CDC Fellowship Programs Assessments
OMB Control No. 0920-1163 (Expiration: 02/28/2026)

Supporting Statement A

Dr. Marion W. Carter
acq0@cdc.gov
Deputy Director for Science

Division of Workforce Development
National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (NCSTLTPHIW)
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS V24-5
Atlanta, GA 30333
Phone: 404-498-6551
Fax: 404-498-6085

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CDC Fellowship Programs Assessment (0920-1163)

Revision of a generic information collection request

Goal of the study: The goal is to provide data about CDC fellowship programs' activities and services.

Intended use: The intended use is to guide planning, implementation, and continuous quality improvement of CDC fellowship programs' activities, programs, and services.

Methods to be used to collect: Data collection methods include focus groups, interviews, surveys, and pre/post-tests, using both purposive and probabilistic samples. Method and sampling approach depend on data collection purpose and respondent group.

Subpopulation: The respondent populations include CDC fellowship programs' applicants, and fellows; supervisors, mentors, and employers; and employers hiring alumni.

How data will be analyzed: Data will be analyzed relative to the data collection and purpose.

PART A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) is requesting Office of Management and Budget (OMB) approval for a 3-year period, for revision of an approved Generic Information Collection (OMB control number 0920-1163) for data collection associated with quality improvement of CDC fellowship programs. Collectively, these programs support the foundation for development of the current and future public health workforce. The CDC Fellowship Programs Assessment generic clearance facilitates the assessment of CDC fellowship programs as related to public health workforce development and provides a mechanism for CDC to respond to new and unique assessment needs of fellowship programs. This data collection is authorized by the Public Health Service Act §301, Title 42 U.S.C. §241(a): Research and Investigations Generally (Attachment 1). CDC's management of fellowship and training programs is authorized by Public Health Scientific Services, Fellowship and Training Programs, PHSA Title III, §317G, 42 USC 247b-8, PL 105-115, 1997 (Attachment 1a).

The mission of CDC is to protect America from health, safety and security threats, both foreign and domestic. Under this mission, CDC plays a leading role in public health workforce development. One key mechanism for workforce development is the management of fellowship programs to ensure the public health workforce has foundational and contemporary public health skills (e.g., epidemiology, surveillance, informatics, management, leadership) to practice in a changing environment. A *fellowship* is defined as a training or work experience lasting at least 1 month and consisting of primarily experiential (i.e., on-the-job) learning, in which the trainee has a designated mentor or supervisor. CDC manages or sponsors numerous fellowship programs

that provide experiential training and education across a wide range of disciplines and levels of education and experience. CDC's Division of Workforce Development hosts this clearance because it either oversees or directly manages the largest group of fellowships for the agency.

The CDC Fellowship Programs Assessment generic facilitates expeditious and appropriate data collections for assessments of fast-evolving CDC fellowships. To be effective, CDC fellowship programs must be adaptive and responsive in new contexts (e.g., emerging collaborations between public health and health care, new technology). Timely data collection from fellowship program participants and beneficiaries (e.g., alumni, host agencies, employers) is needed to monitor program outcomes, activities, and efficiency in support of overall continuous improvement. Information collections will vary, but might include training needs assessments, competencies gap analysis, program monitoring, and others. These information collections will address knowledge gaps and facilitate program improvements.

CDC requests a 3-year approval for this revision. Proposed changes in this revision only include a reduction in burden hours, driven by a reduction in estimated respondents and a reduction in burden per response for one portion of the respondent base. No other changes are requested.

A.2. Purpose and Use of Information Collection

We expect CDC fellowship programs assessing or monitoring their workforce development activities to submit genICs under this generic information collection request. Across the agency, fellowship programs differ in various aspects, such as length of assignments, placement sites, educational requirements, and disciplines. CDC fellowship programs encompassed by this generic will align with one of the following two categories:

- Career fellowships that are at least 1 year in duration; these usually recruit post-graduate degree professionals who are establishing their public health careers, and
- Short-term fellowships that range from 1–12 months and may be part-time.

Eligible fellowship programs will be in one of the two categories above, be managed or funded by CDC, and can be domestic or internationally focused.

The specific number of eligible CDC fellowship programs at any one time varies with funding and organizational changes. However, that number is high, and in DWD alone, approximately 15 different fellowship programs would be eligible to use this generic, using the criteria above.

Each genIC submitted will specify the data collection methods, respondent populations, and intended use of resulting information. Examples of likely elements follow.

