

Epidemiology Elective Program (EEP) Alumni Survey

[Page 1] Introduction

You are being asked to complete this survey because of your previous participation in the Epidemiology Elective Program (EEP). The purpose of this survey is to learn about your career progression and how alumni contribute to the public health workforce.

Your participation is completely voluntary. Your individual responses will be kept secure and not shared. Only CDC Epidemiology and Laboratory Workforce Branch (including EEP program staff) and CDC Division evaluation staff will have access to your responses. Results from the survey will be reported in aggregate (e.g., 75% of alumni are employed in public health).

We estimate that it will take **approximately [Y1: 20, Y3/5: 17] minutes** to complete this survey. This survey link is unique to you, so please don't forward it to others. You will be able to return to the survey to edit or update your responses at any time prior to the **survey closing date on [DATE]**.

Please contact ELWBEval@cdc.gov if you have any questions regarding this survey.

Notice: By continuing to the next screen, you consent to complete this survey.

The public reporting burden of this collection of information is estimated to average [Y1:20, Y3/5: 17] minutes per response, including 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 H21-8, Atlanta, Georgia 30333 ATT: PRA (0920-1078)**.

Post-Fellowship Education, Board Certifications, and Licenses

[Page 2] Additional public health training

1. Have you completed any additional formal public health training [**Year 1:** since EEP, **Year 3/5:** in the last two years] (e.g., graduate degree program in public health, public health certificate program, preventative medicine residency, public health training sessions or courses, etc.)? a. Yes
- b. No (skip to Residency completion)

[Page 3] Post-Program Public Health Training

2. Specify public health training completed [**Year 1:** since completing EEP, **Year 3/5:** in the last two years]. Select all that apply.
 - a. Bachelor's degree program in public health
 - b. Master's level degree program in public health
 - c. Doctoral level degree program in public health
 - d. Public health certificate program
 - e. Preventative medicine residency
 - f. Other public health training (please specify)

[Page 4] Residency completion

3. [**Year 1:** Since completing EEP, **Year 3/5:** In the last two years], have you completed a residency or clinical fellowship? a. Yes
- b. No (skip to Board certifications)

[Page 5] Residencies completed

4. What is the specialty of the residency or clinical fellowship you completed since EEP?

[Page 6] Board certifications

5. Do you currently have any active board certifications in the U.S.? a. Yes

b. No (skip to U.S. clinician)

[Page 7] Board certifications details

6. Please specify active board certifications:

Open Text Response

[Page 8] U.S. clinician

7. Are you a clinician (e.g., MD, DVM) currently licensed to practice within the U.S.?

- a. Yes, medical doctor (e.g., MD, DO)
- b. Yes, veterinary doctor (e.g., DVM, VMD)
- c. Yes, other clinical degree (e.g., DNP, PharmD)
- d. No

[Page 9] Education Status

8. Which medical or veterinary degree program were you pursuing during EEP?

- a. MD
- b. DO
- c. VMD
- d. DVM

9. Have you graduated from the medical or veterinary degree program you were pursuing during EEP?

- a. Yes
- b. No, I am still pursuing the medical or veterinary degree program I was pursuing during EEP (skip to Residency program or clinical fellowship details)
- c. No, I am no longer pursuing the medical or veterinary degree program I was pursuing during EEP (skip to Professional status)

[Page 10] Education Status - Graduated

10. What year did you graduate from medical or veterinary school? [whole number]

11. Did you graduate from medical or veterinary school with a dual degree in another program?

- a. Yes
- b. No (skip to Professional status)

[Page 11] Dual Degree – Graduated

12. Specify the degree(s) you completed with your medical or veterinary training. Select all that apply.

- a. Master's level degree program in public health
- b. Doctoral level degree program in public health
- c. Public health certificate program
- d. Other (please specify)

Post-Fellowship Activity

[Page 12] Professional Status

Please select the response option that best describes your current professional status. Please read all response options before selecting your response.

