | 7142 | 1 | 15/60 | 1786 |
| Subset of FMS Fellowship Applicants\*\* *(FMS Application Writing Samples (Subset Applicants))* | FMS Application Module (13.6) | 220 | 1 | 30/60 | 110 |
| Public Health Agency or Organization Staff*(FMS Host Site Module)* | FMS Host Site Module | 970 | 1 | 75/60 | 1213 |
| Public Health Agency or Organization Staff*(Activity Tracking)* | FMS Activity Tracking Module  | 555 | 2 | 30/60 | 555 |
| 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 [Revision](https://cdc.sharepoint.com/sites/CSELS/DSEPD/science/Paper%20Reduction%20Act/Forms/AllItems.aspx?FolderCTID=0x01200087B4F04D1DB746499F65C874D503D450&id=%2Fsites%2FCSELS%2FDSEPD%2Fscience%2FPaper%20Reduction%20Act%2FPRA%20Packages%2FEnterprise%20Fellowship%20Management%20System%20Traditional%20ICR%2FRevisions%2FFMS%20Revision%20Package%202022&viewid=c8c4c30f%2Dfad2%2D4940%2D90e3%2D6717dd3d8d6c) 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 [Change Request](https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=202308-0920-001) | 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** | Question Revision | 11: Personal 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** | Question Addition | 11: Personal Statement | n/a | Add checkbox asking if respondent is a re-applicant for LLS, if they are, then questions pertaining to reapplicants will appear |
| **LLS** | Question Addition | 6.12: Eligibility | 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-related discipline.1. Yes
2. No
 |
| **All** | Response Option Revision | 11.4: 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** | Response Option Revision | 7.2: Education | What do you want to add?1. Undergraduate Education2. Graduate Education (includes degrees in progress)3. Additional Coursework4. 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** | Question Revision | 7.7: Education and Licenses | Description of Dissertation: | Description of Research: |
| **All** | Response Option Revision | 11.4: 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** | Response Option Revision | 6.8: 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 ResponseEnvironmental HealthGenomicsHealth Equity/Access to CareHealth Department Improvement/AccreditationImmunizations/Vaccine Preventable Disease InvestigationSexually Transmitted Disease PreventionTuberculosis PreventionHIV PreventionViral Hepatitis Prevention Adolescent/school-based Sexually Transmitted Disease preventionOther Infectious Disease Injury PreventionMaternal & Infant HealthPublic Health Policy & LawPublic Health SurveillanceOral Health | Updated Picklist:1. Obesity, nutrition, and physical activity2. Cancer prevention and control3. Diabetes4. Heart disease and stroke prevention5. Tobacco prevention and cessation6. Other chronic disease7. Emergency preparedness and response8. Asthma and air pollution9. Environmental health10. Immunizations/vaccine preventable disease11. Influenza12. HIV/AIDS, or Tuberculosis13. STD prevention14. Viral hepatitis15. Foodborne diseases16. Waterborne diseases17. Vectorborne diseases18. Fungal Diseases19. One Health and zoonotic disease20. Arctic Investigations (Alaska)21. Healthcare-associated infections22. Quarantine and border health services23. Unintentional injury24. Opioid/prescription drug overdose prevention25. Occupational health and safety26. Violence Prevention27. Reproductive Health28. Maternal and infant health29. Blood Disorders30. Health statistics31. State, local, and territorial health32. Global health33. COVID-1934. 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 Education2. Graduate Education (includes degrees in progress)3. Additional Coursework4. 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 Revision | 13: Location Preferences | 1. CDC headquarters or Atlanta regional campuses (Atlanta, Georgia)2. Other CDC Regional Campuses3. Other Federal Agencies4. State, local, or territorial health departments5. CDC Country Office (Remote) | 1. CDC headquarters or Atlanta regional campuses (Atlanta, Georgia)2. Other CDC Regional Campuses3. Other Federal Agencies4. State, local, tribal, or territorial health departments5. CDC Country Office (Remote) |
| **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: 1. Obesity, nutrition, and physical activity2. Cancer prevention and control3. Diabetes4. Heart disease and stroke prevention5. Tobacco prevention and cessation6. Other chronic disease7. Emergency preparedness and response8. Asthma and air pollution9. Environmental health10. Immunizations/vaccine preventable disease11. Influenza12. HIV/AIDS, or Tuberculosis13. STD prevention14. Viral hepatitis15. Foodborne diseases16. Waterborne diseases17. Vectorborne diseases18. Fungal Diseases19. One Health and zoonotic disease20. Arctic Investigations (Alaska)21. Healthcare-associated infections22. Quarantine and border health services23. Unintentional injury24. Opioid/prescription drug overdose prevention25. Occupational health and safety26. Violence Prevention27. Reproductive Health28. Maternal and infant health29. Blood Disorders30. Health statistics31. State, local, and territorial health32. Global health33. COVID-1934. Other (specify) | Delete question |
| **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) 1. Attended a CDC Science Ambassador regional training workshop
2. Previously applied to the CDC Science Ambassador Fellowship
3. Used CDC NERD Academy curriculum in my classroom
4. Used CDC Science Ambassador lesson plans in my classroom
5. None of the above
6. Other
 | 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 workshopApplied to the CDC Science Ambassador FellowshipParticipated in the CDC Science Ambassador FellowshipUsed CDC NERD Academy curriculum in my classroomUsed CDC Science Ambassador lesson plans in my classroomAttended 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 |
