**Change Request**  
**OMB Control Number 0920-0765**  
**Fellowship Management System**

**Date Submitted: [12/15/2023]**

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.

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| --- |
| ****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 |  |  |
| EEP |  |  |
| PE |  |  |
| ELI |  |  |
| FLIGHT |  |  |
| LLS |  |  |
| PHIFP |  |  |
| PHAP |  |  |
| PMF |  |  |
| EFP |  |  |
| SAF |  |  |
| Total Change in # of Questions | -9 questions | -2 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. All programs have had student loan repayment related questions removed from the Application module due to changes in program funding.

Detailed changes to each module are listed and described in **Table D** (Fellowship Application module)**,** and **Table E** (Host Site Application module). These tables are provided at the end of this narrative. There are no changes to the Letters of Recommendation section in this change request.

**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 C**). CDC determined that the additional changes proposed at this time do not alter the current burden estimates for the FMS information collections (“ICs”) highlighted below), 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 C: 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](https://www.reginfo.gov/public/do/DownloadDocument?objectID=137165701) | 11/8/2023 | Adjustments to Application and Host Site module content to improve question clarity, improve relevance of response options, and streamline question logic. |
| December 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. Removal of student loan repayment content. |

| **TABLE D: FELLOWSHIP APPLICATION MODULE** | | | | |
| --- | --- | --- | --- | --- |
| **Program** | **Type of Change** | **Sec.** | **Current Question/Item** | **Requested Change** |
| **All** | Question Revision | 7 | College/University (open text response) (when respondent selects “Other”) | Prompt should be “Other College/University” |
| **EIS** | 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 EIS |
| **All** | Question Revision | 7.2 | What do you want to add?  (Active U.S. 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 | What do you need to add?  (Active U.S. 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 |
| **All** | Question Revision | 8.2 | What do you want to add?  For Volunteer Experience, please list activities outside your normal working hours/responsibilities.  1. Work Experience 2. Volunteer Experience | What do you need to add?  For Volunteer Experience, please list activities outside your normal working hours/responsibilities.  1. Work Experience 2. Volunteer Experience |
| **All** | Question Revision | 10.2 | What do you want to add?  1. Publications 2. Presentations 3. Grants 4. Honors or Awards 5. Monographs or Reports 6. Research Grants 7. Working Papers (Job Market Papers) | What do you need to add?  1. Publications 2. Presentations 3. Grants 4. Honors or Awards 5. Monographs or Reports 6. Research Grants 7. Working Papers (Job Market Papers) |
| **All** | Response Option Revision | 8.3 | Organization Type:  1. Additional education or training (including degree or residency programs, fellowships and post-doctoral research positions) 2. Government – CDC (including contractor work) 3. Government – non-CDC federal government (including contractor work) 4. Government – state, tribal, local, or territorial health agency (including contractor work)  5. Non-governmental, community, or other organization (NGO) 6. Academia (as faculty or staff) 7. Industry (private, non-clinical business) 8. Clinical work | Organization Type:  1. Additional education or training (including degree or residency programs, fellowships and post-doctoral research positions) 2. Government – CDC (including contractor work) 3. Government – non-CDC federal government (including contractor work) 4. Government – state, tribal, local, or territorial health agency (including contractor work)  5. Non-governmental, community, or other organization (NGO) 6. Academia (as faculty or staff) 7. Industry (private, non-clinical business) 8. Clinical work  9. Other |
| **EIS** | Question Addition | 13.2 Applicant Survey | n/a | Add question to clarify which branch of military is sponsoring application.  “Name of Service” with open text box response |
| **EIS** | Question Addition | 13.2 Applicant Survey | n/a | Add question for contact in specified military branch.  “Contact Information” with open text box response |
| **EIS, LLS, EEP, SAF** | Question Deletion | 7.5 College/University | If your college/university is not listed, please contact the System Help Desk Ticket  Open text response | Delete this question, replace with instructional text and a link to the help desk |
| **PHAP** | Question Activation | 9.4 Clinical Training | Status: 1. Certified 2. Eligible | Activate question for PHAP |
| **PHAP** | Question Activation | 9.4 Clinical Training | Certificate of completion upload:  Upload field | Activate question for PHAP |
| **PHAP** | Question Activation | 9.4 Clinical Training | Specialty: | Activate question for PHAP |
| **PHAP** | Question Activation | 9.4 Clinical Training | Specify Specialty: | Activate question for PHAP |
| **All** | Question Deletion | 12.1 Student Loan Repayment | Do you have U.S. Federal Student loans? | Delete question for all pertinent fellowships |
| **All** | Question Deletion | 12.1 Student Loan Repayment | Before applying, were you aware of the Educational Loan Repayment Program for Health Professionals in which CDC/ATSDR recruits can receive up to $50,000 a year in loan repayment for a minimum 2 year service agreement? | Delete question for all pertinent fellowships |
| **All** | Question Deletion | 12.1 Student Loan Repayment | Are you interested in student loan repayment? (To learn more please visit the Educational Loan Repayment for Health Professionals information on the website) | Delete question for all pertinent fellowships |
| **All** | Question Deletion | 12.1 Student Loan Repayment | Did the availability of this loan repayment program influence your decision to apply for this fellowship? | Delete question for all pertinent fellowships |