13. Professional Status:

- a. **I am employed** (Please also select this response if you are an ORISE fellow) (skip to Current clinical practice)
- b. **I am furthering my education at an academic institution** (e.g., masters or doctoral) or through a clinical training program or medical residency). (skip to Additional Education)
- c. **I am employed and am furthering my education** at an academic institution at the same time (continue to Additional Education and Employed)
- d. **I am participating in a training or service program** (e.g., internship, AmeriCorps, Peace Corps) **or a different public health fellowship program** than EEP (e.g., EIS, Public Health Informatics Fellowship Program) (continue to Additional Training)
- e. **I am seeking employment** (Y1 only – skip to Influence on career path. All other years skip to Interest in the EIS program)
- f. **I am not currently employed** (and not seeking employment) (Y1 only – skip to Influence on career path. All other years skip to Interest in the EIS program)

g. **Other** (please specify): (Y1 only – skip to Influence on career path. All other years skip to Interest in the EIS program)

[Page 13] Additional Education

14. Which of the following best describes the **primary** focus of your current education?

a. **Public health (including population health)** - *Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.*

a. **Health care** - *Select if your work focuses on diagnosing and treating individual patients, managing clinical services, hospitals, etc.*

b. **Other** (please specify):

(Y1 only: skip to Influence on Career Path. All others: skip to Interest in the EIS program)

[Page 14] Additional Education and Employed

15. Which of the following best describes the primary focus of your current education program? 1

a. **Public health (including population health)** - *Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.*

b. **Health care** - *Select if your work focuses on diagnosing and treating individual patients, managing clinical services, hospitals, etc.*

c. **Other** (please specify):

(all responses skip to Current Clinical Practice)

[Page 15] Additional Training or Service

16. Which of the following best describes the training, residency, or service program you are pursuing? 1 a. CDC fellowship, educational, or training program (e.g., EIS, Public Health Informatics Program)

b. Non-CDC fellowship or training program

c. Service organization (e.g., Peace Corps; AmeriCorps)

17. Which of the following best describes the primary focus of your current training or service program?

a. **Public health (including population health)** - - *Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.*

b. **Health care** - *Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.*

c. **Other** (please specify):

(Y1 only: skip to Preparedness for Post-Program Position. All others: skip to Interest in the EIS program)

[Page 16] Current Clinical Practice

18. Do you currently practice human or veterinary medicine?

a. Yes

b. No (skip to Employer details)

[Page 17] Current Practice Details

19. What is your specialty?

[Page 18] Employer details

20. Employer Name:

Open Text Response

21. Employer Country (i.e., the country where your employer is based, not the country where you primarily work from if working remotely): [drop-down]

22. Employer State/Territory (if in the U.S.) (i.e., the state/territory where your employer is based, not the state/territory where you primarily work from if working remote)): [drop-down]

23. Job Title:

Open Text Response

24. Which of the following best describes the primary focus of your current job? 1

a. **Public health (including population health)** - - *Select if your work focuses on protecting and promoting the health of entire populations or specific population groups; examples may include (but are not limited to) scientific, programmatic, and administrative work.*

b. **Health care** - *Select if your work focuses on diagnosing and treating individual patients; managing clinical services, hospitals, etc.*

c. **Other** (please specify): (Year 1: skip to Preparedness for Post-Program Position. All other years - Interest in EIS program)

[Page 19] Employment Type

25. Which of the following best describes your current type of employment?

a. **Federal Government** (e.g., CDC, FDA, *NOTE: if you are part of the USPHS Commissioned Corps, select this option.*) (continue to Federal government employment activity)

b. **Non-Federal, government** (state, tribal, local, or territorial agency, e.g., Georgia Department of Public Health) (skip to Non-federal government employment activity)

c. **Contractor** in support of federal, state, tribal, territorial, or local government (e.g., ORISE, Northrup Grumman) (skip to Government contractor employment)

d. **Non-governmental**, academic, clinical, community, or other organization or business (skip to Non-government employment)

