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Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333
May 22, 2020

SENT VIA EMAIL

This letter is our final response to your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of May 2, 2020, assigned #20-01476-FOIA, for:

“A copy of the Intranet (internal) home page for the Epidemic Intelligence Service. A copy of each page directly linked to that home page by one click. A copy of the EIS intranet (internal) page that lists EIS Manuals, Handbooks, Guidance, Procedures, etc.”

We located 151 pages of responsive records. After a careful review of these pages, no information was withheld from release.

The Center for Surveillance, Epidemiology, and Laboratory Services (CSELS) states that an intranet site for the Epidemic Intelligence Service (EIS) does not exist. However, CSELS has an internet site for the EIS. You may wish to access the EIS internet site at <https://www.cdc.gov/eis/>.

If you need any further assistance or would like to discuss any aspect of the records provided please contact either our FOIA Requester Service Center at 770-488-6399 or our FOIA Public Liaison at 770-488-6277.

Sincerely,

A handwritten signature in black ink, appearing to read "Roger Andoh".

Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
Phone: (770) 488-6399
Fax: (404) 235-1852

Enclosures:

20-01476-FOIA



Epidemic Intelligence Service (EIS)
Boots-on-the-ground disease detectives

2019 EIS Handbook



Epidemiology Workforce Branch
Division of Scientific Education and Professional Development
Center for Surveillance, Epidemiology, and Laboratory Services

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Date	Description	Section	Version	Author
6/20/2019	Creation		V1.0	SR
7/17/2019	Updated Field Officers Travel guidance	Field Officers Making Travel Arrangements	V1.1	SR

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Welcome

Officers: Congratulations and welcome to the Epidemic Intelligence Service (EIS)! Officers are now beginning a 2-year training experience in field epidemiology and public health. You will learn the technical aspects of applied epidemiology through supervised projects at your assignment, discussions with your supervisors, and the EIS Summer and Fall Courses. Make the most of the next two years, work hard, and have fun! To best accomplish this goal, you also need to understand the operating procedures of the Epidemiology Workforce Branch (EWB), the Centers for Disease Control and Prevention (CDC), and the federal government. This handbook is intended to assist you with many of these concerns, such as administrative matters, policies and procedures, calendar and schedule, reports, travel, and forms. Review this handbook for answers to many common questions from officers. Within the Handbook, Field officers will find text boxes that includes information that applies specifically to field matters; headquarters officers should consult with your supervisor regarding specifics of your branch. Refer to this handbook often!

You should copy this electronic handbook onto your CDC laptop or desktop computer. The most up-to-date version can be found on the EIS Fellowship MUST Drive: [\Handbooks\EIS Handbook\2019 EIS Handbook and Appendix 1-9](#). Inform EWB of any errors you find in the handbook. We revise it at least annually (more often if needed) and your assistance is appreciated.

Supervisors: Thank you for supervising an EIS officer!

The supervisor and EIS officer relationship is the cornerstone of the success of the EIS Program. As an EIS officer supervisor you will define, manage, and assess the EIS officer's work. You will also provide guidance and opportunities for learning, as well as share your experiences, skills, and knowledge base in public health and its varied career paths. You have a paramount role in the officer's professional development; we anticipate that your dedication as a supervisor will be both professionally and personally rewarding, not only to you but also to the EIS officer you are supervising.

Familiarize yourself with the roles and expectations of a supervisor as described in this handbook. The most up-to-date version can be found on the EIS Fellowship MUST Drive for those with CDC network access: [\Handbooks\EIS Handbook\2019 EIS Handbook and Appendix 1-9](#). Field supervisors without CDC network access can locate the document through the Box link sent to their e-mail. All EIS officers and supervisors will have access to the Box. Contact us at FieldSupport@cdc.gov if you have not received a Box invitation e-mail.

We look forward to working with you over the next two years and beyond!

When in doubt, read the appropriate section of your handbook!

If you still cannot find the answer, call the EIS Program at (404) 498-6110, e-mail EIS@cdc.gov or ask your supervisor.

EIS Timeline

EIS Year 1	EIS Year 2
July–August <ul style="list-style-type: none"> • Summer Course; Atlanta • Arrive at assignment (August) 	July
September <ul style="list-style-type: none"> • Working title for Surveillance Evaluation Project is due 	August–September <ul style="list-style-type: none"> • Second-year Summer Course in Atlanta
October <ul style="list-style-type: none"> • EIS Conference call for abstracts — pay attention to your CIO’s deadlines for clearance submission • Submit final (reviewed) version surveillance evaluation summary to EIS Program 	October <ul style="list-style-type: none"> • EIS Conference call for abstracts — pay attention to your CIO’s deadlines for clearance submission
November <ul style="list-style-type: none"> • First-year Fall Course in Atlanta 	November <ul style="list-style-type: none"> • 12-month follow-up surveillance report due
December <ul style="list-style-type: none"> • EIS Conference Abstracts — submit approved draft to CDC clearance by date announced by your CIO 	December <ul style="list-style-type: none"> • EIS Conference Abstracts — submit approved draft to CDC clearance by date announced by your CIO
January <ul style="list-style-type: none"> • Submit cleared EIS Conference abstract to EIS Conference Portal (usually early January) • Submit EIS 6-month Activity Reports and Host Site Assessments 	January <ul style="list-style-type: none"> • Submit cleared EIS Conference abstract to EIS Conference Portal (usually early January) • Submit EIS 18-month Activity Reports and Host Site Assessments
February <ul style="list-style-type: none"> • EIS Conference abstract decisions announced 	February <ul style="list-style-type: none"> • EIS Conference abstract decisions announced
March <ul style="list-style-type: none"> • EIS Conference late-breaker abstract submission deadline (usually early March) • EIS Regional Trainings 	March <ul style="list-style-type: none"> • EIS Conference late-breaker abstract submission deadline (usually early March) • EIS Regional Trainings
April <ul style="list-style-type: none"> • EIS Conference in Atlanta • Reminder: Ensure you and your supervisor have discussed options for completion of the analytic CAL 	April <ul style="list-style-type: none"> • EIS Conference in Atlanta
May	May <ul style="list-style-type: none"> • Reminder: Ensure you have submitted both written epidemiology reports for publication into clearance (<i>MMWR</i> or peer-reviewed journal) before June 30!
June <ul style="list-style-type: none"> • Submit first written epidemiology report for publication to clearance by now (<i>MMWR</i> or peer-reviewed journal) • Submit EIS 12-month Activity Reports and Host Site Assessments 	June <ul style="list-style-type: none"> • Submit final EIS 24-month Activity Reports and Host Site Assessments • Complete Exit Survey • Last day of EIS is June 30

Important Dates for 2019–2020

New EIS officers report to assignment	Week of August 5, 2019
Second-Year Summer Course	August 19 – 23, 2019
Class of 2020 interviews	September 11, 12, 13, 16, 17, 2019
First-Year Fall Course	November 4 – 8, 2019
EIS Regional Trainings	Late March – early April, 2020
69 th EIS Conference	Tentative April 27 – April 30, 2020

Administrative Matters

Organizational Charts

The most up-to-date organizational structure and charts for CDC is available at:
<http://www.cdc.gov/about/organization/cio.htm>.

The most up-to-date organizational chart for the Division of Scientific Education and Professional Development (DSEPD) is available at: <https://esp.cdc.gov/sites/csels/dsepd3/Pages/OrgChart.aspx>. The EIS Program, non-Atlanta based CDC Headquarter officers and Field EIS officers are members of the DSEPD's Epidemiology Workforce Branch (EWB) organization. DSEPD is a division of the Center for Surveillance, Epidemiology, and Laboratory Services (CSELS). Atlanta based CDC Headquarter officers are members of their respective organizations to which they are assigned. Visit the cdc.gov/eis/who-we-are to see the current EIS Officer's Facebook.

EWB Mailing Information

If you need to ship anything to EWB, and find our address below.

For United States Postal Service

Centers for Disease Control and Prevention
Epidemiology Workforce Branch
Mailstop V24-5
1600 Clifton Road, NE
Atlanta, GA 30329-4027

For FedEx and other expedited deliveries

Centers for Disease Control and Prevention
Epidemiology Workforce Branch
Room 5501.07
2400 Century Center Parkway
Atlanta, GA 30345-3114
Attn: EIS Program Administration Team
Telephone: 404-498-6110

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers FedEx

The federal government has a contract with FedEx for overnight mail. You can use either collect or bill third party to send materials to EWB.

EWB FedEx # 202 652 425: we receive a bill for this number and monitor it closely. Accepted uses for this FedEx account include shipping your laptop to RFSS for repairs and when the Passport Office needs to send your passport to you, or when you return your passport following international travel. Any other uses must be approved by the EWB deputy chief or your EWB supervisor. Note: FedEx should not be used for routine mail such as travel reimbursement paperwork; most travel paperwork can be submitted electronically.

Letter of Agreement (Field) or Memorandum of Assignment (HQ)

A formal Letter of Agreement or Memorandum of Assignment will be sent to supervisors in July. It details the duties and responsibilities of the supervisors and assignment, and constitutes a portion of the EIS Program's contractual agreement with the assignment. During the first few weeks on the job EIS officers should discuss the assignment with the supervisors. Everyone needs to sign the acknowledgment sheet attached to the letter, keep the original for the local file, and return a scanned or e-mailed copy of the signed document to the EIS Program as instructed in the document itself. Unsigned copies of these documents can be found in **Appendix 1 — EIS Procedures (11A and 11B)**.

Assignments for both the class of 2017 and the class of 2018 can also be found in **Appendix 1 — EIS Procedures (17A)**. These might be helpful for field officers involved in an outbreak that covers a certain subject matter, or for headquarters EIS officers involved in a certain jurisdiction that might have an Field EIS officer.

EIS Officer Support Team

As an EIS officer you have multiple lines of communication to assist with any concerns or questions you might have. Contact information for EWB Center, Institute, and Offices (CIO) liaisons, EWB field officer supervisors, and EAC representatives, other EWB staff, and other important CDC numbers can be found in Appendix 1 — EIS Procedures (16A, 16B). You should save important numbers to your contacts list. Visit the [EWB SharePoint site "Who We Are" section](#) to see the EWB staff Facebook. Click on the names to send them an email.

Supervisors

Primary and secondary supervisors will be the EIS officer's first point of contact (POC) for questions, concerns, or concerns arising during the EIS experience. Officers and supervisors should meet weekly or every other week during the first few months on the job. Supervisors will approve leave slips and Activity Reports, and will assess the EIS officer's progression in acquiring competencies while ensuring that the officer is successfully completing their CALS. All officers will have one primary supervisor and at least one secondary supervisor. Primary supervisors have committed to spending approximately 10% of their time (roughly 4 hours per week) in supervision of an officer.

Should a change in the primary or secondary supervisor be required, seek guidance from your assignment's EWB supervisor (field officers) or CIO liaison (HQ officers – both Atlanta and non-Atlanta based). The EIS Program requires an **EIS Primary Supervisor Change Memo** be completed and submitted to the EIS Program through EIS@cdc.gov after discussion with both the affected officer and EIS Program leadership. EIS Primary Supervisor Change Memo can be found in **Appendix 4 — Supervisor Resources (40A)**.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers EWB Supervisors

In addition to your local supervisors, field officers will have an EWB epidemiologist who serves as the Atlanta-based supervisor to help navigate CDC requirements, including clearance, travel approvals, and to provide additional scientific support as needed.

Jennifer Wright is the EWB Field Support Coordinator. In this role, she serves as the EAC representative for field officers. Field officers' first line for asking questions should be their EWB supervisor or the FieldSupport@cdc.gov mailbox if their supervisor is not immediately available.

CIO Liaison

Each CIO has an assigned EWB staff member who serves as a liaison between the CIO and the EIS Program. For headquarters officers (both Atlanta and non-Atlanta based), your CIO liaison is your EWB POC to answer questions and assist you with troubleshooting problems or concerns.

CIO Liaison List is in **Appendix 1- EIS Procedures, Assignments & Contact Information (16A)**.

Larry Cohen is the EWB CIO Support Coordinator. In this role, he coordinates CIO Liaison assignments and activities, the bi-annual EAC meetings, the assignment position description submission and review process, and the CAL Activity Report and Assessment submission and review process.

EIS Class Council

The EIS Class Council consists of one field and one headquarters EISO from each class (n = 4). The purpose of the EIS Class Council is to participate in monthly calls with the Chief and Deputy Chief of the EIS Program to share with them any concerns or needs of the EIS officers. It is also an opportunity for the Branch Leadership to get input and feedback on issues facing the Officers or the program. EIS Class Council members are selected by their peers at the conclusion of the EIS summer course for a two year term.

EIS Action Council (EAC)

EAC members serve as advisors regarding major concerns affecting the assignment of EIS officers. Your CIO's EAC and Field EAC representative will keep your supervisors advised of any new policies and developments. Questions or concerns should be shared with EWB, Field, HQ supervisors or your respective EAC representative so the EAC can be informed. EAC Representative List is in **Appendix 1- EIS Procedures, Assignments & Contact Information (16A)**.

Emergency Communications

EIS officers must be available at any time to respond to outbreaks and public health emergencies. CDC has a number of different systems, both automated and manual, that can be used to contact you. Keeping your contact information up-to-date in each of these systems is your responsibility.

The required information often includes:

- Name
- Work telephone number, e-mail address, and physical address;
- Home telephone number, e-mail address, and physical address;
- Mobile telephones (including personal devices if they are a reliable way to reach you); an alternate contacts (usually your local supervisors).

Some of the online systems and offices that require your contact information are

- **EIS Program**

- ReADI — Response and Deployment Information SharePoint Site
 - Zengine – CAL and Activity Report reports

- See the Program Online Tools: SharePoint and Zengine section for more information about the EIS program online systems.

- **Federal personnel system** (either civil service or USPHS Commissioned Corps).
- **CDC Neighborhood** (an online CDC directory) <http://neighborhood.cdc.gov/>.
- **CIO (for HQ assignees) or local supervisors and local emergency systems** (for field or remote HQ assignees).
- **Epi-X** <https://epix2.cdc.gov/v2/Home.aspx>.

Personnel Systems

Because EIS officers work under different personnel systems, the topics of salary, payroll, annual reviews, and leave are complex. Personnel systems include Commissioned Corps which operates under the U.S. Public Health Service (UPHS) and Title 42, which operates by civil service rules for U.S. citizens and international candidates (non-U.S. citizen with J-1 Exchange Visitor Status). Because each system is unique it is imperative that EIS officers learn the benefits and requirements of their particular system; officers will be held to the requirements of that system. If officers or supervisors are unclear about your system's benefits or policies, the EIS Program or the Human Resources Office (HRO) <http://intranet.cdc.gov/hro/index.html> should be able to provide you with information and reference materials.