- Description of Respondents:
  - Potential fellowship applicants
  - Fellowship applicants
  - Current fellows
  - Fellowship alumni
  - Supervisors and mentors

- Employers hiring alumni

- Type of Collection
  - Focus group
  - Face-to-face interview
  - Telephone interview
  - Self-administered hard copy questionnaire
  - Self-administered Internet questionnaire
  - Self-administered electronic questionnaire (e.g., fillable form)

- Methods:
  - Respondent surveys
  - Qualitative data collections (e.g., focus groups, interviews)
  - Qualitative analyses (e.g., descriptive and interpretative content analysis, narrative analysis, discourse analysis, framework analysis)
  - Descriptive statistics (for quantitative data)

- Intended use of the resulting information:
  - Inform planning, implementation, and continuous quality improvement of fellowship activities and services
  - Improve efficiencies in the delivery of fellowship activities and services
  - Determine to what extent the fellowship activities and services achieve their goals

CDC does not expect these collections to yield generalizable data. Rather, results should provide insight into factors that affect the public health workforce and infrastructure, and help guide internal fellowship program decisions, management, and services.

To obtain approval for a generic information collection (genIC) that meets the conditions of this generic clearance, CDC will submit a completed template that describes the project along with accompanying documentation (e.g., consent, recruitment letters, instruments, questionnaires). The CFPA genIC template (see Attachment 2, Request for Approval Under Generic Clearance for CDC Fellowship Programs Assessments) serves as an abbreviated Supporting Statement and has been used successfully in prior clearance periods. CDC will submit a collection for approval under this generic clearance only when it meets the following conditions:

- Information gathered is intended for CDC fellowship service improvement and program management purposes and is not generally intended for release outside the agency. However, if released, procedures outlined in Section A.16 of this document will be followed;
- Data collection will be completed in 90 days or less from the start of the collection
- Information gathered will not be used for the purpose of substantially informing influential policy decisions[1];

[1] As defined in OMB and agency Information Quality Guidelines, "influential" means that "an agency can reasonably determine that dissemination of the information will have or does have a clear and substantial impact on important public policies or important private sector decisions."

- No incentive (e.g., money, reimbursement of expenses, token of appreciation) will be provided to participants.
- The collection is voluntary.
- The collection is low burden for respondents and low cost for the Federal Government.
- The collection is noncontroversial and does not raise issues of concern to other Federal agencies.
- Information gathered will be used primarily to inform programs of efficiency and effectiveness of fellowship programs and will not be used for the purpose of substantially informing influential policy decisions.
- The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.
- With the exception of information needed to contact participants, personally identifiable information (PII) is collected only to the extent necessary and is not retained.
- If this genIC requires collections of race and ethnicity or sex data, the questions are consistent with HHS policy and standard OMB classifications.

If these conditions are not met, CDC will submit an ICR for OMB approval through the normal PRA process.

CDC has established a manager or managing entity responsible for this generic clearance. Prior to submitting each genIC request to OMB, CDC will conduct an independent review of each information collection to ensure compliance with terms of this clearance. For each genIC, the respective project team will submit information collection tools and screenshots (when relevant), for review.

A.3. Use of Improved Information Technology and Burden Reduction

To reduce respondent burden and improve data processing and reporting efficiency, CDC programs will employ electronic technology to collect and process data whenever possible. Data collection methods will incorporate use of current modes (e.g., computer-assisted, web-based, virtual video platforms) to minimize the burden on the intended audience while maintaining privacy, confidentiality, and sensitivity considerations. Skip patterns will be employed, when appropriate, to increase efficiency and minimize burden to each respondent.

Paper-based data collection may be implemented in cases when respondents do not have access to electronic means of communication or when accessing online data collection is more burdensome than a paper-based method. CDC expects such instances to be rare. Although online survey technologies will likely be used by a majority of the individual projects (genICs) in this generic ICR, the nature of certain proposed activities may require direct interaction between respondents and project staff, especially in the case of qualitative interviewing and cognitive testing, to provide open-ended feedback. All genIC data collections will be designed to minimize respondent burden and will ask the minimum number of questions required to elicit necessary information.

A.4. Efforts to Identify Duplication and Use of Similar Information

DWD conducted a scan of Reginfo.gov for data collection activities conducted by CDC related to assessing fellowship activities; this scan was performed to ensure that information collected under this proposed generic ICR is not duplicative or already in the possession of the Federal Government. DWD identified the following generic package that appears similar in scope:

- [NCSTLTPHIW] Information Collections to Advance State, Tribal, Local and Territorial (STLT) Governmental Agency System Performance, Capacity, and Program Delivery (OMB Control No. 0920-0879)
- CDC Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (OMB Control No. 0920-1050)
- DWD Fellowship Alumni Assessment (OMB Control No. 0920-1078)
- CDC Fellowship Management System (FMS) (OMB Control No. 0920-0765).