[Page 20] Federal government employment activity

26. Which of the following best describes your current federal employer? *Note: If you are a PHS Officer, select the agency to which you are assigned.*

a. Centers for Disease Control and Prevention (CDC). I am **stationed or work primarily at CDC headquarters or other CDC domestic office.**

b. Centers for Disease Control and Prevention (CDC). I am **stationed domestically** in the field (e.g., state, local, or tribal health department).

c. Centers for Disease Control and Prevention (CDC). I am **stationed internationally** in the field.

d. Other (non-CDC) Department of Health and Human Services (HHS) agency (Y1: skip to Q28, all other skip to Q29)

e. Other Federal government agency (e.g., State Department, USAID) (Y1: skip to Q28, all other skip to Q29)

f. Other (please specify) (Y1: skip to Q28, all other skip to Q29)

[Page 21] Federal government employment activity - CDC

27. In which CIO are you located? 1 [dropdown of CIO options]

- a. N/A – I do not work in a CDC CIO
- b. CDC Washington Office
- c. Center for Forecasting and Outbreak Analytics (CFA)
- d. Global Health Center (GHC)
- e. Immediate Office of the Director
- f. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
- g. National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
- h. National Center for Environmental Health (NCEH)
- i. National Center for Health Statistics (NCHS)
- j. National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
- k. National Center for Immunization and Respiratory Diseases (NCIRD)
- l. National Center for Injury Prevention and Control (NCIPC)
- m. National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (NCSTLTPHIW)
- n. National Center on Birth Defects and Developmental Disabilities (NCBDDD)
- o. National Institute for Occupational Safety and Health (NIOSH)
- p. Office of Communications (OC)
- q. Office of Equal Employment Opportunity and Workplace Equity (OEEWE)
- r. Office of Health Equity (OHE)
- s. Office of Laboratory Science and Safety (OLSS)
- t. Office of Policy, Performance, and Evaluation (OPPE)
- u. Office of Public Health Data, Surveillance, and Technology (OPHDST)
- v. Office of Readiness and Response (ORR)
- w. Office of Science (OS)
- x. Office of the Chief of Staff (OCoS)
- y. Office of the Chief Operating Officer (OCOO)

z. Other (please specify) _____

[Page 22] Federal government employment activity - All

28. **[Year 1 survey only]** Is your current work setting in the same division, agency, or organization as your EEP site? (Note: If your host site was not in a division but in a CIO OD, select 'yes' if you are in the same CIO).

a. Yes

b. No

29. Which of the following best describes the employment status for your position?

a. USPHS Commissioned Corps

b. Civil Service, Full Time Equivalent (FTE) (e.g., Title 5, 38)

c. Temporary or term FTE (including Title 42 appointment or fellowship extension)

d. Other (please specify)

30. What is your current job series?

a. 0110 - Economist

b. 0301 - Miscellaneous Administration and Program

c. 0343 - Management and Program Analysis

d. 0403 - Microbiology

e. 0601 - General Health Science

f. 0602 - Medical Officer

g. 0610 - Nurse

h. 0685 - Public Health Program Specialist

i. 0701 - Veterinary Medical Science

j. 0801 - General Engineering

k. 1001 - Health Communications Specialist

l. 1102 - Contract Specialist

m. 1515 - Operations Research

n. 1529 - Mathematical Statistics

o. 1530 - Statistics

p. 1150 - Computer Science

- q. 1560 - Data Science
- r. Other (please specify)

31. What is your current pay grade?

- a. GS-5
- b. GS-6
- c. GS-7
- d. GS-8
- e. GS-9
- f. GS-10
- g. GS-11
- h. GS-12
- i. GS-13
- j. GS-14
- k. GS-15
- l. Senior Executive Service (SES)
- m. Commission Corps 0-3
- n. Commission Corps 0-4
- o. Commission Corps 0-5
- p. Commission Corps 0-6
- q. Commission Corps 0-7
- r. Commission Corps 0-8
- s. Commission Corps 0-9
- t. Commission Corps 0-10
- u. Other (please specify):

(all responses skip to Support of Essential Public Health Services)

[Page 23] Non-federal, government employment

32. Which of the following best describes your current **employer**?

- a. City or county government agency

- b. State government agency or public health laboratory
- c. U.S. territorial and freely associated state government agency
- d. Tribal government equivalent organization/coalition
- e. Other (please specify)

33. **[Year 1 survey only]** Is your current work setting in the same agency or organization as your EEP host site?