Leave Considerations for All EIS Officers

Regardless of personnel system, EIS officers are not authorized to take leave during EIS courses such as the Summer Course, Fall Courses, regional trainings, or during the annual EIS Conference. EIS officers are considered on call 24 hours a day, every day of the year. Because of the rigorous training requirements to be fulfilled during the two years, EIS officers are expected to avoid being away from their training assignment for extended periods. Therefore, EIS officers are discouraged from taking more than two weeks of annual leave at a time. Only under special conditions should supervisors approve longer periods of annual leave. Second-year EIS officers are discouraged from taking leave during July, because this is a time of year when the EIS Program is short-staffed for Epi-Aid investigations.

All forms required to request leave, instructions for completing time sheets (civil service and international officers), and other important forms are located in **Appendix 1 — EIS Procedures (12A)**.

USPHS Commissioned Corps Officers

Leave

Commissioned officers do not turn in a timecard. They are required to obtain approval in advance for annual leave. Commissioned Corps Officers are on active duty 24 hours a day, seven days a week; weekends count as part of leave taken if they are bracketed by leave taken both before and after the weekend. For example, if an officer takes annual leave on a Friday through the following Monday, all 4 days, including the Saturday and Sunday, are counted as leave days. Commissioned Corps Officers can only carry over 60 days of annual leave from one fiscal year to the next.

Commissioned Corps Officers earn 2½ days of annual leave at the end of each month. Sick leave is provided as needed. Officers should learn the definitions and requirements for annual, administrative, sick, maternity or paternity, and station leave. Additional Leave and Absence Request information is available at: https://dcp.psc.gov/ccmis/DCCPR_officer_leave_FAQ_m.aspx and <https://dcp.psc.gov/ccmis/ccis/documents/CC361.01.pdf>.

All EIS officers in the Commissioned Corps must have permission from their direct supervisor before taking leave. Leave requests are submitted electronically through e-CORPS. Upon return from leave you need to log-in and acknowledge that you did take the requested days. Your leave balance does not automatically update – in order to see your current balance you need to put a date on the calendar in e-CORPS as if taking leave and then the balance will update. Step-by-

step instructions for requesting leave are available at

[https://dcp.psc.gov/ccmis/eCORPS/docs/eCorps%20Leave%20System%20Manual %20Officer10-16-17.pdf](https://dcp.psc.gov/ccmis/eCORPS/docs/eCorps%20Leave%20System%20Manual%20Officer10-16-17.pdf)

Administrative Leave: Administrative leave is a specific Commissioned Corps term. Commissioned Officers have two kinds of administrative leave from which to choose.

(1) Administrative Leave Associated with Permanent Change of Station (PCS). This leave can be authorized to prepare for leaving an old station (up to 3 days) and establishing a household at the new duty station (up to 3 days). Officers called to active duty and reporting to their first duty station are eligible only for 3 days at their new duty station. This leave is intended to help the officer with the process of accepting delivery of their household goods and setting up their household. For example, you might report for duty and 4 days later the moving van arrives, so you would take the leave at that point. Administrative leave associated with PCS does not count toward the 5-day annual limit for regular admin leave. Select “Administrative” tab on eCORPS and type in “PCS” in the remarks section. Make sure to write “Admin leave associated with PCS” in the Remarks section of your leave slip. Officers separating from the Corps are not eligible for this type of leave.

(2) All other Administrative Leave. This category includes two types of activities if deemed in the interest of HHS as follows: to attend professional meetings that the EIS officer is paying their own way, and to take professional examinations such as licensure or board-certification exams. This category of leave is limited to a maximum of 5 days per year. This type of leave cannot be used to take a board-review course or study for a professional examination.

EIS officers in the Commissioned Corps do not have an equivalent category for credit or travel compensatory time, because of the Annual Leave benefit of 30 days per year.

For additional information on Commissioned Corps Absence and Leave Policies refer to information available on https://dcp.psc.gov/ccmis/DCCPR_officer_leave_FAQ_m.aspx Public Health Service (PHS) policies do change; it is your responsibility to ensure you have the most up to date information.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers in the Commissioned Corps

Leave

Field officers must have permission from their local and EWB supervisors.

If your local supervisor is not a CDC assignee, your EWB supervisor is responsible for approving your leave request in the system.

If your local supervisor is a federal assignee, he or she can serve as the leave approver. If your local supervisor is civil service, send an email to CCAOfficerLeave@cdc.gov.

Requesting Leave:

1. Several weeks or months before desired leave dates, consult with your local health department supervisor to obtain written approval by e-mail.
2. Forward this to your EWB supervisor.
3. Submit your leave request in e-CORPS at least one week before taking leave. Your EWB or field supervisor will be responsible for approving your leave request in the system. NOTE: Leave requests submitted to EWB without written local approval or concurrence will not be approved!

Field officers should **always** notify their EWB supervisor of their leave, even if they are not part of the formal approval process.

Annual Reviews

The Commissioned Officers Effectiveness Report (COER) is a performance evaluation and is used as a major source of information concerning an officer's service performance and work record. COER is used annually in the evaluation of officers for personnel actions, including promotions. It provides an official record of an officer's assignments, duties, and proficiencies. Every Commissioned Corps officer needs to complete an annual COER; failure to do so can negatively affect your promotion chances for years to come.

COERs cover an officer's activities over a fiscal year (October 1–September 30). Because 1st-year EIS officers will only have been on active duty for 3 months (July 1–September 30) when the time comes to complete their first annual COER, they have the option to submit a narrative COER or complete COER. A narrative COER is shorter than the standard, detailed COER and can be utilized when an officer has been in their position fewer than 6 months. A detailed COER is recommended when going up for promotion. More information about a narrative COER is available at: https://dcp.psc.gov/ccmis/COER/COER_frequently_asked_questions_m.aspx however, 2nd-year EIS officers will complete a detailed annual COER. COERS can be accessed through the Commissioned Corps Information Management System website, <https://dcp.psc.gov/ccmis/>

The online COER system will become available in early October for officers to begin their evaluation and information will be sent by both the CDC Commissioned Corps Activity (CCA) and the EIS Program at that time.

The roles of each person involved in the COER process are

- Officer: This is you.
- Rater: The officer's immediate federal supervisor, regardless of whether they are Commissioned Corps or civilian. For Field EIS officers, this is your EWB supervisor.
- Reviewing Official: Officer's second line supervisor. For all EIS officers, this is the EIS Branch Chief.

The evaluation process flows from the Officer → Rater → Officer (for concurrence) → Reviewing Official. Supervisors might ask officers to provide information to be used by the rater. For officers who are submitting a COER for the first time, review the e-mailed instructions that are sent every year to all Commissioned Corps officers (also available in CCMIS). A paper copy of the COER form is provided in **Appendix 1 — EIS Procedures (18A)**.

For more information about the Commissioned Corps, including policies, publications, payroll and benefits, medical care, uniforms, Commissioned Officer Effectiveness Reports (COERs), and promotions, go to <http://intranet.cdc.gov/hro/commissioned-corps/index.html>

Mid-year COER

Commissioned Corps Activity (CCA) and CDC leadership now require a mid-year COER be completed annually during the month of April. The mid-year COER is a good management practice and promotes discussion between officers and their raters and reviewing officials (ROs). CCA will not send the mid-year COER to Commissioned Corps Headquarters, nor will it be placed in the officer's electronic official personnel folder (eOPF).

Transfer COER

An optional COER initiated by the officer to capture a period of time prior to a change in duty station or the assignment of a new Rater/supervisor. The Transfer COER is completed at the time of an officer's transfer to another post or supervisor to document past performance. It may also be completed at the time of a transfer/separation/retirement of an officer's Rater prior to that supervisor's departure. The assigned Rater, Reviewing Official, and Commissioned Corps Agency Liaison must complete the Transfer COER. If the report period for the Transfer COER includes or extends past July 1st, it becomes an Annual COER

Officers in the Epidemic Intelligence Service Fellowship Title 42 (non-Commissioned Corp U.S. Citizens)

Time and Attendance System

Civil service employees participate in the CDC's computerized system of tracking time and attendance available at: <http://tasnet.cdc.gov/>. Every two weeks, civil service employees must use CDC's Time and Attendance System (TAS) through CDC's intranet. See the TASNet User Guide available at: <http://tasnet.cdc.gov/User%20Guide.pdf> for more information. A reminder e-mail to submit your timecard is sent by your time clerk for each pay period (for pay periods, see <http://www.gsa.gov/portal/content/102507>). Officers should consider creating a reminder in Microsoft Outlook. Using TAS, you can update your time and attendance records for the current pay period by entering exceptions to your tour of duty. If you will be out of the office when a pay period ends, you must enter and submit your hours before departing for leave. Your EIS supervisor will not be able to enter your time and attendance for you. A sample signed Time and Attendance Report is provided in **Appendix 1 — EIS Procedures (12A1)**.

Additional web pages are available for additional information regarding civil service leave and time and attendance

- Leave fact sheets at <https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/#url=Fact-Sheets>
- Voluntary leave transfer program at <http://www.opm.gov/oca/leave/html/vltpregs.htm>.
- Staff resources portal at <http://intranet.cdc.gov/hro/pay-time-leave/leave/index.html>.
- Time and Attendance Policies and Procedures at <http://masoapplications.cdc.gov/Policy/Doc/policy25.pdf>
- You can access your payroll statements and insurance information at <https://mypay.dfas.mil/mypay.aspx>.

Leave Time Definitions

EIS officers in the Title 42 Program are entitled to leave benefits similar to those provided under civil service regulations. Officers should learn the definitions and requirements for annual leave, sick leave, travel compensatory time, and credit time.

How to submit Leave Request

Civil service employees must submit their requests for time off by electronic method. Use OPM Form 71 Request for Leave or Approved Absence or online tool provided by your CIO.

The OPM Form 71 is located electronically in TASNet electronically on CDC's intranet site available at: <http://isp-v-maso-apps/EFForms/eforms.aspx>. Field Officers will use the [CSELS Leave request portal](#).

The form or online tool is set up for using electronic signatures of the requesting employee and the approving supervisor (for field officers, this is your EWB supervisor).

Types of Leave

Annual Leave & Sick Leave: New civil service Title 42 employees earn 4 hours of annual leave and 4 hours of sick leave each biweekly pay period (every 2 weeks), totaling each year, 104 hours for annual leave and 104 hours for sick leave.

240 hours Annual Leave is the maximum an employee can carry from year to year. If a Title 42 fellowship EIS officer leaves the federal government they receive a lump payment for the annual leave balance.

There is no maximum sick leave balance limit and the balance is carried from year to year. If a Title 42 fellowship EIS officer leaves the federal government they are not paid for the sick leave balance.

Title 42 fellows who transfer into other Title 42 or civil service positions within the federal government will transfer any accrued leave with them.

Paid maternity or paternity leave: Paid maternity or paternity leave does not exist. A combination of sick, annual, donated leave, and leave without pay can be requested for maternity or paternity absence.

Excused absence: EIS officers in the Title 42 Program do not have an official leave category for administrative leave. The EIS Program is supportive of EIS officers being allowed excused absence paid leave for two purposes.

(1) Permanent Change of Station (PCS): This leave may be authorized to prepare for leaving an old household (up to 3 days) and establishing a household at the new duty station (up to 3 days).

Leaving a household: Only for Officers who did not relocate to a new household prior to the start of Summer Course (July 9, 2018). This leave is intended to help with the process of packing and exiting a household. For example, you report for Summer Course; your relocation to your new duty station is after July 9th; and after summer course you return to the old household to complete the process of leaving. You would take up to 3 days Administrative leave starting the day you arrive at the old household. EIS fellows must contact their Primary Supervisor and EWB supervisor or CIO-EWB liaison for approval prior to taking Administrative leave.

Establishing a household: This leave is intended to help the officer with the process of accepting delivery of their household goods and setting up their household. For example, you might report for duty and 4 days later the moving van arrives, so you would take up to 3 days administrative the leave at that point. EIS fellows must contact their EWB supervisor or CIO-EWB liaison for approval prior to taking administrative leave.

(2) Attend professional Meetings/Board Exams: EIS officers are allowed to take up to 5 days per year to attend professional meetings/Board Exams. EIS fellows must contact their Primary supervisor and EWB supervisor or CIO-EWB liaison for approval prior to taking administrative leave.

Credit time: With advance verbal approval of assignment supervisor(s), Title 42 fellowship EIS officers can accrue credit time for hours worked in excess of the basic 40-hour week work requirement, and can be used to shorten the length of a succeeding work week. Credit time is requested in advance by the EIS officer, not assumed to be granted after the fact. Note: Credit time is not designed for employees to earn and use daily or for an extended amount of time.

Given that EIS is a program built on the need for response, the availability of EIS officers is important when a response is needed. If credit time is approved, as with annual leave, the needs of the assignment could require the EIS officer to return to work.

The maximum credit time an EIS officer can earn daily on a work day (Monday–Friday) is 4 hours per day. On weekend days (Saturday or Sunday), EIS officers can earn up to 8 hours of credit time per day. EIS officers can carry-over a maximum of 24 hours credit time per pay period. Requests to use credit time follow standard leave request procedures. At the end of EIS, Title 42 fellows will not be paid for unused credit time. Title 42 fellows who move into other Title 42 or civil service positions within the federal government will transfer any accrued leave with them.

Link to Credit Time policy on the CDC intranet is available at <http://inside.nchs.cdc.gov/omo/Pay-Leave/Pay/CCOChart.shtml>.

Link to OPM Credit Time policy is available at: <http://www.opm.gov/policy-data-oversight/pay-leave/work-schedules/fact-sheets/credit-hours-under-a-flexible-work-schedule/>.

If you need further guidance, contact your EIS or EWB supervisors, or the Human Resources Customer Service mailbox (hracs@cdc.gov).

Compensatory Time/Overtime: Because EIS is a training and service program, all EIS officers are subject to and can be required to work outside normal duty hours. A person can earn compensation for the approved work outside of normal

duty hours. Compensatory Time and Overtime should be requested and approved in writing before it is earned on a Form 666, <http://isp-v-maso-apps/eforms/download.aspx?ID=1095>. The Form 666 should be sent to EIS@cdc.gov and approved before earned. Title 42 fellowship Officers must use accrued compensatory time by the end of the 26th pay period after the pay period in which it was credited; if the employee does not to use it within 26 pay periods after it is credited, it will be paid out as overtime.

Compensatory travel time: Compensatory travel time (CTT) (also known as travel compensatory time) is a separate leave category.

Compensatory travel time is time spent in a travel status away from his/her official duty station when such time is not otherwise compensable. The compensatory time includes only the time actually spent traveling between the official duty station and a temporary duty station or between two temporary duty stations, and the "usual waiting time" that precedes or interrupts such travel.

A Department of Health and Human Services (DHHS) civilian employee, regardless of exempt or non-exempt status or grade, can be granted compensatory time earned for travel. International EIS officers are also eligible and held to the same standard as Title 42 employees when earning and using CTT. Travel must be officially authorized for work purposes and must be approved by an authorized agency official.