| **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 |

| **TABLE D: FELLOWSHIP APPLICATION Module: Letters of Recommendation (LOR)** |
| --- |
| **Program** | **Type of Change** | **Sec.** | **Current Question/Item** | **Requested Change**  |
| **SAF** | Question Revision | LOR | Recommender’s Name | Recommender’s Full Name |
| **SAF** | Response Option Revision | LOR | 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?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 | 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?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 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 | Compared with other similar 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** |
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| **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 |
| **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):* In person (100%)
* Telework/remote (100%)
* Hybrid, mostly in person (>50%)
* Hybrid, mostly telework/remote (<50%)
 | Which type of work settings are you open to for your EEP student? (select all that apply):* In person at least one day per week with telework option
* Fully remote
* Hybrid (at least 3 consecutive weeks in person with telework option, remaining time remote)
 |
| **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 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 PoorAt least FairAt least GoodAt least ExcellentWrite:At least PoorAt least FairAt least GoodAt least ExcellentSpeakAt least PoorAt least FairAt least GoodAt least Excellent |
| **EIS** | Response Option Revision | 6: Position Assignment Details | What is the anticipated work status for this position?* In person (100%)
* Telework/remote (100%)
* Hybrid, mostly in person (>50%)
* Hybrid, mostly telework/remote (<50%)
 | What is the anticipated work status for this position?* In person (100%)
* Hybrid, mostly in person (>50%)
* Hybrid, mostly telework/remote (<50%)
 |
| **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 revision | 6: Position Assignment | Fellow stipends vary based on education and experience. Please let us know the highest level of funding your program is budgeting for:* GS-9 (Master’s degree only, no relevant work experience)
* GS-11 (Master’s degree with at least 1 year of relevant work experience)
* GS-12 (Doctoral degree)
* We’re applying for EFP-sponsored Evaluation Fellow. EFP funding will only cover salary & benefits. Host programs must be able to provide $5000/fellowship year for the Fellow’s professional development funds.
 | Fellow stipends vary based on education and experience. Please let us know the highest level of funding your program is budgeting for:* GS-9 (Master’s degree only, no relevant work experience)
* GS-11 (Master’s degree with at least 1 year of relevant work experience)
* GS-12 (Doctoral degree)
 |
| **EFP** | Response option revision | 6: Position Assignment | The CDC Evaluation Fellowship is intended to be two years. Which describes your program’s funding ability to host the Evaluation Fellow?* Full cost of hosting the Fellow for the two years
* We’re only able to fund the professional development funds ($5000/fellowship year) for both years if we receive a PPEO-sponsored Evaluation Fellow.
* Other, specify
 | The CDC Evaluation Fellowship is intended to be two years. Which describes your program’s funding ability to host the Evaluation Fellow?* Full cost of hosting the Fellow for the two years
* Other, specify
 |
| **EFP** | Question Activation | 7.4: Mentoring Experience | Mentorship Experience (select all that apply):1. I have mentored staff within my organization.
2. I have mentored fellows/associates in this fellowship/program.
3. I have mentored fellows/associates in other fellowships/programs.
 | Activate this question for EFPAlso edit response options to match related supervisor questions:1. Supervisor has mentored staff within the organization.
2. Supervisor has mentored fellows/associates in this fellowship/program.
3. Supervisor has mentored fellows/associates in other fellowships/programs.
 |
| **PHIFP** | Question Revision | 7.2-a Supervisor 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** | Question Revision | 7.3-a Supervisor 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** | Question Revision | 7.2-a Supervisor 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** | Question Revision | 7.2-a Supervisor 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** | Question Revision | 7.2-a Supervisor 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** | Question Revision | 7.2-a Supervisor 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** | Question Revision | 7.3-a Supervisor 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** | Question Revision | 7.4-a Mentoring 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** | Question Revision | 7.3-a Supervisor 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** | 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? |
| **PHIFP** | Question Revision | 7.3-c Supervisor Experience | Supervisory Plan | Supervisory/mentorship plan |
| **PHIFP** | Question Revision | 7.3-c Supervisor Experience | Describe the Supervisor's supervisory experience and style: | Describe this individual's supervisory/mentorship experience and style: |
| **PHIFP** | 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: |
| **PHIFP** | Question Revision | 6: Position Assignment Details | Background: | Background information about your site: |
| **PHIFP** | Question Revision | 8.1-b Activity/Project Details | Level of Responsibility / Role: | Fellow's Level of Responsibility / Role: |
| **PHIFP** | 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. |
| **All** | 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. |