However, these collections are not duplicative of 0920-1163 generic clearance mechanisms for the following reasons:

- The respondent universe for the STLT generic clearance is outlined as state, tribal, local, and territorial (STLT) agencies. Although project teams under this proposed generic may collect information from representatives of these agencies, CDC offices will collaborate to prevent duplication of efforts in assessing fellowship activities at STLT agencies.
- The scope of projects allowed under the 0920-1050 customer feedback Generic ICR is much narrower than that offered by the CDC Fellowship Programs Assessment Generic. While the respondent audiences and focus areas (e.g., satisfaction with services provided) may at times overlap, the CDC Fellowship Programs Assessment allows for more varied and complex assessments of program services.
- The DWD Fellowship Alumni Assessment allows for repeated assessments of alumni using a standard form across fellowships, which is not the intent of CDC Fellowship Programs Assessment.
- FMS - This system collects administrative data via online fellowship program applications and tracks individual progress of participants, from applicant stage to alumni level, in one integrated database. However, this data collection mechanism alone is limited. FMS was designed as an administrative tool and the administrative data alone are not sufficient for fellowship evaluation activities. Moreover, many CDC fellowship programs do not use FMS.

The CDC Fellowship Programs Assessment generic will allow CDC to improve its ability to develop, refine, and improve fellowship activities to meet changing public health needs. Currently, no other generic mechanism exists at CDC to assess fellowship activities. The results, lessons learned, and final products from these information collections may serve as resources for multiple government and nongovernmental organizations.

A.5. Impact on Small Businesses or Other Small Entities

Under this generic clearance, respondents might include persons from nonprofits, nongovernmental organizations, and small government jurisdictions affiliated with certain CDC fellowship programs or alumni. Any program submitting a genIC under this generic clearance will carefully plan the data collection and demonstrate efforts to minimize the burden on small

entities. Questions will be limited to the absolute minimum required for intended use of the data. Responding to the data collection will always be completely voluntary, and respondents can opt out partially or completely if they consider it burdensome.

A.6. Consequences of Collecting the Information Less Frequently

The consequence of collecting the information less frequently is the inability to make timely evidence-based and data-driven decisions and changes to CDC fellowship programs.

CDC expects that all respondents will be asked for information only once, within a specific GenIC's purpose and scope. The intent of this generic clearance is to keep the information collection frequency as low as possible, while meeting programs' needs for information.

There are no legal obstacles to reducing the burden.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. A 60-day Notice was published in the *Federal Register* on October 2, 2025 (Vol. 90 No. 189, pp. 47753–47754) (Attachment 3). Three comments were received during the 60-day comment period (see Attachments 3a, 3b, and 3c). Two commenters did not provide contact information. One commenter provided contact information and received a customized response (Attachment 3b).

B. In preparing this generic ICR, consultations outside CDC did not occur. Each genIC submission (Attachment 2) will document consultation with representatives from outside agencies, partners, or organizations who have been updated and consulted on the need for data collection from the audiences and for purposes described in this generic clearance package.

A.9. Explanation of Any Payment or Gift to Respondents

No incentives will be offered for information collections administered under this generic clearance.

A.10. Assurance of Confidentiality Provided to Respondents

CDC reviewed this submission and determined that the Privacy Act applies for those collections in which information in identifiable form (IIF) are obtained or when CDC can retrieve the data by IIF data elements. When the Privacy Act applies to proposed genIC projects under this generic clearance, the existing applicable System of Records Notice (SORN) for this information collection is SORN 09-20-0161, "Records of Health Professionals in Disease Prevention and Control Training Programs HHS/CDC/NCPS" (Attachment 4). Each project team will submit information about planned data collection mechanisms and safeguards, record systems, and any demographic information to be retained for purposes of analysis.

The proposed data collections will have little or no effect on respondent privacy. All project staff will follow procedures for keeping data secure during all stages of data collection and analysis. For example, electronic data will be stored in secured electronic files on CDC servers and will be accessible only to staff directly involved in the project. Hard copies will be stored in locked file cabinets in secured CDC office buildings. CDC staff supporting this generic clearance will encourage project teams to limit the linkage of ID numbers and IIF. Various information technology solutions exist today to accomplish this securely. Data files will be retained and destroyed in accordance with the CDC Records Management policy.