Creditable and Non- creditable compensatory travel time scenarios guidance

Activity	Creditable, when	Non-creditable, when
Drive to Airport From home	<ul style="list-style-type: none"> Time is outside regular work hours, AND Travel time is over regular commute time to official duty station. Only count overage. 	<ul style="list-style-type: none"> Distance is within the limits of his or her official duty station is considered to be equivalent to commuting time and is not creditable travel time.
Drive to Airport From TDY	<ul style="list-style-type: none"> Time is outside regular work hours 	<ul style="list-style-type: none"> Time is compensable as a part of the employee's regular working day.
Check in or Wait for flight	Time is outside regular work hours. Maximum allowed is 90 minutes for domestic flights. The actual wait time is creditable for international flights.	<ul style="list-style-type: none"> Extended delays above 90 minutes for domestic flights. OR Time is compensable as a part of the employee's regular working day.
Plane departs/lands	<ul style="list-style-type: none"> Time is outside regular work hours 	<ul style="list-style-type: none"> Time is compensable as a part of the employee's regular working day.
Drive to TDY or Hotel from airport	<ul style="list-style-type: none"> Time is outside regular work hours 	<ul style="list-style-type: none"> Time is compensable as a part of the employee's regular working day.
Drive to home from TDY or airport	<ul style="list-style-type: none"> Time is outside regular work hours AND Travel time is over regular commute time to official duty station. Only count overage. 	<ul style="list-style-type: none"> Distance is within the limits of his or her official duty station is considered to be equivalent to commuting time and is not creditable travel time.

Appendix 1 — EIS Procedures (12A2) Compensatory Credit Time Form Examples provides example scenarios. Additional guidance on credit time and CTT is available at: <https://www.opm.gov/policy-data-oversight/pay-leave/>. CTT must be approved before it can be entered in TASNET. Field Officers will request approval using the ETEL system. HQ officers should consult with your assignment's time clerks for specific CTT approval guidance.

Note: Officers must use accrued CTT by the end of the 26th pay period (or one year for International officers) in which it was credited; if the employee fails to use it within 26 pay periods after it is credited, CTT is forfeited.

Danger Pay

Danger Pay is available to employees permanently assigned or on temporary duty for four cumulative hours or longer in a day at a location which has been designated a danger pay area. Department of State (DOS) lists danger pay posts and rates – as well as rates for other allowances – on their website. https://aoprals.state.gov/Web920/danger_pay_all.asp The information is available by location and allowance type. CDC requires the completion of a SF-1190, “Foreign Allowance Grant, Application and Report” form. This form can be found in the forms database on the MASO website. The employee should complete the form and submit it along with the travel authorization and trip itinerary to the Human Resources Customer Service mailbox (hrcs@cdc.gov) for processing. Danger Pay will be paid out with the normal CDC paycheck in 4-6 week. Danger pay does not apply to Commissioned Corps and International Officers.

Annual Reviews

Fellows under the Title 42 system are not subject to annual reviews, but must submit all required EIS Program reports (see [Reports Section](#)) to the EIS Program.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers in the Epidemic Intelligence Service Fellowship Title 42 (non-Commissioned Corp U.S. Citizens)

EWB maintains the records for EIS fellowship leave. See explanations in the [Leave Time definitions](#) section to understand CDC’s leave policy.

How to submit Leave Request

1. Consult with your local health department supervisor; obtain written approval that includes the date(s) you will be out of the office by e-mail and forward to FieldSupport@cdc.gov.
2. Officer will submit request using the CSELS Leave Request SharePoint site. Leave requests submitted to EWB without written local approval will not be approved!

How to Request Earned Leave Time

1. Consult with your local health department supervisor; obtain written approval for Earned Leave Time that includes the expected work date(s) by e-mail and forward to FieldSupport@cdc.gov.
2. Enter Earned Leave Time request using appropriate medium:
 - **Compensatory Travel Time**
Officers will submit requests for Compensatory Travel time (CTT) earned in the [EWB Time Earned & Leave Tracker \(ETEL\) SharePoint site](#). CTT earned requests require a copy of the [OMEGA itinerary](#) (not the CONCUR itinerary) to be included with the online submission. Sign the online leave request to have it automatically routed to your supervisor for approval. Guidance details are located in the [Program Online Tools: SharePoint and Zengine](#).
 - **Compensatory Time/Overtime**
Officers will submit form 666 to fieldsupport@cdc.gov. Form 666 is located at <http://eforms.cdc.gov/index.aspx>

- **Credit Time**

Officers receive verbal or written approval for credit time earned and used approval from their primary or secondary supervisor at their local health department. ETEL or Forms are not used for approvals since EWB supervisors do not need to approve credit time. Credit Time earned and used is submitted via the Time and Attendance System (TAS) each pay period when you submit your timecard.

3. Enter hours into TASNET. Only approved hours can be entered into TASNet.

If questions arise, specific circumstances or concerns should be addressed to the time clerk by emailing FieldSupport@cdc.gov.

Time and Attendance

For each federal pay period, **all time earned and used must be submitted** through the CDC Time and Attendance System (TAS) (<http://intranet.cdc.gov/>). **You must submit a timecard each pay period** even if you have no leave taken or time earned. All approved leave or earned time must be entered into TASNet by the officer. Your EWB supervisor does not have access to your TASNet profile to do this for you. **It is your responsibility to ensure your time and attendance is in the system before departing for leave.** In the case that you absolutely cannot access the CDC Intranet or have questions about credit hours or TCC, contact time clerk by emailing FieldSupport@cdc.gov, or by telephone at **404) 498-6110**.

EIS Fellowship Officers in the J-1 Exchange Visitors Program (non-U.S. Citizen EIS Officers, International Officers)

CDC sponsors J-1 Exchange Visitor Program status for eligible international EIS officers. The Exchange Visitor Program fosters global understanding through educational and cultural exchanges. All exchange visitors are expected to return to their home country and share their exchange experiences after program completion. Below are important points for international EIS officers regarding EIS fellowship program participation. The CDC Immigration Office the primary source for guidance to all international officers. Please contact CDCImmigration@cdc.gov for more information.

Tax Determination

CDC's financial office and an independent tax consultant firm (KPMG) determine each international officer's tax determination which taxes will be withheld from their paychecks based on residency status, each country's tax treaty, etc. KPMG will contact each officer before the fellowship starts for tax determination and tax residency status. For questions, contact Cordella Baton (cordellascott@kpmg.com), Stephan Rabbitt (srabbitt@kpmg.com), or Nandita Kamath (nkamath@kpmg.com) at KPMG.

Eligible Benefits and Insurance Requirements

Benefits

- Eligible to receive treatment for work-related health needs at CDC's medical facility.
- Ineligible for retirement and health benefits through the federal government.
- Required to maintain adequate health insurance coverage for yourself and your dependents throughout the duration of the program. Willful failure to maintain insurance can result in termination.
- Reimbursed additional funds (not to exceed \$900/month) to pay for health insurance. Officers should submit monthly receipts to EIS@cdc.gov by the 20th of each month. EWB will use this receipt to prepare a voucher and send to OCFR for reimbursement. Reimbursement payments are made on the 17th of every month by Office of Chief Financial Officer (OCFO).

Insurance Requirements

- Medical benefits of at least \$100,000 U.S. dollars per person per accident or illness CONUS and OCONUS
- Repatriation of remains CONUS and OCONUS in the amount of \$25,000 U.S. dollars
- Medical evacuation CONUS and OCONUS in the amount of \$50,000 U.S. dollars
- Deductible cannot exceed \$500.00 U.S. dollars.

Family Members in the United States

Family members are required to have the following documentation on file with the CDC Immigration Office after U.S. arrival.

- Copy of I-94
- Copy of J-2 visa
- Signed DS-2019
- Proof of insurance coverages (starting from arrival date in the United States). Documents should be sent to cdcimmigration@cdc.gov.

Maintaining International J-1 (Visa) Exchange Visitor Status

As mentioned previously, EIS officers on a J-1 visa are required to maintain adequate health insurance coverage throughout the duration of the program and failure to do so can result in termination.

To maintain J-1 status, proof of insurance is required at all times. E-mail proof of insurance to Priscilla Burnett (ywu6@cdc.gov) and cdcimmigration@cdc.gov at the Human Resources Office.

Leave

International EIS officers can be excused from their training assignment for reasonable cause, such as illness and medical or dental appointments, and for reasonable periods for vacation or personal reasons.

Annual & Sick leave: Fellows earn 13 days annually for sick leave and 13 days annually for personal leave. Absences must be preapproved.

Credit time: With preapproval from the assignment supervisor, International EIS officers can earn credit time for hours worked in excess of the basic 40-hours per week work requirement, and can be used to shorten the length of a succeeding work week. Given that EIS is a program built on the need for response, the availability of EIS officers is important when a response is needed. If credit time is approved, as with annual leave, the needs of the assignment might require the EIS officer to return to work. The maximum allowable balance is 24 hours. Credit Time must be preapproved.

Compensatory travel time: Compensatory travel time (CTT) (also known as travel compensatory time) is a separate leave category that is not associated in any way with regular compensatory time. Additional information is available at <http://intranet.cdc.gov/hrmo/CPM2005-03.pdf>.

Compensatory travel time is time spent in a travel status away from his/her official duty station when such time is not otherwise compensable. The compensatory time includes only the time actually spent traveling between the official duty station and a temporary duty station or between two temporary duty stations, and the "usual waiting time" that precedes or interrupts such travel.

Department of Health and Human Services (DHHS) civilian employee, regardless of exempt or non-exempt status or grade, can be granted compensatory time earned for travel. International EIS officers are also eligible and held to the same standard as Title 42 employees when earning and using CTT. Travel must be officially authorized for work purposes and must be approved by an authorized agency official.

After graduating from the EIS program, if hired by CDC, the new CIO can determine if balances can be carried forward. For all fellows leaving the federal government it is lost.

[Creditable and Non- creditable compensatory travel time scenarios table](#)

Activity	Creditable, when	Non-creditable, when
Drive to Airport From home	<ul style="list-style-type: none"> Time is outside regular work hours, AND Travel time is over regular commute time to official duty station. Only count overage. 	<ul style="list-style-type: none"> Distance is within the limits of his or her official duty station is considered to be equivalent to commuting time and is not creditable travel time.
Drive to Airport From TDY	<ul style="list-style-type: none"> Time is outside regular work hours 	<ul style="list-style-type: none"> Time is compensable as a part of the employee's regular working day.
Check in or Wait for flight	Time is outside regular work hours. Maximum allowed is 90 minutes for domestic flights. The actual wait time is creditable for international flights.	<ul style="list-style-type: none"> Extended delays above 90 minutes for domestic flights. OR Time is compensable as a part of the employee's regular working day.
Plane departs/lands	<ul style="list-style-type: none"> Time is outside regular work hours 	<ul style="list-style-type: none"> Time is compensable as a part of the employee's regular working day.
Drive to TDY or Hotel from airport	<ul style="list-style-type: none"> Time is outside regular work hours 	<ul style="list-style-type: none"> Time is compensable as a part of the employee's regular working day.
Drive to home from TDY or airport	<ul style="list-style-type: none"> Time is outside regular work hours AND Travel time is over regular commute time to official duty station. Only count overage. 	<ul style="list-style-type: none"> Distance is within the limits of his or her official duty station is considered to be equivalent to commuting time and is not creditable travel time.

Travel must be approved in advance and CTT should not be submitted until that time. A copy of OMEGA itinerary (not the CONCUR itinerary) needs to be included with your submission:

Note: Officers must use accrued CTT within one year after the pay period in which it was credited; if the employee fails to use it within one year after it is credited, CTT is forfeited.

Additional Guidance regarding credit time, compensatory time, and compensatory travel time can be found at <http://intranet.cdc.gov/hro/pay-time-leave/time-schedules/index.html>.

How to request Time Earned and Leave

Officers will submit all time earned and leave request in the EWB Time Earned & Leave Tracker (ETEL) SharePoint site. Multiple request type can be submitted online in one form. Request type include Credit Time to be earned and/or used; Compensatory Travel Time earned or to be used; Annual Leave to be used; and Sick time used. Guidance details are located in the [Program Online Tools: SharePoint and Zengine section](#).

If you have questions about credit hours or travel compensatory time, please contact Seliscia Bradley by e-mail at EIS@cdc.gov or by telephone at 404-498-0993.

Annual Reviews

International fellows are not subject to annual reviews, but are but must submit all required EIS Program reports (see [Reports Section](#)) to the EIS Program.

Work Schedule

EIS officers are expected to work the same hours as their colleagues. Title 42 fellowships and international officers in J-1 Status will have to officially designate their tour of duty as flexitour to make their schedules match those of their colleagues.

EIS Officers are not allowed to detail to any position. As an EIS officer you will have opportunity to lead projects and activities as you work on your CALs and deploy to Epi-Aid or emergency response.

Flexible work schedule

A **flexible work schedule** includes designated hours (**core hours**) and days when an employee **must** be present for work. It also includes designated hours during which an employee **can** elect to work to complete the employee basic (non-overtime) work requirement. Flexitour allows you to establish a confirmed start time and end time (including core hours 9 am–11am and 1 pm–3:30 pm) within a flexible time band. After you reach your assignment, it is your responsibility to find out from your supervisor what hours you are expected to be in the office. After established, the times will be considered your official tour of duty for recording your time and using leave. CDC's form 0.841 is used to establish your official work schedule and must be completed and signed by you and your supervisor.

EIS officers are not permitted to use alternative work schedules such as flexitime and compressed schedules. (Note: Flexitour, which Title 42 Fellowship officers must select, is not the same as flexitime or flexiplace). More information about designating your tour of duty as flexitour is available at: <http://intranet.cdc.gov/hro/pay-time-leave/time-schedules/index.html>.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers Work Schedule

An important element of working in a state or local health department is being physically present at the health department. If the state or local health department is closed for a furlough day, nonfederal holiday, or the state is open on a federal holiday, you should work with your local and EWB supervisors to determine your schedule. You can claim credit time if you are required to work on a holiday; however, in many instances these days will cancel out each other. For example, the State of Georgia does not recognize President's Day and state employees work on this day. However, state employees receive the Friday after Thanksgiving off, which is not a federal holiday. In this instance you might negotiate to be off the Friday after Thanksgiving and work President's Day alongside your state colleagues.

Teleworking

An important element of working in a training program such as EIS is physical presence in the office to learn from your colleagues. Officers are allowed to telework one day per week. 1st year officers should not begin teleworking until 3 months after the beginning their assignment. If your supervisor is agreeable to you teleworking, please submit a telework agreement in Telework Management System (TMS).

You can find guidance about TMS, telework policies and required training at [Systems and Tools](#). USPH Commissioned Corps EIS Officers are required to take an additional course, [Telework Fundamentals—Employee Training](#).

All fellows should have an Emergency Agreement for instances when CDC facilities are closed due to inclement weather or an emergency.