- a. Yes
- b. No

(skip to Support of Essential Public Health Services)

[Page 24] Government contractor employment

34. Which of the following best describes the **primary setting** of your contract work?

- a. I support or work at the Centers for Disease Control and Prevention (CDC).
- b. I support or work at the Department of Health and Human Services (HHS) (not CDC).
- c. I support or work at another Federal government agency (e.g., State Department, USAID).
- d. I support or work at a city or county government agency.
- e. I support or work at a state government agency or public health laboratory.
- f. I support or work at a US territorial or freely associated state agency.
- g. I support or work at a tribal governmental equivalent organization/coalition.
- h. Other (please specify)

35. **[Year 1 survey only]** Is your current work setting in the same CIO or division, agency, or organization as your EEP host site?

- a. Yes
- b. No

(skip to Support of Essential Public Health Services)

[Page 25] Non-government employment

36. Which of the following best describes your current **employer**? 1

- a. College or university
- b. Industry (private, non-clinical business)
- c. Clinical (hospital or other clinical care)
- d. Non-governmental, community, or other organization
 - e. Tribal organization
 - f. Other (please specify):

[Page 26] Support of Essential Public Health Services

37. Which of the following describe your work activities in your current job? Select all that apply.

- a. Assess and monitor population health status, factors that influence health, and community needs and assets**
- b. Investigate, diagnose, and address health problems and hazards affecting the population** (e.g., anticipating, preventing, and mitigating health threats through epidemiologic identification; using public health laboratory capabilities and modern technology for testing, screening, etc.; responding to acute outbreaks, emergencies, and other health hazards; identifying, analyzing, and distributing information on population health, outbreaks, etc.)
- c. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it**
- d. Strengthen, support, and mobilize communities and partnerships to improve health**
- e. Create, champion, and implement policies, plans, and laws that impact health**
- f. Utilize legal and regulatory actions designed to improve and protect the public's health** (e.g., licensing and monitoring the quality of healthcare services; reviewing new drug, biologic, and medical device applications; licensing and credentialing the healthcare workforce; conducting enforcement activities)
- g. Assure an effective system that enables access to the individual services and care needed to be healthy** (e.g., addressing and removing barriers to care; ensuring access to high-quality and cost-effective healthcare and social services; building relationships with payers and healthcare providers)
- h. Build and support a flexible and skilled public health workforce** (e.g., providing education and training; building active partnerships with academia and other professional training programs; forecasting workforce needs; incorporating public health principles in non-public health curricula).

i. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

j. Build and maintain a strong organizational infrastructure for public health (e.g., designing and maintain information and data systems; managing financial and human resources; strategic planning)

k. N/A - I am not working in public health or health care.

l. Other (please specify):

[Page 27] Program Focus Area(s)

38. Please specify your current program area(s). Select all that apply.

Note: Some programs are listed differently than you would expect. For example, WIC can be found under "Maternal and Child Health - WIC."

- a. Administration/Administrative Support
- b. Animal Control
- c. Children and Youth with Special Health Care Needs
- d. Clinical Services (excluding TB, STD, family planning)
- e. Communicable Disease - HIV
- f. Communicable Disease - Influenza
- g. Communicable Disease - STD
- h. Communicable Disease - Tuberculosis
- i. Communicable Disease - Viral Hepatitis
- j. Other Communicable Disease
- k. Community Health Assessment/Planning
- l. COVID-19 Response
- m. Disability services, including disability determinations
- n. Emergency Medical Services
- o. Emergency Preparedness
- p. Enforcement/Inspection/Licensing/Certification of Facilities (includes health care facilities, long-term care facilities, nursing homes, and child care facilities)
- q. Environmental Health
- r. Epidemiology Surveillance
- s. Global Health
- t. Health Education