Before participation, respondents will be informed that CDC will treat responses (i.e., data or information) in a secure manner and will not disclose, unless otherwise compelled by law. In advance of any data collection, the following statement will be provided directly to the participant (e.g., displayed on a survey tool, preceding a questionnaire): "The Privacy Act of 1974, 5 U.S.C. § 552a, applies to this information collection. The requested information is used toward assessment and continuous quality improvement of CDC fellowship activities and services. CDC will treat data or information in a secure manner and will not disclose unless otherwise compelled by law."

When collection of IIF is required, the project team submitting a genIC must justify the need to use this generic clearance to collect IIF, and describe efforts to use existing information in OMB-approved mechanisms such as CDC's FMS. This minimizes collection of IIF in the primary data collection mechanism for proposed projects.

CDC will inform prospective respondents about the data collection activity, the length of time it will require, that participation is purely voluntary, and that they can refuse to answer any questions or refuse to disclose any information if so desired. These procedures conform to ethical practices for collecting data from human participants. Before each data collection, prospective respondents will be provided information on the intent of the project and will be given an opportunity to consent to information disclosure possibilities. CDC will share information collected in aggregate only; all personal identifiers will be removed.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

Research determination and IRB oversight
Each project submitted under this clearance must be reviewed to obtain formal research determination using CDC's STARS system. All relevant protections and procedures will apply, depending on that determination. Given the express intent of this generic clearance is not to conduct research, it is unlikely that full IRB approval will be needed for any projects. However, CDC's systems are in place to assess that need for each proposed activity and provide related documentation. Documentation of research determination and (when relevant) related human subjects review documents will be included with each GenIC submission.

Sensitive Questions
The majority of questions asked will not be of a sensitive nature. For sensitive questions, the project team will provide justification and specific use. Sensitive questions may include items on

demographic characteristics. Any genIC that requires collections of demographic data will ask the questions consistent with HHS policy and standard OMB classifications.

Other questions may address individual experiences with and perceptions about the fellowship programs, related expectations, or career goals. For some respondents, such questions could be perceived as sensitive. Such questions are often necessary to assess program outcomes and areas for improvement. Respondents can opt to refuse answering any questions and stop participating at any time.

A.12. Estimates of Annualized Burden Hours and Costs

The annualized response burden requested for this revision is 550 hours, a decrease of 996 hours from the previously approved 1546 hours. The decrease in estimated burden is the result of reorganization within the CDC and decreased fellowship numbers and activity (see Section A.15 for more information). The estimated annualized number of responses is 1,225 and the estimated annualized burden hours are 550. Over the proposed three-year period of this generic, the total estimated number of responses is 3,675 and the total estimated burden hours are 1,650.

CDC estimates the average burden per response to be between twenty minutes and one-half hour (i.e., 30 minutes); however, the actual burden may be more or less than one-half hour, depending on the specific genIC. This estimate includes time for reviewing instructions, searching existing data or information sources, gathering and maintaining the information needed, and completing and reviewing the collection of information. The actual number of respondents in each information collection will also vary depending on the purpose of each individual genIC.

Table A.12-A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Respondent (in hours)	Total Burden Hours (annual)
Applicant or fellow	Fellowship Data Collection Instrument	750	1	30/60	375
Mentor, supervisor, or employer	Fellowship Data Collection Instrument	100	1	30/60	50
Alumni	Fellowship Data Collection Instrument	375	1	20/60	125
Total		1225			**550**

Table A.12-B provides estimates for the annualized burden costs to respondents and an explanation for each respondent type follows.

- **For fellowship applicants or fellows**, the estimate of annualized cost burden was informed by previous approval periods' usage, along with BLS and OPM pay scale data for wages.
- **Alumni, mentors, supervisors, and employers** all fall under the same pay category. Appropriate wage estimates were identified using BLS and OPM pay scale data

The total anticipated annual cost to participants for collections of information for all study types is $28,438

The following source was used to determine average salaries of all respondent groups:

- Salary Table GS, 2025 OPM GS Pay Scale 2025
    - GS 11 Step 5 used for Applicant/Fellow
    - GS 14 step 5 used for both Mentor/supervisor/employer and Alumni Categories

Table A.12-B. Estimated Annualized Burden Costs to Respondents

Type of Respondent	Form Name	Total Burden Hours (annual)	Hourly Wage Rate	Total Respondent Cost
Applicant or fellow	Fellowship Data Collection Instrument	375	$42.46	$15,923
Mentor, supervisor, or employer	Fellowship Data Collection Instrument	50	$71.51	$3,576
Alumni	Fellowship Data Collection Instrument	125	$71.51	$8,939
Total				**$28,438**

A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no other annual total cost burdens to respondents or record keepers.