Outside Work

In accordance with CDC/ATSDR policy, all outside activities of a professional or consultative nature by an EIS officer must be approved in advance. This includes voluntary unpaid activities, such as working in community medical clinics, teaching physical diagnosis to medical students, writing or editing, consultative services, or serving as an officer in a professional organization. You must provide details about the outside work and the name of the organization for which work is to be performed outside the usual duty hours on HHS Form 520, now available electronically in the Ethics Program Activity Tracking System (EPATS) <http://intranet.cdc.gov/hro/ethics/epats-system/index.html>. The request will be forwarded automatically to the appropriate approval chain. If approved, you must file a form HHS-521, Annual Report of Outside Activity, on a yearly basis. Additionally, you must submit a revised request if a substantial change in circumstances is reported and you must submit a renewal request at least 30 days before either an approval expiring or 12 months from the date of approval, whichever comes first. **Note: CDC employees are not authorized to commence an outside activity until the Ethics Office has approved the request.** All employment outside of CDC must be approved regardless of whether it is similar in nature to your official duties.

Some officers wish to conduct outside clinical or other professional activities at the same time they are EIS officers. Officers considering such activities should realize their time in EIS is a unique 2-year period during which participants are expected to make a full commitment to the EIS Program. Accordingly, outside activities should **never** interfere with the officer's availability, and must be approved by your primary supervisor as well as the EIS Program. Outside activities should also occur outside normal office hours in most instances. No commitment should be made that could not be canceled immediately if the officer had to respond to a local or national public health problem.

When it comes to accepting pay for outside activities, the EIS Program must receive an e-mail from your supervisor indicating that they are comfortable with the request and feel confident none of the activities will infringe on your EIS learning or experience. Outside activities for pay must meet the criteria outlined above. The approval determination will be made by the CDC Ethics Program and will come with the following important caveats.

- i) EIS officer will receive all necessary approvals (including relevant approvals for outside activity from appropriate authorities (e.g., HHS, CDC, the Commissioned Corps, or civil service and **submitted through EPATS**);
- ii) United States government cannot be liable for any malpractice and so such liability for that would be on the individual officers; and
- iii) Federal government employees (e.g., EIS officer) would have to pay for his own travel and take annual leave or have in-kind travel approved.

Work or projects left over from previous employment can be conducted with permission of your supervisors (including your Atlanta based EWB supervisor for field officers) and approval from the CDC Ethics Program as long as it does not interfere with the timely completion of EIS projects. An approved outside activity request is still required for this activity. Officers should not be enrolled in a degree program (e.g., MPH) while serving in EIS.

Should you have additional questions or concerns on these matters, discuss them with your supervisor. In addition, more information can be found the HRO intranet [Outside Activity page](#).

Mandatory Training

As a CDC employee, you are required to take certain training courses throughout your time with the agency. The link <http://intranet.cdc.gov/hro/career-development-training/training-courses/mandatory-training.html> provides a listing of training courses required by CDC employees and fellows. Mandatory training reminders are also sent by e-mail. The EIS Program or your branch leadership will often send reminders as well. Paying attention to these e-mails is your responsibility and completing the trainings ahead of the deadlines set by CDC and HHS. Failure to do so might result in the loss of your access to the CDC network. Commissioned Corps Officers must complete the Officer Basic Course (OBC) within 90 days of their entry into the Regular Corps of the U.S. Public Health Services Commissioned Corps. The Commissioned Corps Training Academy will assign you to a 2-week training course. **Contact CCAEIS@cdc.gov to learn your training dates and make sure your supervisor is planning your activities around these dates.** OBC dates can

only be changed with approval of the Commissioned Officer Training Academy (COTA) through Commissioned Corps Activity (CCA) for reasons deemed to be urgent public health responses by the EIS Program.

Research and Data Collection Training

Two trainings that you will need to take before engaging in research or data collection include the following.

1. Dual-use research (DUR) of concern.
2. Basic training on human research protections.

Both trainings are covered in more detail in the [Human Subjects Review](#) and [Office of Management and Budget](#) section and should be taken as soon as possible after arrival to your assignment. In some situations these numbers will be required for you to obtain clearance on a document. See the [Authorship and Clearance](#) section for more information.

International Travel Training

Before you embark on international travel you must complete the following required training courses.

1. Foreign Travel Safety Brief Schedule: all EIS officers will attend this 2-hour training during Summer Course, which is valid for one year.
2. High Threat Security Overseas Seminar (HTSOS): an online course required of all incoming EIS officers. EIS program staff will request the training on your behalf. A link will be provided by e-mail during Summer Course to complete the training.
3. Preparing for Work Overseas (PFWO) Briefing: A 3-day training which is valid for three years; required for long-term travel over 29 days. Guidance can be found here: <http://intranet.cdc.gov/ossam/training/course-finder/index.html?category=Travel+and+Transportation>
4. PN-113: an online course required of all incoming EIS officers. A link will be provided during Summer Course to complete the training. EIS program staff will request the training on your behalf. A link will be provided by e-mail during Summer Course to complete the training.
5. Foreign Affairs Counter Threat (FACT): a 1-week training course, not offered in Atlanta, required for international deployments that total more than 44 days in FACT-eligible countries. EIS officers whose assignments require this training should work with your CIO to register for this training. For Field Officers, training is typically not paid for by the EIS program and will be determined on a case by case basis. Please contact FieldSupport@cdc.gov if you are a field officer interested in this training

There also might be visa and medical clearance requirements depending on the nature of the travel. If you have any questions regarding these courses and requirements, please contact the Global Travel Office at (404) 718-8900 and review <http://travel.cdc.gov/>

Business Practices

Unauthorized Purchases and Commitments

EIS Officers should never purchase an item on behalf of the government without prior approval. For example, if you go to the local print shop to have copies made for a presentation without prior approval for the purchase it is considered an unauthorized and you will not be reimbursed. Please always check with your administrative staff before spending personal funds for a purchase to support your work. You can find a copy of CDC's Unauthorized Commitments Policy here: <http://masoapplications.cdc.gov/Policy/Doc/policy70.pdf>

Use of the Telephone

During working hours, use your office telephones for local and long distance business. International calls are typically not permitted without prior authorization by your supervisor.

Ensure that you answer your telephone in a professional manner and that your voicemail has an appropriate out-of-office message. Check with your supervisor to be sure you include the relevant information in your voice mail, such as your name, department (local health department or HQ CIO), and how quickly you will return your call. You are encouraged to update your voice mail when you will be out of the office and not checking messages. Telephones for HQ officers run through Skype; see user instructions in section [Use Skype for Business for Meetings, Calls and Chat](#).

E-mail Tips

Signature Block

Add a signature block on all the e-mails you send; this displays professionalism. Your new mail signature block should contain, at minimum, your name and degrees, affiliation, work mailing address, and work phone and fax numbers. Your e-mail replies and forwards should contain your name and phone number. You can use >Insert, >Signature in Outlook to add a signature block as the default.

Example signatures are provided below. For USPHS, note that your degree and rank should not appear on the same line. If Kim were a officer, her rank and USPHS would appear on the second line.

Kim Doe, DVM, MPH, DACVPM
LCDR, United States Public Health Service
Epidemic Intelligence Service Officer, Centers for Disease Control and Prevention

Assigned to
Biological Resource Management Division/Wildlife Health Branch and Office of Public Health
National Park Service
9999 Oakridge Drive, Suite 200
Fort Collins, CO 80525
Office: 777-888-9999
Fax: 111-222-3333
Kim.Doe@nps.gov or tes9@cdc.gov

E-mail Etiquette

- Don't use your personal emails for official business.
- Don't use hard to read fonts or color.
- Think before responding or forwarding.
- Respond as soon as possible (unless you are angry, then wait a few hours before responding!).
- Choose your words carefully to avoid misunderstandings related to meaning or tone of voice — be clear and organized.
- Use brief, meaningful text in the subject line.
- Use of Reply to send an e-mail about a different subject is discouraged.
- Respond only to persons who need to be informed — do not automatically use *reply to all* function
- Consider calling the person when an immediate response is needed instead of replying by e-mail.
- Remember that e-mail messages are considered an official record.
- Remember that e-mail is neither secure nor confidential. If you would not put it on a postcard, do not send it in an e-mail. Encrypt sensitive information.
- Delete chain letters or messages regarding political advocacy — forwarding these messages is illegal.
- Remember that attachments can contain viruses — be careful and do not open attachments that are unexpected.

- Think before you send anything by e-mail, which is like using official government or health department stationary.
- Response to a group list is discouraged — unless you really want to send your message to everyone
- Online employee directory is available at: <http://directory.psc.gov/employee.htm> for DHHS employees
- E-mail addresses within HHS can also be obtained through your outlook account by clicking on *To*.

Out-of-Office Notifications

If you are going to be away from the office for one day or more, set an out-of-office notification to alert those who send you an e-mail while you are away. You can set up such an automatic reply by clicking on the *File* tab of the Outlook menu. Choose the option Automatic Replies (Out of Office). You can then type a message that will inform the sender when you will be back in the office, when you might access your e-mail, how they might reach you (if appropriate), or whom else they might contact in your absence. For security reasons these messages should not automatically go to persons who do not have a .government e-mail address; however, you can set them to go to your contacts.

Business Cards

You should speak with your CDC supervisor about the availability of business cards, because they are budget dependent and not paid for by the EIS Program. Some programs might be able to pay for officially printed cards, whereas others might only be able to purchase laser-fed cards for printing from your desktop. If the latter method is employed, a template exists at the following website

http://brandidentitystandards.cdc.gov/Templates_and_Files/Business_Cards/Print_Your_Own_Business_Cards.

Field officers are encouraged to list their state affiliation along with CDC and include their health department logo on the cards.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers Business Practice

Field EISOs should not represent themselves as employees of their host agency. Instead, please use phrases such as “EISO assigned to the XX Department of health” and “working/calling/speaking on behalf of XX Department of Health”. For questions regarding this, please speak with the EWB supervisor assigned to your site.

Local Transit Benefit Program

CDC GO! Card Program

CDC civil service employees and Commissioned Corps officers are eligible to participate in the Go! Card Program. This program assists CDC/ATSDR civil service employees and Commissioned Corps officers with transportation costs when using public transportation. After approved, a GO! Card® Visa is sent to the employee. Each month a charge limit is available on your GO! Card®. This is commonly known as your transit benefit. The transit benefit is based on the actual cost of your commute and is capped at the allowable maximum tax-free benefit per your agency and in accordance with IRS regulations. You can use the transit benefit to purchase transit services (e.g., bus passes and subway fare cards) from your mass transit providers that accept Visa such as subways, commuter trains, buses, or ferries, or to pay your monthly van pool fare. Purchase can be made at the ticket window, ticket vending machines, or transit provider’s web site.

The transit benefit can only be used for commuting costs to and from your primary residence and your primary work location.

How to get GO! Card

- Register at [GOVGO!](#) ;
- After registering login into [GOVGO!](#)
- Click on *My Services* at the top of the homepage;
- Click on *Transit Subsidy Program Management*;
- Click on *Start Application* for Transit Program or Bike2Work Program; and
- Complete and submit application.
- After submitted, your application will be routed to your supervisor and transit officials for review and final approval. E-mail notification will be sent to you at each stage of this process, as your application is routed and approved.
- After final approval, you will receive an e-mail informing you that your GO! Card has been ordered. After being ordered, it should be delivered within 10–14 business days to the mailing address noted on your application.

How to activate the GO! Card

- Call 1-877-222-2312 and follow the prompts;
- Enter your card number;
- Enter your access number (the last four digits of the CDC PIV card located on the back of your SmartCard);
- Enter your 3-digit CVC code, which is located on the back of the newly issued GO! Card; and
- Your card is not ready to use!

When to use your GO! Card

- **Benefit period:** The benefit period is the calendar month in which the transit subsidy benefit is to be used.
- **Purchase period:** Participants can purchase in advance of the benefit month. Purchase monthly transit services from the 23rd of the previous month until the 15th of the benefit month.
- **Charge limit refresh:** Your GO! Card charge limit refreshes on the 23rd of each month. Any funds left unused will not roll over to the next month. For example, purchase tickets for April from March 23 through April 15.

DO's

- Do purchase your fare cards no later than the 15th of the benefit month.
- Do spend only what you need during months when you take leave.
- Do update your account if your address, work site, work schedule, commuting costs change.
- Do complete a new application to recertify your participation in the Transit Benefit program every year.
- Do call 1-800-316-6056 or e-mail GOcard@hhs.gov to report your lost or stolen GO! Card.

DON'Ts

- Don't use your GO! Card while on travel.
- Don't use your transit benefits for anything other commuting to and from your primary residence and your primary work location.
- Don't allow anyone else to use your transit benefits.
- Don't count telework days when tabulating the commuting costs for the days you commute to work.
- Don't include parking costs in your calculations

PROGRAM SUPPORT CENTER — PSC Transit Benefit Program Management

Telephone: 301-492-4774

E-mail: gocard@hhs.gov

Website: <https://trans-portal.psc.gov/Welcome.aspx?pt=PTS>

Full information regarding the program is available at:

<http://intranet.cdc.gov/hro/benefits/transportation-subsidy/index.html>

Meetings and Courses

Required EIS Meetings and Courses

You must attend these meetings or courses in their entirety (i.e., no leaving early).

- EIS Summer Course and Administrative Days (1st year EIS officers)
- EIS First-Year Fall Course (5 days) (1st year EIS officers)
- EIS Second-Year Summer Course (5 days) (2nd year EIS officers)
- Annual EIS Conference (All officers)
- EIS Regional Trainings (Field & non-Atlanta HQ officers)

First-Year Summer Course

You begin your EIS fellowship in July with an intensive month-long training course on the principles and methods of applied epidemiology. The course consists of lectures, small group case-study exercises, a simulated field exercise, hands-on computer training, team building exercises, and communications workshops. The July coursework is an introduction to (or a review of) terminology and concepts; most of your learning (or relearning) will be on-the-job.

First-Year Fall Course

In the fall, usually early December, first-year officers gather in Atlanta for a week of training in surveillance and other relevant topics. Officers will be required to present their evaluations of a surveillance system (a required CAL) during this course. Therefore, as soon as possible after beginning your assignment, you and your supervisor should discuss and select an appropriate surveillance system to evaluate; you can evaluate an existing or a proposed system. Evaluations performed by EIS officers in the past have frequently resulted in modifications in the surveillance process. Therefore, the system you choose to evaluate should be of topical interest to you because it can lead to subsequent projects; analyzing data as part of the evaluation can lead to an EIS abstract or talk. It should also meet the needs of your assignment.

Second-Year Summer Course

In August of the second year, officers will participate in the Fall Course for additional training in applied epidemiologic concepts. The specific curriculum of this course changes to accommodate the evolving training needs of the EIS class.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers Regional Trainings and Annual EIS Conference

Regional Trainings: Budget permitting, the EIS Program holds regional trainings (“regionals”) around the country approximately 4–6 weeks before EIS Conference. Regionals are cohosted by a state or local health department and a school of public health or medicine. These trainings serve as supportive settings in which Field EISOs meet with their peers to present and review their work. Regional trainings also serve the function of a dress rehearsal for abstracts accepted to EIS Conference. Each field officer is required to attend one session to present his or her EIS talk, practice question-and-answer responses, receive feedback to improve the talk, and participate in EIS rounds to provide feedback on the program and assignment to date to the EIS Program Branch Chief. Dates for Regionals will be provided during early the fall.. To facilitate scheduling, please do not plan travel or vacation during the dates (mid-last 3 weeks of March to early April) held for regionals.