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| --- | --- | --- | --- | --- |
| **EEP** | Response Option Revision | 13.2 Topic and subject area | Topic Area(s) Preference:  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  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, tribal, and territorial health  32. Global health  33. COVID-19  34. Other (specify) | Remove response option “Other” and add ability to “Select all” |
| **EEP** | Response Option Revision | 13.2 Topic and subject area | Specify:  \*if response option “Other” is selected for above question | Delete this question for EEP |
| **EEP** | Response Option Revision | 13.3: Topic and subject area | Project type preference:  1. Data collection 2. Data entry 3. Data analysis 4. Intervention/program planning 5. Intervention/program implementation 6. Intervention/program evaluation 7. Literature review 8. Scientific writing (e.g., drafting a section of a report) 9. Communications/design (e.g., developing flyers, website content) 10. Field investigation 11. Other | Remove response option “Other” |
| **EEP** | Question deactivation | 11 Personal Statement | Do you have geographic constraints on where you can relocate for your fellowship/program? | Deactivate question for EEP |
| **EEP** | Question deactivation | 11 Personal Statement | Understanding that there are different topical and geographical assignments, in which do you prefer to work and why? | Deactivate question for EEP |
| **EEP** | Response Option Revision | 10: Publications, grants, honors, awards | What do you need to add?  1. Publications 2. Presentations 3. Grants 4. Honors or Awards 5. Monographs or Reports 6. Research Grants 7. Working Papers (Job Market Papers) | What do you need to add?  1. Publications 2. Presentations 3. Grants 4. Honors or Awards |
| **EEP** | Question deactivation | 8.4 Institution Details and Location | Institution Name: | Deactivate question for EEP (these questions appear when applicants opt to add Additional Training and Skills) |
| **EEP** | Question deactivation | 8.4 Institution Details and Location | Country: | Deactivate question for EEP  (these questions appear when applicants opt to add Additional Training and Skills) |
| **EEP** | Question deactivation | 8.4 Institution Details and Location | State/Territory: | Deactivate question for EEP  (these questions appear when applicants opt to add Additional Training and Skills) |
| **EEP** | Question deactivation | 8.4 Institution Details and Location | State/Province: | Deactivate question for EEP  (these questions appear when applicants opt to add Additional Training and Skills) |
| **EEP** | Question deactivation | 8.4 Institution Details and Location | City: | Deactivate question for EEP  (these questions appear when applicants opt to add Additional Training and Skills) |
| **EEP** | Question deactivation | 13.2 Applicant Survey | Specify (which of the following most influenced you to apply to this fellowship?) | Deactivate question for EEP |
| **EEP** | Question Deactivation | 13.2 Applicant Survey | What other opportunities (e.g. jobs, fellowships) are you considering? | Deactivate question for EEP |

| **TABLE E: HOST SITE APPLICATION MODULE** | | | | |
| --- | --- | --- | --- | --- |
| **Program** | **Type of Change** | **Page/ Section** | **Current Question/Item** | **Requested Change** |
| **PHAP** | Question Revision | 6.3 Position Assignment Environment | Please describe any additional administrative requirements for accepting a federal assignee. | Please describe any additional administrative requirements for accepting a federal assignee (i.e. background check, immunization requirements). |
| **All Programs** | Question Revision | 6.5 Position Assignment Location | Physical Address | Street Address |
| **EIS** | Question Revision | 7.3 Supervisor Experience | Please outline a brief supervision plan that will ensure appropriate on-the-job training, management of the fellow’s workload and performance, and support for the officer’s professional and personal growth. This plan should include 1) each supervisor’s role on the team; 2) communication methods and meeting frequency with the fellow, and 3) how the team will facilitate engagement of the officer with others, including senior leadership, in the host site. | Please outline a brief supervision plan that will ensure appropriate on-the-job training, management of the fellow’s workload and performance, and support for the officer’s professional and personal growth. This plan should include 1) each supervisor’s role on the team; 2) communication methods and meeting frequency with the associate, and 3) how the team will facilitate engagement of the officer with others, including senior leadership, in the host site. |
| **LLS** | Question Deactivation | Public Health Agency Details | Public Health Agency: (drop down list) | Deactivate question for LLS |
| **LLS** | Question addition | 6.3 Position Assignment Environment | n/a | Please provide the name of your Public Health Agency and the laboratory that would be hosting LLS fellow.  Open text box |
| **LLS** | Response Option Revision | 6.3 Position Assignment Environment | Select the following to confirm that you have:   1. Scheduled meeting with the LLS Program 2. PD Approved by CIO Authority | Select the following to confirm that you have:   1. Scheduled meeting with the LLS Program 2. Position Description Approved by CIO Authority |
| **LLS** | Question deactivation | 7.2 Supervisor Information | Supervisor Employed By: Open Text Field | Deactivate this question for LLS |
| **PHAP** | Question Activation | 6.2 Position Assignment Details | Proposed initial project(s): Open text response | Activate this question for PHAP |
| **EFP** | Question deletion | 6.15 EFP Program Funding | The CDC Evaluation Fellowship is intended to be two years. Which describes your programs ability to host the Evaluation Fellow?  -Full cost of hosting the fellow for the two years  -Other | Delete this question |
| **EEP** | Question deletion | 6.9 Position assignment details | Additional Details: Open Text response | Delete this question |