A.14. Annualized Cost to the Government

The estimated average annual cost to the Federal Government for the proposed data collection activities is $79,833. This cost encompasses 65 hours across two GS-13 employees and a contractor equivalent. The hourly rate was obtained from the Office of Personnel Management's 2025 salary table.

Designated staff within CDC will coordinate with and support program staff submitting genICs under this proposed generic clearance. Designated CDC staff will closely review each genIC request based on a predefined set of criteria, which include but are not limited to

- scope of the genIC request;
- purpose and use of data collection;

- sampling methods (if any) and description of target respondents;
- study design;
- data collection instruments and methods;
- response burden;
- data analysis methods; and
- reporting, dissemination, and use of findings.

Review will ensure no duplication of information collected elsewhere, and facilitate integration with other data systems as necessary.

Roles and annual costs associated with each are as follows:

Staff or Contractor:	Average Hours per Year	Average Hourly Rate	Total Annualized Cost
FTE: Generic ICR Coordinator (GS-13, Step 1)	115	$53.40	$6,141
Contractor: Instrument Development, Data Collection, Data Analysis, and Reporting (GS-13, Step 1 equivalent)	920	$53.40	$49,128
FTE: Instrument Development, Implementation, Analysis, and Reporting (GS-13, Step 1)	460	$53.40	$24,564
TOTAL			$79,833

A.15. Explanation for Program Changes or Adjustments

The changes proposed in this revision are a reduction in anticipated number of respondents for all categories, a decrease in time per response for the alumni category specifically, and a reduction in total burden.

CDC estimates that each respondent group (applicant or fellow; mentor, supervisor, or employer; and alumni) will be contacted once every 3 years for information collection. Exhibit A.12-A details how this estimate was calculated and an explanation for each respondent type follows.

- **Applicant or fellow:** There is no change to the average estimated time burden per response for applicants or fellows in this revision. This revision requests a decrease in annual estimated respondents from 966 to 750, which is attributed to CDC reorganization and changing expectations for CDC Fellowship Programs Assessment usage. However, applicants and fellows are still the primary audience for this collection, so the decrease in annual respondents is smaller than for the other two respondent categories.
- **Mentor, supervisor, or employer:** There is no change to the average estimated time burden per response for mentors, supervisors, or employers in this revision. This revision requests a decrease in annual estimated respondents from 193 to 100. The reduction in

number of respondents for this group reflects the overall usage from the most recent approval period and the effects of reorganization on programming.

- **Alumni:** The estimated average burden per response for alumni is reduced in this revision 20 minutes per response. This reduction is based on analysis of alumni-specific collections from the previous approval period. This revision requests a decrease in annual estimated respondents from 1932 to 375.

The total estimated annualized number of responses is 1,225 (a reduction of 1866 responses) and the total estimated annualized burden hours are 550 (a reduction of 996 hours). Over the proposed three-year period of this generic, the total estimated number of responses is 3,675 and the total estimated burden hours are 1,650.

A.16. Plans for Tabulation and Publication and Project Time Schedule

The intended use of results of the data collected under this generic ICR is to guide improvements, strategies development, and decision making for program planning, recruitment, training, education, and communication activities. In some cases, results may be presented at professional conferences and considered for publication in peer-reviewed journals. In cases where collection results under this generic mechanism are disseminated via publication or other forms of communication, the authors will clearly describe scope of the collection, types of respondents sampled, and lack of direct generalizability to groups outside the specified fellowship program.

Project timelines will vary as a function of specific program requirements, associated activity, and nature of the collection. Table A.16 depicts an estimated timeline for each project. Each genIC project team must include an estimated schedule of start dates for defined activities, allowing sufficient time for delays, unforeseen circumstances, and the following efforts:

- Sampling or recruitment of participants
- Each information or data collection
- Quality control of data and coding
- Validation of data (e.g., respondent follow-up)
- Analyses
- Reports, presentations, or publications
- Other actions

Table A.16: Estimated Project Timeline for GenICs

Project Time Schedule	
Activity	**Time Schedule**
Design methods and data collection instruments, including collection of IFF	At least 5 months prior to data collection
Research determination	At least 4-5 months prior to data collection
Develop genIC request	At least 3-4 months prior to data collection

Submit genIC to ICRO (then ICRO into ROCIS)	3 months prior to data collection
Receive OMB approval for genIC	At least 1 month prior to data collection
Implement data recruitment and collection	As soon as genIC is approved or as indicated by the genIC data collection plan
Analyze data as planned	Approximately within 3 months of close of data collection
Disseminate findings	Approximately within 6 months of close of data collection: communicate to leadership, program, or interest holder about results and recommendations for improvement or actions

A.17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.