- u. Health Promotion/Wellness
- v. Immunizations - clinical services
- w. Immunizations - non-clinical
- x. Informatics
- y. Information Technology (IT) Services
- z. Injury/Violence Prevention
- aa. Maternal and Child Health
- bb. Maternal and Child Health - Family Planning
- cc. Maternal and Child Health - WIC
- dd. Medical Examiner
- ee. Mental and Behavioral Health
- ff. Minority Health/Health Disparities
- gg. Non-Communicable Disease/Chronic Disease (including cancer, diabetes, heart disease, obesity, etc.)
- hh. Oral Health/Clinical Dental Services
- ii. Policy and Legislation
- jj. Program Evaluation
- kk. Public Health Genetics
- ll. Public health laboratory
- mm. School Health
- nn. Substance Abuse, including tobacco control programs
- oo. Training/Workforce Development
- pp. Vital Records
- qq. Other Program Area (please specify)

[Page 29] Career Progression

Year 1: We are interested in learning about your career advancement since EEP. Select the best option for the statements below.

Year 3/5: We are interested in learning about your career advancement over the past two years. Select the best option for each statement below.

42. [**Year 1:** Since EEP, **Year 3/5:** Over the past two years], have you received a higher level of responsibility in your job?

- a. Yes
- b. No

43. [**Year 1:** Since EEP, **Year 3/5:** Over the past two years], have you received a promotion (e.g., higher position or grade level)?

- a. Yes
- b. No

[Page 30] Leadership Roles

44. Which of the following **best describes** the supervisory status of your position?

- a. I do not supervise other employees.
- b. I provide one or more employees with day-to-day guidance in work projects, but do not have official supervisory responsibility.
- c. I will supervise one or more employees.
- d. I will supervise one or more supervisors.

45. How much do you agree or disagree with each of the following statements?

In my current position, I have/I participate in...	Strongly Disagree	Somewhat at Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Influence on the policy, operations, or administration of my work unit (e.g., program, department, or branch).	0	0	0	0	0
Formal decision-making authority for my work unit.	0	0	0	0	0

Opportunities to represent my organization in external settings.	☐	☐	☐	☐	☐
Cross-sector or interdisciplinary collaboration.	☐	☐	☐	☐	☐
Technical responsibility (e.g., subject matter expertise).	☐	☐	☐	☐	☐
Fiscal responsibility (e.g., budget management).	☐	☐	☐	☐	☐
Operational responsibility (e.g., general management of and/or operational oversight in your work unit or agency).	☐	☐	☐	☐	☐

46. Which of the following activities have you conducted [**Year 1:** since completing EEP, **Years 3/5:** in the last two years]? Check all that apply.

- a. Developed new or revised public health policies, guidelines, recommendations, or standards
- b. Developed new or revised policies, guidelines, recommendations, or standards in healthcare settings
- c. Developed new or revised policies, guidelines, recommendations, or standards in workplaces (other than public health or healthcare settings)
- d. Led an emergency response or outbreak investigation (whether in the field or through a leadership coordination role within your organization).
- e. Led a program or intervention (i.e., an organized, planned, and usually ongoing effort designed to improve a social problem or improve social conditions)
- f. Led policy development initiative(s)

- g. Led a research project (e.g., principal investigator of a study)
- h. Obtained new funding for your organization (e.g., via contracts, grants, or other mechanisms)
- i. Conducted strategic planning for your organization
- j. Published peer-reviewed publication(s) as first-author
- k. Published peer-reviewed publication(s) as a co-author
- l. Published other first-authored publications (e.g., book chapter)
- m. Presented an oral presentation(s) at conferences
- n. Presented a poster(s) at conferences
- o. Served on an expert panel or advisory board
- p. Served in an official leadership role in a professional organization

[Page skip to Preparedness for Post-Program Position]

[Page 31] Residency program or clinical fellowship details

47. What year do you expect to complete your program? [whole number]

48. What is your specialty?

Open Text Response

- 49. Are you pursuing a dual degree in another program?
 - a. Yes
 - b. No (skip to Preparedness for Post-Program Position)

[Page 32] Dual Degree – Not Graduated

50. Specify the degree(s) you are pursuing with your medical or veterinary training. Select all that apply.

- a. Master's level degree program in public health
- b. Doctoral level degree program in public health
- c. Public health certificate program
- d. Other (please specify)

[Page skip to Influence on Career Path]

[Page 33] Preparedness for Post-Program Position

51. **[Year 1 survey only]** Overall, to what extent did your fellowship experience prepare you for your current position?