EIS Conference: Field officers who are presenting orally at the EIS conference might be asked to attend scheduled rehearsals on the Sunday afternoon before the conference. Your EWB supervisor will discuss this with you ahead of time. Officers should plan to attend all field recruiting events, even if their assignment is not recruiting at that time. In addition, we expect officers in positions conducting post-conference recruiting interviews on Friday to stay in Atlanta and help with the interview process. These activities must be considered when planning conference travel.

Annual EIS Conference

Every spring (April or May), the EIS Program hosts the annual EIS Conference in Atlanta. Attendance at this conference is mandatory except in rare circumstances (e.g., Epi-Aid deployment) for all EIS officers. This conference provides an opportunity for officers to present their projects to epidemiologists from around the nation, learn about the investigations of fellow officers, meet with CDC staff, and connect with EIS classmates.

National Conferences or Meetings

If you are interested in presenting your work at a national conference, speak with your supervisor (HQ or EWB for field assignees) as soon as you identify an appropriate and relevant conference of interest. Supervisors will help determine the value of submitting to a specific conference and can also advise you about required paperwork (e.g., HHS travel memo submission and requests). **Appendix 6 — Authorship and Clearance (60A)** lists selected conferences at which EIS officers have presented. Most conferences will occur at approximately the same time each year, although dates will vary somewhat from year to year. Check the conference websites for abstract deadlines, which are often 4–9 months before the conference. You are responsible to determine the abstract deadlines and allow ample time for pre-clearance review and CDC clearance. Review the [Authorship and Clearance](#) section of this handbook for information about abstract clearance procedures.

The EIS Program only funds Field EIS officer conference-related travel, and typically funds one national meeting (in addition to the EIS conference) per training year. HQ officers should secure funding from their Center. Typically, HQ positions will provide the opportunity for their officers to attend a conference to present work conducted during the assignment. If you are approved to attend a conference, your CIO will assist with the registration and travel plans.

The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) require an additional step of approval before travel orders to a conference can be issued. For all meetings, conferences, seminars, training events, or other similar gatherings, CDC must submit a memorandum (aka HHS Travel Memo) through ICAP https://esp.cdc.gov/sites/ocoo/BISM/CAS/SiteAssets/ICAP_Home.aspx for request of approval at least 60 days before the event.

Supervisors and officers need to be aware that attendance to anything even remotely resembling a meeting or conference will be subject to approval. The [ICAP decision tree](#) can be used to help determine if the event an officer wants to attend needs to be announced or submitted to ICAP for approval. HQ officers, you will need to work with your administrative staff to make these determinations.

Approval on the conference memo is not the same as a travel authorization. Officers need both conference memo approval and an approved travel authorization in the Concur Travel System before departure.

No name on the approved memo = no travel to conference

Solicitation for names for the travel memo will often come 6–9 months in advance of the conference; the request will come through e-mail from your branch leadership. An EIS program administration team member also sends these out to the Field EIS officers. You **must** follow the instructions in the e-mail; HQ officer names go on the

memo for their CIO, not the EIS Program’s memo. The officer is solely responsible to monitor their CDC e-mail and to follow instructions to submit their name for memo consideration. If an officer is not on the list of approved travelers, travel orders will not be issued and registrations will not be processed. If an officer is approved, but can no longer attend, inform the POC as soon as possible to allow CDC to send an alternative to the conference.

Note: You might see an e-mail solicitation for a conference that is not highly attended by CDC. Officers should work with their CIO’s designated travel personnel to determine if a conference or meeting of interest has been announced. If not, they must work with their designate personnel to have the conference announced.

Because budgets have become tighter and tighter, and conferences are subjected to higher levels of scrutiny, typically, only those with accepted oral presentations are allowed to attend and present their work. You are never allowed to pay out of pocket to present on work completed as an EIS officer. In certain circumstances you are allowed to pay out of pocket to present on work done before joining EIS; however, speak with your supervisor if you fall into this category. EIS officers might need to use **annual** or **administrative** leave to travel to attend a conference or meeting to which they are paying their own way. See the **Personnel Systems** section of the handbook for additional information about leave.

The EIS Program does not pay Medical Specialty Board Examination fees or related travel expenses for EIS officers, nor do we pay additional fees associated with continuing education units at conferences your supervisor approves; Administrative leave might be granted for these activities.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers Travel Memo and National Conferences

EWB will consider requests for funding for current field officers to attend national, but not international, scientific conferences.

Please pay close attention to the solicitation e-mails from EIS Program Administration Team and respond by the deadline. Approximately 6-9 months before conference date, Field officers need to submit a “request to attend” a conference using the CSELS Conference Approval Portal (CCAP), <https://esp.cdc.gov/sites/csels/OD/PIU/CAP/default.aspx>. EWB’s CCAP coordinator works with the ICAP coordinator to have your name placed on travel memos.

To attend a conference, your name needs to be on the conference memo. For most conferences priority for the memo is given to EISOs who are presenting at the conference; however, if the conference is local with minimal to no travel costs and provides important knowledge for your position, you should be able to make the memo.

If you have been invited to speak to a group, whether a state or local meeting, a private, invitation-only partners meeting, or a large national conference, the likelihood exists the meeting needs to be announced in CCAP/ICAP months ahead of time. Please “Request to add a conference” in CCAP to have these announced and approved; failure to do so might result in denial of your travel request.

The EIS Program will cover the following for field EISOs annually per fiscal year (October 1 – September 30):

1. One national or regional conference, OR
2. Up to \$1800 in conference registration fees and travel costs

If you would like to attend a single conference that will cost more than \$1800, that will still be approved. However, if you are able to attend conferences at low cost (e.g., because it is in-town so travel is not required or by sharing a room, etc.), you can attend multiple conferences as long as the total cost does not exceed \$1800.

Travel assistance is budget dependent and not guaranteed. The conference allotments for first year cannot be transferred to the second year.

Abstracts submitted for presentation at these meetings are required to complete CDC review and clearance before submission. Officers with abstracts accepted for **oral presentation** are prioritized for a spot on the travel memo, but we cannot guarantee travel at the time of abstract submission. Conferences such as APHA, CSTE, and ID Week are heavily scrutinized, often resulting in severe cuts to the number of attendees. EIS officers should talk with their local and EWB supervisors regarding alternative conferences, and whether the EIS officer's host agency is allowed to pay for you to travel if CDC is unable to do so.

Epi-Aid Investigations

Overview

The CDC receives requests for epidemiological technical assistance in response to urgent public health events from state health departments as well as from other external health authorities, including the World Health Organization, foreign governments, and other agencies. When epidemiological technical assistance provided by CDC is a field investigation involving one or more EIS officers from outside the external health authority jurisdiction, it qualifies as an Epi-Aid. For example, for an investigation in Tennessee (which has an officer) to be considered an Epi-Aid, officers from another state or from HQ must be part of the investigation to be considered an Epi-Aid. Epi-Aids must be formally approved by the EIS Program before the investigation begins. The EIS Program will cover the Epi-Aid travel costs for up to 3 EIS officers for up to 3 weeks. An Epi-Aid Fact Sheet that can be shared outside of CDC is available on the EIS Fellowship MUST Drive:

[\\cdc.gov\project\OWCD_CCD_EISB\Epi-Aid Info\EIS Epi-Aid fact sheet June 2018.pdf](https://cdc.gov/project/OWCD_CCD_EISB/Epi-Aid Info/EIS Epi-Aid fact sheet June 2018.pdf)

Field officers are CDC's first line of epidemiologic assistance in a given jurisdiction (e.g., state or country). EIS Program policy is that Field EIS officers have what is known as a *right of first refusal* to lead Epi-Aid investigations in their jurisdiction, meaning that before any other EIS officer is given the opportunity to take the lead on the Epi-Aid, the field officer assigned to that jurisdiction has first offer to accept or decline the lead role (with local supervisor approval). For example, an investigation in Los Angeles would be offered to the Los Angeles EIS officer(s) and if they declined, it would then be offered to the California State EIS officer(s). However, an investigation in northern California would be offered to the California State EIS officer(s) first and if they declined, it would be offered to an EIS officer outside that jurisdiction; and in this case the lead officer often will be from the CDC program supervising the Epi-Aid. The Los Angeles EIS officer(s) would not have a right of first refusal because their assignment area does not include northern California. Field officers and their EWB supervisor should be included in discussions with CDC before decisions are made about whether an Epi-Aid will be requested. If you have any concerns or questions about an Epi-Aid investigation, call the EIS Program immediately. A list of current officers and their assignments, along with a map of field officer locations, is included in **Appendix 1- EIS Procedures (17A and 17B)**. EIS officers are selected to participate in Epi-Aid investigations in several ways. First, as mentioned previously, field officers assigned to the Epi-Aid jurisdiction are given first opportunity to lead the Epi-Aid. Second, the CDC program overseeing the Epi-Aid has the opportunity to select EIS officers from within the branch or division to participate. Third, if the request exceeds the capacity of the relevant CDC branch or division to respond, the EIS Program will assist with identifying volunteers for the Epi-Aid. These opportunities are announced by the EIS Program through e-mail to all EIS officers. The EIS Program will then make selection recommendations from those who volunteer to the CDC program overseeing the Epi-Aid. Before accepting an assignment, permission must be obtained from your supervisors; for field officers this includes both your local and EWB supervisors.

As soon as you become aware that an Epi-Aid might be requested, contact epiaid@cdc.gov to let us know and discuss next steps. One important consideration is whether the investigation will require Office of Management and Budget (OMB) approval. The Paperwork Reduction Act (PRA) requires that all federally-sponsored data collections that involve 10 or more respondents obtain OMB approval before data collection can begin. Some investigations that occur under the invitation and direction of an external health authority are deemed non-federally sponsored and OMB approval is not required. The EIS Program can give you guidance regarding how to

obtain a formal PRA Determination, which is made by the sponsoring CIO's PRA contact and indicates officially whether OMB approval is needed. If OMB approval is needed, the EIS Program can provide guidance for obtaining OMB approval, but the final decision rests with the PRA contact in the center coordinating the Epi-Aid. One mechanism for obtaining OMB approval quickly is the Emergency Epidemic Investigations (EEI) Generic Information Collection Request (ICR) coordinated by the EIS Program. Other centers might have their own mechanisms.

For more information concerning using the EEI mechanism review the folder on the EIS Fellowship MUST Drive: \\cdc.gov\project\OWCD_CCD_EISB\Epi-Aid Info\OMB & EEI Resources.

For more information about Epi-Aid travel, refer to the **Epi-Aid Travel** section of this handbook. For more information about Epi-Aid investigations, refer to the *Guide for Epi-Aid Investigations* and other Epi-Aid information saved on the EIS Fellowship MUST Drive: \\cdc.gov\project\OWCD_CCD_EISB\Epi-Aid Info

Epi-1

The Epi-1 is the formal request for epidemiological assistance and is typically completed by the CDC CIO SME who will be providing investigation oversight. The Epi-1 template can be found on the EIS EIS Fellowship MUST Drive:

\\cdc.gov\project\OWCD_CCD_EISB\Epi-Aid Info\Epi-Aid forms

To approve an Epi-Aid, the EIS Program will need the following.

1. The Epi-1 cleared through the Division (or CIO, if required by your program).
2. A copy of the letter of invitation from the external health authority who is requesting assistance.
3. A research determination.
4. A PRA determination.

Each CIO handles clearance differently, so be sure you understand what is expected by the CIO supervising the Epi-Aid.

After Your Return from the Field

- **Immediately** notify the Epi-Aid Response Team (EpiAid@cdc.gov) and EOC deployment coordinator eocdeploycoord@cdc.gov of your return.
- To satisfy **Epi-Aid** requirements
 - Submit travel voucher (through your Epi-Aid travel administrator) within 5 days of return.
 - Schedule a 2-minute TMS update with to Bill Knoll (wknoll@cdc.gov)
 - Within 21 days of returning** from the field, submit the Epi-2 (more information in next section) or other preliminary report to the Epi Aid Response Team at EpiAid@cdc.gov, Subject: Epi-Aid 20XX-XXX, Epi-2.
 - As soon as available, submit the final report (Trip Report, published reports, or manuscripts) to the Epi Aid Response Team at EpiAid@cdc.gov, Subject: Epi-Aid 20XX-XXX, Final Report.
- To satisfy EEI Generic ICR **OMB** requirements (if applicable)
 - Within 5 days of returning from the field**, submit all final data collection instruments and completed burden memo to Danice Eaton (dhe0@cdc.gov).

Epi-2

The Epi-2 is an EIS Program requirement for all Epi-Aids. The Epi-2 is a timely, preliminary report of the Epi-Aid field investigation. The intended audiences for the Epi-2 include the inviting officials and the EIS Program. The report is typically written by the lead EIS officer on the investigation, although other authorship arrangements are acceptable. The Epi-2 is not intended to be the final report of the investigation; it should include data and recommendations presented in the exit briefing given before the team leaves the field. The EIS Program requires clearance of the Epi-2 through the same clearance chain as the Epi-1. The Epi-2 template will be e-mailed with the Epi-Aid approval, and can be found at on the EIS Fellowship MUST Drive:

[\\cdc.gov\project\OWCD_CCD_EISB\Handbooks\Epi-Aid Info\Epi-Aid forms](https://cdc.gov/project/OWCD_CCD_EISB/Handbooks/Epi-Aid%20Info/Epi-Aid%20forms)

The Epi-2 should answer the following questions.

1. What was known about the problem at the beginning of the investigation? (This information can copy from the Epi-1, adding anything learned before the team departed for the field.)
2. What was accomplished in the field and by what investigation methods?
3. What are the initial findings and what recommendations were made before departure of the team?
4. What still needs to be done? (The pending steps.)
5. What are the effects of this investigation thus far and how to you plan to track future effects? Provide both local and CDC points of contact for future follow-up.

Final Report

The EIS Program requires completion of a final report for all Epi-Aids. The inviting local official and the EIS Program should receive a timely, comprehensive report of the field investigation, including final findings and recommendations. The format of the final report is flexible, based on local partner and Epi-Aid team preferences. Options include, but are not limited to a report in the format of a scientific manuscript, a published article, or a trip report. Final reports should be routed through the immediate supervisor of the Epi-Aid investigation and follow the format recommendations of that supervisor. Final reports should be cleared before submission to local officials and the EIS Program, and clearance officials should give a high priority to timely review of these reports.

The EIS officer should make certain that the state epidemiologist and any other health official who issued the Epi-Aid invitation receives a copy of both the preliminary and final reports. Distribution of other copies will be the responsibility of the supervising program and should include those groups named on the Epi-1.

To complete the Epi-Aid file, the final report or trip report, or any published manuscripts should be sent to the EIS Program at EpiAid@cdc.gov when available, including the Epi-Aid number in the subject line. Reports should be addressed to: Chief, EIS Program. Note: All documents submitted to the EIS Program are subject to Freedom of Information Act (FOIA) requests.

Publication Considerations in Epi-Aids

Epi-Aid investigations often, although not always, lead to one or more publications in a scientific journal. If a manuscript is prepared for publication, lead authorship can come from either the host agency or CDC (or another involved organization). Epi-Aid data are owned by the inviting jurisdiction. Therefore, working on a manuscript before gaining permission from the inviting jurisdiction to publish the data is never appropriate. As early as possible, the team should discuss authorship of the publication. Explicit conversations about future publications and authorship are important and should take place among the EIS officer, her or his supervisor, and the involved parties at the host agency early in the process of an Epi-Aid. This discussion should be included among potential agenda topics during the first meeting between the Epi-Aid team and the local health authority.

At the start of an Epi-Aid, uncertainty about whether a publication will result is common. Similarly, the scope of the work and the relative contributions of each involved person might not yet be determined. The work to be considered includes that performed by the host agency before the Epi-Aid began, as well as the work that continues after CDC is involved. Therefore, although the first conversation should take place as soon as possible, a need might exist to revisit the topic while the work progresses. Further guidance can be found in **Appendix 6 — Authorship and Clearance (61)**.

Federal Relations

During field investigations, you will be interacting with other partner agencies. Understanding your role and always acting with tact and diplomacy is important. Examples of interactions you might encounter include persons from the U.S. Food and Drug Administration, U.S. Department of Agriculture, state, local, territorial or tribal officials; and international partners.

If you are working with another agency, be sure to consider this agency as a partner in your investigation, and include them in talks regarding authorship of any products that result from your investigation. For Epi-Aids, you should always discuss publication and dissemination plans with the agency that requested assistance. In most cases, the requesting agency owns the data and publication can only occur with their permission. Sometimes other agencies have agreements with CDC that allows the agency to share confidential information with CDC employees; however, these agreements often do not extend to state partners, and is important that you understand what information can and cannot be shared. When in doubt, do not share anything provided to you by another federal or state agency without first asking the sharing agency *with whom can I share this information?* More information can be found in the State/Federal Relations slides from the 2018 Summer Course on the EIS Fellowship MUST Drive: **EIS Training Courses and TMS < Summer Courses < 2018_SUMMER COURSE < July25_Wed < Fed_State_Local Roles**

Other Emergency Response

CDC Emergency Operations Center

CDC has a permanent Emergency Operations Center (EOC) at the Roybal (Clifton Road) campus to promote quick, well-coordinated responses to public health emergencies across the country and around the globe. During the acute phase of emergencies, EIS officers, including field officers, are often called on by the EOC for field deployments or to staff the EOC in Atlanta. Usually EOC duty does not last more than one month. EOC requests should go through the EIS Program. If you receive a request for EOC duty, let the EIS Program know immediately.

Frequently Asked Questions Regarding Epi-Aids and Emergency Response

Some of you might be contacted by the PHS Division of Commissioned Corps Personnel and Readiness (DCCPR) about deployment availability. Below is some brief information about your role as an EIS officer during a disaster.

If I am a commissioned officer, can I be deployed by PHS?

Commissioned EIS officers are not available for deployment by PHS, unless released by the EIS Program. Typically in large scale disasters, deployment of EIS officers is handled through the EIS Program; therefore the EIS Program will serve as the point of coordination for requests and selection of EIS officers. If requests for missions do not exceed the need for EIS officers, EIS can allow deployment through PHS at the request of the officer and his or her supervisor. However, EIS must approve the mission before deployment.

If I receive a request from PHS to indicate my availability to deploy, how should I respond?

You should reply that you are an EIS officer and you are rostered separately by the EIS Program for emergency response requests and cannot deploy without the notification of the EIS Program.

What if I am not a commissioned officer?

Even if you are not a commissioned officer, as an EIS officer you are considered a CDC deployable asset. You can be deployed to respond to a natural or man-made disaster, but this must occur through the EIS Program.

Do field officers have different responsibilities than other EIS officers?

In a major disaster or emergency event, all EIS officers come under the direct supervision of the EIS Program. Any EIS officer (HQ or field officer) can be assigned to a response mission by the EIS Program. You must respond to all requests for information sent by the EIS Program; remember to monitor your CDC e-mail frequently during this time. However, the EIS Program is cognizant of your responsibilities in your assignment with your sponsoring agency. For instance, many officers can have disaster-related responsibilities within their state or local jurisdiction (e.g., evacuation shelter populations or locally impacted populations) that are as important to public health as federal response missions. The EIS Program will take these responsibilities into account when selecting officers for missions.

Does this affect my responsibility to respond within my state or local jurisdiction?

Field officers should discuss with their primary supervisor the possibility of being requested by EIS to respond elsewhere. However, until requested, you should continue to function as usual within your sponsoring health agency. If called to respond to a public health threat in your jurisdiction, you should handle this through your normal supervisory procedures.

CDC Resources

Statistical Collaboration

Officers are expected to seek statistical collaboration when fulfilling the analytic CAL, and are strongly encouraged to collaborate with a statistician on other activities requiring analytic expertise. Collaborating with a statistician provides an officer with the opportunity to strengthen analytic skills and better understand the role of a statistician as part of a research team. HQ positions often have a statistician in the branch who can assist you; for field officers, the EIS Program provides a statistician if one is not available locally. Officers should consult with a statistician as you **begin planning the project and before** you start the analysis. The statistician will be involved in identifying and framing the research question, writing a data analysis plan, and selecting the appropriate analytic approach. The statistician can guide you through data collection, analysis, mentor you on appropriate analytic methods, and programming assistance. She or he can also assist in interpretation of results, writing methods sections, and reviewing abstracts, presentations, and manuscripts. The statistician will not do the analysis for you but will do it alongside you if necessary or desired.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers Statistical Assistance

1. Talk to your EWB supervisor first to determine a few key points

- Can the EWB supervisor answer the statistical question?
- Are resources available, such as a local statistician or a SAS programmer who might be better matched to your analysis needs?
- Should a CDC SME or a statistician be included on the research team to ensure that appropriate research questions and statistical techniques be used in analyses?

2. After you and your EWB supervisor have decided to contact the statistician

- Include your EWB supervisor on an e-mail to the lead statistician (Byron Robinson, wcn8@cdc.gov) that describes the concern.
- Confirm in the e-mail that your EWB supervisor has indicated that you should initiate contact.
- Provide an appropriate level of information (a short paragraph, study protocol, or data analysis plan) so the statistician can determine the next steps, which can include assigning the project to another EWB statistician or requesting the assistance of a statistician elsewhere in the agency who specializes in the type of analysis your project requires.
- If a conference call or Microsoft Skype for Business online meeting (see IT section of handbook) is recommended, use the Outlook e-calendar to set up the appointment. Remember that Atlanta is on Eastern Time. However, mark the meeting request to begin at the appropriate time in your time zone. It will automatically update the correct Eastern Time in the e-calendar.

3. If you need to work closely with the statistician

- Be respectful of everyone's time and realize that you are one of many EIS officers who needs help. Please also realize that in fairness to all Field EIS officers, you might not be able to work on multiple projects with the EWB statistician.
- If the work of the statistician meets authorship requirements, please be sure to include the statistician as a coauthor, with his or her permission.
- Determine the level of involvement desired by your EWB and local supervisors, any SMEs, program staff, or others who will work closely with the data.

Field Officer Statistical Software

SAS, Epi Info, R, and R Studio will be installed on your CDC laptop.

Library

Officers have access by e-mail, telephone, and regular mail to the extensive services offered by the Stephen B. Thacker CDC Library and Information Center in Building 19, the Harkin Global Communications Center on the CDC Roybal Campus.

Information Center features include

- Computers to access library e-resources, e-mail, and other CDC services. Internet connectivity is also available for external visitors.
- Library staff to assist with, and conduct, literature reviews.
- Training on information management methods and tools.
- Browsible CDC collections.
- Technology and tools for innovative information management products and services.
- DocExpress: the interlibrary loan and document delivery request management system.
- E-Journals, databases, and many other electronic resources are available from your computer

Literature search requests are submitted here: <http://intranet.cdc.gov/library/> . You can request articles and other documents through DocExpress and available at: <https://docexpress.cdc.gov/illiad/> .

Urgent requests can be made by directly contacting one of the reference librarians by telephone. The Information Center telephone number at Clifton Road is 404-639-1717.

The Information Center provides online access to dozens of medical and scientific textbooks and journal articles and is available at: <http://intranet.cdc.gov/library/>.

PubMed (<http://pubmed.gov/>) is a freely accessible online database of biomedical journal citations and abstracts created by the U.S. National Library of Medicine (NLM®). PubMed comprises more than 19 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations can include links to full-text content from PubMed Central and publisher web sites. Access to PubMed and copies of publications free of charge are available by going to the CDC Library link, available at: <http://www.ncbi.nlm.nih.gov/pubmed/?otool=cdciclibvia> and through the CDC intranet.

Subject Matter Experts

When you need to find a subject matter expert at CDC on a particular topic, it can sometimes be a challenge to identify the right person with whom to talk. Some strategies are available to help.

- Ask your primary supervisor, EWB supervisor, or your EWB CIO liaison.
- Ask an EIS officer assigned to the relevant branch or division (see list of officer assignments, **Appendix 1**).
- Search by topic on the Cross-Clearance Topics List http://intranet.cdc.gov/od/oas/osg/science_review/policy_guidance/. Call or e-mail the contact person listed. Make sure to identify yourself as an EIS officer.
- For emergencies, call the CDC's EOC at 770-488-7100. The EOC is staffed 24-hours/day. Follow the same procedure as for calling the CDC switchboard.

Note: Calling 1-800-CDC-INFO is usually not helpful, because that line is meant for the public and it is not staffed by subject matter experts.

Media Inquiries

The work you do as a CDC EIS officer is highly valued and interesting to many people, and often highly visible. As a result, it is likely that you will be involved with media interview requests, including local interest stories or press conferences. This represents an amazing opportunity to share your work, as well as the work of CDC, with a wide audience.

Why this information is important for you

- You represent CDC and its public health partners. *What* you say and *how* you say it can have substantial, far-reaching influence. In this day of 24-hour news, it is easy for a seemingly innocuous story with only local media interest to become viral and be worldwide in a matter of hours.
- This requires you to exercise thoughtfulness and careful judgement to ensure messages presented to the media are accurate, consistent, clear, and represent a commitment to sound science that protects the public's health.

Steps for responding to media inquiries

The steps below provide guidance for the process you should follow if you receive a direct media inquiry or request during your EIS fellowship. Be sure to review Table 1 with your assigned supervisor(s) during the early months of your fellowship to determine if other POCs should be added.

1. **Engage your communications or media lead.**

Contact your communications or media lead (or Public Information Officer if you are a field assignee) to let them know about the reporter. They will contact the reporter to find out several items in advance of the interview, including:

- Reporter’s contact info, focus of inquiry and questions
- Timeframe for responding to request
- Interview format (print, radio, TV)
- Expected date and location of piece

2. Share details of the media request as outlined in Table 1.

These notifications are needed to alert key stakeholders and to obtain approval to respond to the media inquiry. The notifications also ensure you have media support (as needed) and that messages presented to the media are consistent and effective. Additionally, your communications or media lead (or DSEPD communication POC, if you are a field assignee) will need to get approval from HHS before the interview.

3. Prepare for the interview and review the tips in the section below.

4. Share any digital media content (e.g., Internet links or video clips) that results from the interview with same POCs engaged in step #2.

Table 1: Needed notifications for media requests

POCs to contact	Field	CIO
CIO Supervisor		X
CIO Communications or Media Lead		X
Field Supervisor	X	
Field Public Information Officer	X	
EWB Supervisor	X	
DSEPD Communication POCs: Melissa Brower , CSELS Media POC GGK5@cdc.gov , 404.639.4718 Teresa Smith , DSEPD ADC TBN9@cdc.gov , 404.498.6396 Cindy Alvarez , EWB POC CTG7@cdc.gov , 404.639.6024 After business hours (8 am-5 pm ET, M-F), contact CSELS Media POC: Melissa Brower , CSELS Media POC GGK5@cdc.gov , 404.639.4718	X	X

Tips to prepare for and participate in media interviews

- **Know the process.** In the early months of your fellowship, talk with your field or CIO supervisor about their established procedures and who to notify. Make note of any additional POCs within Table 1.
 - For presentations and publications, inform your assigned supervisor as soon as you know you’re going to present or know the publication date.

- **Prepare.** Review CDC-cleared key messages and talking points before the interview. Identify a single, overriding communication objective (SOCO). When you publish in *MMWR*, you'll have to complete a SOCO form (see **Appendix 1 — EIS Procedures [13A]**). Communications staff can help with developing these. The SOCO, along with your top three key messages, will help you stay on point. Be prepared to offer historical perspectives, current information, and local data if relevant to audience or market. Prepare as if every interview is live.
 - Other sample CDC SOCOs
 - https://www.cdc.gov/tb/publications/guidestoolkits/forge/docs/13_samplesingleoverridingcommunicationsobjective_soco_worksheet.doc.
 - <https://www.cdc.gov/healthywater/emergency/dwa-comm-toolbox/before/tools/soco-worksheet.docx>.
- **Stay on message.** Your SOCO and key messages are often more important than the questions the media is asking.
 - Not all questions have to be answered — bridge from the question and return to your key messages, and don't be afraid to return the conversation to the main topic if the reporter runs off on a tangent. **Block stops the interviewer's line of questioning, and bridge leads the media back to your key messages.**
 - **Use real-world examples.** Viewers connect with real-life stories, so identify and use a handful of stories (without revealing identities) to illustrate your points during the interview.
 - **Have a call to action.** Often reporters at the end of an interview will ask, "Do you have anything else you would like to add?" Circle back to your SOCO and provide listeners with an action step.
 - **Defer if beyond the scope of your expertise.** Say so if a question falls outside the scope of your expertise, and offer to connect the reporter with someone who can address their question.
 - **Remember that nothing you say is off the record.**
- **Use plain language and keep it simple.** Speak in simple terms and avoid acronyms. Do not expect the audience to be familiar with scientific or technical terms, concepts, or concerns.
 - Also, assume your interviewer isn't familiar with the subject and will need to be walked through basic concepts and background.
 - Use each answer as an opportunity to weave in key messages, even if you haven't been asked the question.

Social Media

In the last several years, the use of Facebook, YouTube, Twitter, and other social media tools to disseminate health messages has grown significantly and continues to trend upward. Social media is an effective way to expand reach, foster engagement, and increase access to credible, science-based health messages.