- a. Not at all; my fellowship did not prepare me.
- b. A little; my fellowship had a small role in preparing me.
- c. Somewhat; my fellowship had a moderate role in preparing me.
- d. Very much; my fellowship had a large role in preparing me.

[Page 34] Influence on Career Path

52. **[Year 1 survey only]** How influential has [FELLOWSHIP] been to your career path?

- a. Not at all influential
- b. Slightly influential
- c. Somewhat influential
- d. Very influential
- e. Extremely influential

[Page 35] 5. Interest in the EIS program

53. Have you applied to the Epidemic Intelligence Service (EIS)?

- a. Yes, I applied to EIS and was accepted (skip to 5.1)
- b. Yes, I applied and I plan to reapply in the future (skip to 5.2)
- c. Yes, I applied and do not plan to reapply (skip to 6.1)
- d. No, but I plan to apply (continue to 5.3)
- e. No, I do not plan to apply to EIS (skip to 6.1)

[Page 36] Applied and accepted to EIS

54. What is your EIS class year? (skip to Alumni Engagement)

Date Entry Field

[Page 37] Applied and plan to reapply to EIS

55. In what year do you plan to reapply? (skip to Alumni Engagement)

Date Entry Field

[Page 38] Plan to apply to EIS

56. In what year do you plan to apply?

[Page 39] Alumni Engagement

57. How frequently do you interact with the following groups on work-related topics?

	Never – We do not interact or we only interact outside of work	Rarely – Once a year or less	Sometimes – About once a quarter	Often – About once a month	Frequently – Every week or every day
Other EEP alumni	0	0	0	0	0
Current EEP students	0	0	0	0	0
Former EEP supervisors/ mentors	0	0	0	0	0
Current or former EEP Staff	0	0	0	0	0
Current or former EIS officers	0	0	0	0	0

58. What kind of activities does your current relationship with the following groups entail? Select all that apply.

Not applicabl	Networkin	Sharing resource	Collaborat ion on a	Professio nal	Other.
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	e	g	s / informati on	project	working relations hip	
Other EEP alumni	☐	☐	☐	☐	☐	☐
Current EEP students	☐	☐	☐	☐	☐	☐
Former EEP superviso rs/mento rs	☐	☐	☐	☐	☐	☐
Current or former EEP Staff	☐	☐	☐	☐	☐	☐
Current or former EIS officers	☐	☐	☐	☐	☐	☐

59. If you selected "other" to the question above, please describe how you engage with those groups.

Open Text Response

[Page 40] General Information

The following questions are optional.

60. What is your race and/or ethnicity? *Select all that apply*

-American Indian or Alaska Native

For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

-Asian

For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.

-Black or African American

For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

-Hispanic or Latino

For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.

-Middle Eastern or North African

For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.

-Native Hawaiian or Pacific Islander

For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.

- White

For example, English, German, Irish, Italian, Polish, Scottish, etc.

62. How old are you? [whole number]

[Page 41] Fellowship Recruitment and Promotion

Interest in Recruitment Activities

63. Alumni are a great way to get the word out about CDC's fellowship programs.

Are you interested in participating in any future efforts to recruit or promote your fellowship? *If "Yes," you may be contacted by CDC Division of Workforce Development staff. Your contact information will not be shared with anyone outside of DWD.*¹

a. Yes (continue to 6.2)

b. No (skip to 7)

6.2. Respondent Location

If you reside in the United States are interested in participating in a recruitment event near you, please share your location information. ¹

64. City: [open ended]

65. State/Territory: [drop-down]

Thank you for taking the time to complete this survey. Please contact ELWBeval@cdc.gov with any questions.