As an EIS officer or LLS fellow, you are a federal government employee and are solely responsible for anything you post online. Your social media presence and engagement will be perceived as such and can carry reputational risks—for you, CDC, HHS, or the federal government in general, and public health partners. The perception of your statements and engagement on social media platforms—using personal and professional accounts—can have light-speed, world-wide reach and long-lasting visibility. Dos and Don'ts

CDC SOCIAL MEDIA USE

- Do not engage in CDC social media activities using personal profiles (accounts). This is prohibited.
- Do carefully consider the possible *perceptions* of content and comment posts. They could be in the public's view indefinitely. If ever in doubt, don't post it!
- Do use good judgment. Respond with facts, not with your opinions.
- Do clear work-related social media messages according to the process established within your assigned CIO, or by CDC DSEPD ADC if a field assignee.
- Retweeting and sharing CDC posts is encouraged and an excellent way to share information that has been cleared.

PERSONAL SOCIAL MEDIA USE

- Do not use your CDC email address when establishing your personal profiles.
- Do use your personal email address when establishing your personal profiles.
- Do not include representations or depictions of the agency in your personal profile.
- Do not post material or statements that could be perceived as representing CDC, HHS or the federal government if your personal profile includes your affiliation to the federal government.
 - If there's a chance that posts could be misconstrued as federal government business, post a disclaimer stating that any opinions expressed are your own and do not reflect those of the federal government.
- Do take a common sense approach. On your personal profiles, **do not**:
 - share findings from CDC studies prior to their official release (embargoed content)
 - share inside information about CDC or the Department of Health and Human Services (HHS) that could cause harm to the agency(s)
 - provide information about CDC public health engagement that may compromise the confidentiality of data
 - engage in any communications that could cause public embarrassment or harm to CDC or HHS
- Do not respond to comments on official CDC social media channels using your personal profile(s).

SOCIAL MEDIA POLICY REFERENCES

Do become familiar with these policies that apply to all CDC employees, including contractors, fellows, and part-time staff.

- CDC Social Media Policy
<http://www.cdc.gov/socialmedia/tools/guidelines/pdf/social-media-policy.pdf>
- CDC/CSELS Social Media Policy
http://intranet.cdc.gov/ophss/csels/OD/ADC/docs/CSELS_SocialMedia_Policy_2014.pdf

Tips for Creating Strong Social Media Posts

- Use your space wisely. Some platforms have character limits, others don't.
 - use as few words as possible, limit technical terms and jargon, include links for more information; and
 - shorten government links with <https://go.usa.gov/> and nongovernment links with <https://bitly.com/>.
- Use abbreviations that are widely known and easily understood, but only when necessary for character limits.
- Include images or videos when relevant. These increase interest and engagement.

- Your content should stand alone in one message and be relevant to the audience. (If not, social media might not be the appropriate medium.)
- Refer to CDC Social Media Tools, Guidelines & Best Practices
<http://www.cdc.gov/SocialMedia/Tools/guidelines/>

Photography and Video

Tips for Visually Documenting Public Health Work

Devices

- **iPhones, android phones, and tablets.** A device's rear camera always produces the highest quality images; whereas, the front-facing camera or selfie-mode has a lower pixel resolution. Because of resolution constraints, avoid using a Blackberry device for photography.
- **Cameras (point-and-shoot and DSLR).** Familiarize yourself with basic user manual and functions.

Sharing Your Photos with CDC

- CSELS is developing a new SharePoint site for future photo submissions during the summer of 2018. An announcement will be made once the new system is available for use.
- **Determine whether you need to get consent forms signed. Keep forms on-hand for photo or video opportunities.**
 - Photos of CDC fellows or CDC FTEs do not require consent form.
 - All recognizable, non-CDC persons in a non-public place need to sign a photo release form (<http://isp-v-maso-apps/eforms/download.aspx?ID=2188>).
 - Videos of non-CDC individuals require a signed talent waiver form (<http://isp-v-maso-apps/eforms/download.aspx?ID=1499>) from each person.
 - Copies of forms are located in **Appendix 13 Media (13B and 13C)**.
- **Save all release(s) relevant to the photos or videos to be shared with the program.**
 - If saved electronically, save as: FellowName_location_number_photo release.docx.
 - If in hard copy, releases will need to be scanned and saved (as noted in prior bullet).
 - Upload all release forms, along with corresponding images, to Photo Portal.
- **Save photos or videos** as follows: YourName_location_number.jpg
- **Upload photos and consent forms to the CDC Fellowships Photo Submission Portal <http://bit.ly/CDCfellowphotos>**
 - Follow all instructions within the easy-to-use submission form
 - When possible, save and upload your image filenames as follows:
YourName_PhotoCaptions.docx
- **Create and save a Word file with captions for each photo or video** as follows
YourName_PhotoCaptions.docx
 - A good caption should have the names of all persons in the photo, a brief summary of the response or event or the action in the photo, the location, and the date.
 - A fellow can update the captions file if additional photos are taken at a later date.
- Examples of Good Filenames

Photos and Release

JohnDoe_RoybalCampus_01.jpg

JohnDoe_RoybalCampus_01_photo release.pdf

Captions JohnDoe_photocaptions.docx

John Doe – Roybal Campus – 01: *EIS officer John Doe types up an important e-mail in his Atlanta office. Feb 15 2016.*

John Doe – Roybal Campus – 02: *EIS officer John Doe meets with CDC leadership on Oct 8, 2016.*

General Photography Tips

- **Take thoughtful images.** Take photos that can help tell the story. Think of each photo as a piece of a puzzle. Capture hands-on activities that depict crucial steps of a process, collaborative efforts, achievements, or public health in action.
- **Subjects.** Take photos of others and ask others to capture you in action as well, performing tasks, or taking samples. In the field, take images depicting the working environment (indoor or outdoor), relevant to public health work taking place.

Note: Photos taken in CDC laboratories or of laboratory workers require biosafety clearance through OADLSS. Contact Cindy Alvarez (ctg7@cdc.gov) and Natalie Duggan (whv7@cdc.gov) with questions or for assistance.

- **Use the tap-to-focus feature.** Mobile device cameras do a great job focusing near and far. Make sure to focus on the right subject by placing your finger on the screen.
- **Divide your image into thirds.** Using the guide lines feature on most mobile phones to create a grid. Place the horizon on the top or bottom line, then place your subject either to the far left or right, adding greater interest than a centered subject.
- **Shoot from different perspectives.** Try taking multiple images. Think beyond your eye-level view. Don't be afraid to get down on the ground, or look down from above. Take both horizontal and vertical shots, but know that horizontal shots are more easily adapted for program promotions. Try out panorama mode for landscapes.
- **Avoid using digital zoom.** The iPhone has a zoom function which you can access by pinching or stretching with two fingers on the screen. Digital zoom causes the image to be cropped as you zoom in, resulting in a noticeable loss in image quality. Whenever possible, walk closer to your subject instead of zooming.
- **Avoid flash whenever possible.** Use available or natural light when available.

Video Tips

- On a mobile device, **hold the phone horizontally**, not vertically.
- **Move as close to subject as possible** (without zoom) to obtain best sound/video.
- **Keep steady hands** by leaning against something or using a tripod.

Resources

- CDC loaner cameras and loaner video cameras – Contact DSEPD communications
- CDC Brand Identity Standards – brandidentitystandards.cdc.gov/Graphics/Photos
- Mobile Device Photography — iphonphotographyschool.com
- Visual Supply Company Photo Editing Phone App — vsco.com
- Basic Photo Framing — untamedscience.com
- Tips to shooting great video on your smartphone: <http://usat.ly/29sZOCf>



Questions?

Contact DSEPD Communicators: Cindy Alvarez (ctg7@cdc.gov) and Natalie Duggan (whv7@cdc.gov).

EIS Officers and Legal Testimony

CDC employees, including EIS officers, do not participate, give depositions or provide trial testimony, or provide consultation in their official capacities in matters involving private litigation or other proceedings in which the United States Government is not a party. The basis for this policy is the necessity of CDC to maintain impartiality in disputes between private parties and to minimize the disruption of official duties of the agency. The courts have recognized the authority of federal agencies to limit their involvement in such private actions. (See United States ex rel. Touhy v. Ragen, 340 U.S. 462 [1951]). Federal regulations (45 CFR Part 2) require the satisfaction of three criteria before participation in private litigation by a CDC employee is allowed. First, the request must be in writing and state the nature of the testimony or other participation. Second, the request must explain why the testimony or other information sought is unavailable by any other means. Finally, the request must provide reasons why the CDC employee's participation in the litigation would be in the interests of CDC or the federal government. Any written request for CDC involvement in private litigation, that would be approved should satisfy these three criteria, should be addressed to the CDC Director and sent to the following address.

Director
Centers for Disease Control and Prevention
1600 Clifton Road, M/S D-14
Atlanta, GA 30329-4027

If you receive a subpoena for testimony or are otherwise requested to participate in litigation where the United States government is not a party, or if you are concerned that such a situation will arise, discuss this first with your EWB or CIO Supervisor. You and your supervisor should consult with Melissa Taylor (mwt3@cdc.gov), DSEPD policy office, about engaging with an attorney with the HHS Office of the General Counsel (OGC), CDC, for official assistance. CDC OGC's main contact number is 404-639-7200.

EIS Officers' Interaction with State Legislatures

An EIS officer might occasionally be asked or propose to interact with Congressional members or staffers. EIS officers may be asked to respond to a Congressional request, make an investigation notification or present to Congressional members or staffers to educate them on the program or investigation.

Federal employee interaction with Congress is limited by federal law. The Anti-Lobbying Act (18 USC Sec. 1913) provides the foundation for determining permitted and prohibited activities for executive branch employees. It is also important to remember that even if an activity is technically legal, the appearance of impropriety could still present problems for the agency. The language of the Anti-Lobbying Act can be viewed at <http://www4.law.cornell.edu/uscode/18/1913.html>.

Under the Anti-Lobbying Act, government employees MAY:

- Communicate with members of Congress and their staff in support of Administration or departmental positions.
- Communicate with the public through public speeches, appearances and published writings to support Administration positions—including using such public forums to call on the public to contact members of Congress in support of or opposition to legislation.
- Communicate privately with members of the public to inform them of Administration positions and to promote those provisions—as long as these communications do not consist of substantial “grass roots” lobbying campaigns. (See definition below)
- Communicate with Congress or the public urging support of Administration positions on non-legislative or non-appropriations issues, such as treaties and nominations.

Under the Anti-Lobbying Act, government employees MAY NOT:

- Engage in substantial “grass roots” lobbying campaigns of telegrams, letters and other forms of communication expressly asking recipients to contact members of Congress in support of or opposition to legislation. “Substantial” was not defined in a recent opinion, but the 1919 legislative history cites an expenditure of \$7,500, which was roughly equivalent to \$50,000 in 1989.

<http://intranet.cdc.gov/od/washington/working/legalguidelines/LegalGuidelines.pdf> provides additional information.

You and your supervisor should always consult with Melissa Taylor (mwt3@cdc.gov), DSEPD policy office, about any potential Congressional engagements as they will need to make proper notifications to The [Office of Appropriations](#) (OA) and [CDC Washington](#)..

CDC Services

EIS officers are eligible for a variety of services that are provided for CDC/ATSDR employees.

Office of Health and Safety

The Office of Health and Safety offers many programs and services to care for CDC workers' health.

Occupational Health Clinic

The primary function of the Occupational Health Clinic is to diagnose and monitor occupationally related illness and injury and to institute appropriate prevention, surveillance, and health promotion programs. All work-related injuries should be reported to the clinic. Treatment of occupational illness or injury is done on an emergency basis as needed with subsequent referral of employees for appropriate follow-up care. However, you can visit the clinic for vaccinations, consultation on international travel, blood testing, and other work-related consultations.

The clinic will see persons for any serious, nonworking-related illness; however, the clinic does not have the personnel or resources to function as a private physician. If you become ill with a nonworking-related illness during working hours, you should contact your own physician.

Two CDC clinics are available in the Atlanta area, including the Roybal Clinic is located in Room 1105 on the first floor of Building 16, 1600 Clifton Road, Atlanta, GA, and the Chamblee Clinic is located in Room G401 on the first floor of Building 101, 4770 Buford Highway, Atlanta GA.

Normal Clinic hours are 8:00 AM–4:30 PM weekdays, excluding federal holidays. The Chamblee Clinic is closed for lunch during 12 PM–1 PM.

To contact the CDC Clinics:

Roybal Clinic: 404-639-3385; Mailstop A-29.

Chamblee Clinic: 770-488-7824; Mailstop F-54.

Website: <http://intranet.cdc.gov/ossam/workplace-safety/occupational-health-clinics/>.

Employee Assistance Program

The Employee Assistance Program (EAP) is a professional counseling service for CDC employees. Their goal is to help you address personal and professional problems that might be affecting your health and well-being on or off the job. EAP counselors will help you assess your problem and provide short-term counseling as needed. If necessary, the counselor can refer you to other professional services or specialized resources within your community. EAP counselors can provide other types of assistance.

- Help you assess and recognize your problems;
- Provide short-term problem-solving (usually 1–6 sessions);
- Make referrals to resources in the community for specialized or long-term assistance, if needed; and
- Follow-up with you to make sure your needs have been adequately met.

Common problems discussed with EAP counselors include

- Psychological or emotional
- Depression
- Grief
- Legal
- Elder care or child care
- Family
- Marital
- Job conflict
- Alcohol and substance abuse
- Financial
- Eating disorders and compulsive behaviors
- Stress-related concerns

E-mail: eap@cdc.gov.

Web: <http://intranet.cdc.gov/ossam/lifestyle-employee-assistance/employee-assistance-program/index.html>.

Lifestyle Program

The lifestyle program provides services that promote the health and well-being of CDC staff, thereby reducing the use of sick leave, fostering the continuity of work projects, and increasing employee productivity.

Three locations are available in the Atlanta area.

Roybal Fitness Center 1600 Clifton Road Building 20, 1st Floor	Century Center Fitness Center 2400 Century Parkway Building 2400, 1st Floor
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Chamblee Fitness Center
4770 Buford Highway
Building 102, basement room 121

The lifestyle program provides a number of services, including the following.

- Orientations and guidance on exercise equipment in the fitness centers;
- Fitness evaluations;
- Exercise Classes (e.g., low-impact and step aerobics, sculpt, stretch, and yoga);
- Weight management and nutrition;
- Smoking cessation; and
- First aid, CPR, and AED

Additional information about the CDC lifestyle activities can be obtained by calling the Lifestyle Office at 404-639-2164 or by visiting the website <http://intranet.cdc.gov/oshe/lifestyle/>.

CDC Federal Credit Union

The CDC Federal Credit Union (CDC FCU) is a full-service financial institution with three locations, serving approximately 15,000 members. EIS officers are usually given a CDC FCU membership kit in April during the EIS Conference that describes services, membership fees, and minimum balance requirements. You can also visit CDC FCU online at: <http://www.cdccfu.com/asp/home.asp>. Roybal campus CDC FCU is inside Building 16; hours are 9:00 AM–4:00 PM.

SHARE Office

The "Services to Help all Regular Employees" (SHARE) for all employees.

SHARE was established as a nonprofit corporation on May 5, 1949. SHARE seeks to improve the quality of work life for the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry (CDC/ATSDR) employees through the SHARE stores, and a variety of recreational, entertainment, and community activities. SHARE membership fee is \$5.00.

The SHARE store, sells, among other things, CDC apparel, ties, key chains, book bags, water bottles, coffee mugs and other items. SHARE also sponsors CDC volleyball, softball, and other sports activities.

The SHARE store is located in Building 106 on the Chamblee campus. Store hours are 8:30 AM–2:00 PM, Monday through Friday. For more information about SHARE visit: <http://intranet.cdc.gov/share/>.

Child Care

CDC has established or joined existing consortia and formed partnerships to provide onsite or near-site child care centers in the areas indicated below. Contact the child care center directly for more information or visit <http://intranet.cdc.gov/hro/benefits/child-care/index.html>.

In addition, a group of parents maintain the parents' network listserv, an invaluable source of information regarding parenting in Atlanta, including schools, daycares, nannies, babysitters, and more. You can subscribe even before you are a CDC employee, using any valid e-mail address (Note: You must post any questions or requests for information from the subscribing e-mail addresses). To subscribe to the parents network listserv,

send an e-mail to listserv@listserv.cdc.gov with the command "SUBSCRIBE PARENTS-NETWORK" in the body of the message.

ATLANTA, GEORGIA

The Clifton School at Clifton

1700 Clifton Road
Atlanta, Georgia 30329
404-636-4073

<http://www.thecliftonschool.org>

The Clifton School at Clairmont

1900 Starvine Way
Atlanta, Georgia 30322
404-315-6340

HYATTSVILLE, MARYLAND

Greenwood School

Presidential Building
6525 Belcrest Road
Hyattsville, Maryland 20782
301-277-6877

MORGANTOWN, WEST VIRGINIA

Future Steps Child Development Center

3610 Collins Ferry Road
Morgantown, West Virginia 26507
304-285-4993

PITTSBURGH, PENNSYLVANIA

Bright Beginnings @ South Park

Bruceston Research Center
Wallace Road, South Park, Building 925
Pittsburgh, Pennsylvania 15236
412-386-5394

<http://pit.niosh.cdc.gov/daycare/default.htm>

ANCHORAGE, ALASKA

Easter Seals Child Development Center —

Tundra Tykes

545 East 5th Avenue
Anchorage, Alaska 99501
907-276-8953

Travel

List of Common Travel Terms

City Pair: Also known as contract fare. Fares that are part of a federal government purchase program for official travel. Fares are priced for one-way segments. Information on city pairs can be found at: <http://www.gsa.gov/portal/content/104512> and <https://cpsearch.fas.gsa.gov/cpsearch/search.do>.

CIO: CDC Centers, Institute, and Offices.

Contract Carrier: U.S air carriers that are under contract with the government to furnish federal employees, and other persons authorized to travel at government expense.

ConcurGov: The online travel management service for federal government agencies that allows the staff Travel Preparer to create travel authorizations, make reservations, edit authorizations, route documents for approval, and create the travel voucher. You can find additional information at: <http://travel.cdc.gov/>. Note, only the staff Travel Preparer can make changes to the travel authorization and voucher; the traveler can only use “edit” to sign the travel voucher.

FATA: Federal Agency Travel Administrator. This is the person who will issue your code for your first-time access to Concur. Ask your supervisor or branch administrative staff who this person is for your position.

Sponsored Travel: When a sponsoring non-federal organization will provide, pre-pay, or waive certain travel expenses for a federal employee or officer. No money can be exchanged directly between the sponsoring organization and the traveler if the purpose of the trip is Title 31 — Conference, speaker or meeting. Cash reimbursement is allowed if the purpose of the trip is Title 42, advisory services..

M&IE: Daily allowance for meals and incidental expenses. Expenses for breakfast, lunch, dinner, tips for hotel housekeeping, baggage storage, or similar expenditures (Specifically excluded are entertainment expenses and any expenses incurred for other persons).

Non-Contract Carrier: Air carriers, which are not under contract with the government to furnish federal employees, and other persons authorized to travel at government expense. These carriers are only approved for specific business reasons, not traveler convenience. Additional information is available at: <http://travel.cdc.gov/>.

Official Travel: Travel on official business with approved travel authorization .

OMEGA World Travel: The travel agency under a government contract that provides travel management services to CDC to arrange for common carrier transportation, lodging, and rental car(s). Contact # 855-326-5411

Per Diem: The per diem allowance is comprised of two parts. The first part is the allowable lodging rate, based on the temporary duty location. Knowledge of the allowable lodging rate when booking hotel reservations is the traveler’s responsibility. The second part is for Meals and Incidental Expenses (M&IE). Per Diem allowance is separate from transportation expenses and other miscellaneous expenses. You can find the per diem rates at: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

POV: Privately owned vehicle. Any vehicle such as an automobile operated by a person that is not owned or leased by a government agency.

PDS: Permanent duty station is the officer’s assignment location during the 2-year fellowship.

Tax Exemption Certificate: A certificate that is presented to operators of hotels and similar accommodations as evidence of exempt occupancy. Some states do not recognize this form; it is your responsibility to check the lodging tax exemption map at to see whether the jurisdiction to which you are traveling provides lodging exemptions for federal employees, and if so, to print out the specific form required by the jurisdiction. Link to form is available for each state is available at: <https://smartpay.gsa.gov/content/state-tax-information>.

Temporary Duty (TDY): Official duty at a place, away from an employee's official duty station, where the employee is authorized to travel.

Travel Authorization: Document that authorizes official travel. It must include specific purposes, itinerary and estimated costs.

Travel Reimbursement Form: A form that is used to request reimbursement of expenses incurred in the performance of official travel. Additional guidance is available at: <http://travel.cdc.gov/>.

Travel Request Form: A form that is used to request permission to travel on official business.

Travel Voucher: An electronic request, supported by documentation and receipts where applicable, for the travelers reimbursement of expenses incurred in the performance of official duty.

Categories of Travel — Who Pays (and What You Need from CDC)

The most up to date information regarding travel can be found at: travel.cdc.gov. Click the Travel Portal to find additional guidance and policies for travel.

CDC travel preparers use the Concur, Government Edition to process travel. Please follow their guidance and take actions within **Concur as directed**.

Epi-Aid Travel

For domestic Epi-Aids, the EIS Program will cover travel costs for up to 3 EIS officers or Division trainees (as long as one is an EIS officer) named on the Epi-1 as part of the Epi-Aid Team. Funds are also available to traveling LLS Fellows for Epi-Aids. Up to 3 weeks of travel expenses can be covered, including 1 round-trip airfare per traveler. The Common Accounting Number (CAN) to be used to cover travel expenses will be included in the Epi-Aid approval e-mail sent by the EIS Program and a travel order will be issued. A travel order is always required whether paid by CDC or another sponsoring organization. The EIS Program also will cover the cost of in-state travel for EIS officers assigned to the jurisdiction in which the investigation occurs.

The EIS Program does **not** cover travel costs for an international Epi-Aid.

Travel for all EIS officers participating in the Epi-Aid should be arranged by the CDC program overseeing the Epi-Aid, regardless of the officer's CIO or field assignment. For urgent Epi-Aids that are requested after business hours (evenings, weekends, or holidays), the Department of Emergency Operations (DEO) in the Emergency Operations Center (EOC) might be able to assist with travel preparations. The EOC provides travel, equipment, and transportation support to CDC programs for emergency deployments on a 24/7 basis. They can support domestic (departure within 48 hours of request) and international (deployment within 5-7 days of request) Epi-Aids if the officer's program is unable to do so. They do not support all Epi-Aids; the EOC staff will determine if they can support the request. If you require emergency travel coordination by the EOC, notify the Epi-Aid Response Team in the EIS Office at EpiAidResponseTeam@cdc.gov. The Epi-Aid Response Team will contact the EOC to determine if the request can be supported.

If telecommunications equipment (e.g., Blackberry) is needed for the Epi-Aid, contact the EIS Office to obtain a signed DEO Telecommunications Loan Agreement form. You can then take this form to the DEO to obtain the requested equipment.

Travel Paid by another Federal Agency

If another federal agency invites you to a meeting and offers to pay for your travel, you should first get approval from your supervisor; for field officers this includes your local and EWB supervisor. At CDC, a Letter of Intent (LOI) which refers to the written agreement between two federal entities is required. Most of the time, the other agency will make arrangements for travel, issue a travel order, and process the voucher. Please seek guidance from your CDC FATA when invited to travel for another Federal Agency.

Travel Paid by a Private or Non-Federal Organization (Sponsored Travel)

Should a private or non-federal organization invite you to a meeting and offer to pay for your travel, check with your CDC supervisor immediately. This type of travel requires more lead time (at least 3 weeks), more work, and higher-level approval, so it must be started early.

Allowable sponsored travel rules applies as follows.

Purpose of Travel	Title	Payment Method
Meeting or Similar Function	Title 31	<u>In-Kind</u> - traveler cannot accept direct reimbursement or cash from the sponsor
Advisory Services or Technical Assistance	Title 42	<u>In-Cash or In-Kind</u> - Traveler can accept cash or direct reimbursement from the sponsor for travel expenses (except common carrier)

Guidance for sponsored travel can be found on the CDC Travel Portal, <http://travel.cdc.gov/types/external-funding/sponsored/index.html>

In-kind travel means the organization prepays some or all of the travel expenses (e.g., sends an airline ticket, pays for lodging, and meals directly). **Money cannot pass directly between the organization and the traveler unless the travel is determined to be Title 42 travel.** The sponsoring organization must provide a letter of invitation stating that “no federal funds are being used” and state the specific terms of the travel offer. Guidance for sponsored travel is available at the CDC Travel Portal, <http://travel.cdc.gov/types/external-funding/sponsored/index.html>.

Required elements in a sponsored travel are here: <http://travel.cdc.gov/documents/Letter-Invitation-Checklist.pdf> Also, you can find a Letter of Invitation for Sponsored In-Kind Travel template and **Appendix 2 – Travel (20I)**.

Government employees cannot accept a travel grant from private organizations. Sponsored Travel guidelines must be followed when another organization is paying for an employee’s travel. Do not accept a check from any organization to pay for your travel unless it has been approved through the Sponsored Travel mechanism.

Per HHS Policy: Employees shall not be permitted to take annual leave in conjunction with trips that are sponsored in kind, in whole, or in part, by nonfederal sources, whether for-profit or nonprofit.

Government Employee Training Act (GETA) Travel

When travel is considered a bona fide training activity as part of an employee's official duties the agency can pay for all, some or none of the costs. The traveler is required to be on a travel authorization even when personally paying for GETA travel. Employees are not required to take leave when traveling under GETA.

International Travel

The EIS Program does not pay for any part of international travel. CIOs can pay for international travel as part of the assignment.

Your international travel request is submitted through CDC Global <http://globaltravel.cdc.gov/>. You can find more guidance for international travel at the CDC Travel Portal under "international travel" <http://travel.cdc.gov/>. The approval is not done until after the Global Travel Office receives your request from CDC Global and then submits the authorization in Concur.

International travel is always more complicated and time consuming than domestic travel. Embassy and CDC Center for Global Health rules require 6–8 weeks to process international travel requests. Officers must submit this travel to the system early, and field officers must work with their EWB supervisors to make sure the additional memos and permissions required are initiated as soon as possible. Emergency international travel can be processed rapidly, but scheduled travel (conference or to conduct a study) will be denied if not put into the system for approval 6–8 weeks before the scheduled date of departure. More information on traveling internationally is available at: <http://travel.cdc.gov/>.

Travelers leaving the country must complete security training based on their destination and length of stay, and must use a government-issued passport. See [International Travel Training](#) section for information on how to register. Information is available at: <http://intranet.cdc.gov/ossam/parking-travel-transportation/foreign-travel-training/> for more specific requirements.

For U.S. citizens, government-issued passports are provided to federal employees at no cost. The EIS Program will provide EIS officers' information on obtaining a government-issued passport (see [Passport and Visa Section](#)), but officers in the field might have to get passport photos taken at their own expense. If you have questions, contact the Center for Global Health, Passport Services at 404-718-8890 or cdcpass@cdc.gov. All officers are strongly encouraged to have an up-to-date personal passport as well.

International EIS officers on a J-1 visa must adhere to the following procedures when traveling outside the continental United States (OCONUS).

1. Schedule an appointment with an immigration specialist for travel validation of the DS-2019. cdcimmigration@cdc.gov.
2. Must travel abroad with original DS-2019.
3. Must have a valid visa to re-enter the United States.
4. When traveling abroad (OCONUS), international fellows are not under the U.S. Chief of Mission authority; therefore, each international travel request will be reviewed by CDC's Office of Safety, Security and Asset Management (OSSAM) to determine risk and promote the highest level of security of travelers overseas. Officers are placed under the mission of their country of citizenship; however, CDC's top priority is the safety of employees. Therefore, EIS international officers will be treated with the same consideration as other EIS officers in an emergency.

If you need vaccinations for international travel, you can get them at any local Federal Occupational Health (FOH) clinic, typically at no charge. You cannot receive vaccinations elsewhere and be reimbursed by CDC at a later time. You can find a local office at: <https://www.foh.hhs.gov/>.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officer Required Travel Paid by CDC

EWB pays for travel to the EIS 1st Year Fall Course, 2nd Year Fall Course, regional trainings, EIS Conference, and TMS (when you present).

1st Year Fall Course, 2nd Year Course, Regional Trainings, and EIS Conference

You will receive instructions from the EIS Program regarding how to request your travel, and whether you need to make your own hotel reservation. Pay close attention to these e-mails and follow the directions!

Tuesday Monthly Seminar

The recommended hotels are the Marriott Century Center (404-325-0000) or the Emory Inn & Conference Center (800-933-6679). You must submit your travel request for TMS at least 3 weeks before the date of your talk. You should plan to fly in to Atlanta on Monday morning, unless you are far enough away to necessitate Sunday travel; please speak with your EWB supervisor regarding what makes sense.

Field Officer Domestic Travel, Fewer Than 50 Miles

Travel within your state or locality within 49 miles from your residence or duty station is the responsibility of that jurisdiction. Your local supervisor will be able to advise you in making the necessary arrangements. You do not need a travel order from CDC to travel within 49 miles from your residence or duty station if you have travel.

If traveling to a conference, please consult with your EWB Supervisor. Remember, all conference travels requires you to on the HHS travel memo.

Field Officers Domestic Travel More Than 50 Miles

If an officer is traveling more than 50 miles from residence or duty station, they are required to be on a CDC travel authorization.

For emergency or urgent travel (as determined by your EWB supervisor) EWB will pay the associated costs. This will reduce the amount of time and paperwork required, allowing EIS officers to travel after submission of a travel request form and receipt of e-mail (or verbal) approval from an EWB supervisor. Travel orders will be processed as quickly as possible, so the EIS officer will not be delayed while waiting for the authorization to be approved in Concur.

Nonemergency travel greater than 50 miles paid by the state or some other sponsor requires a Letter of Invitation (LOI) and travel paperwork submitted **at least 10 days in advance** of the travel. Guidance for sponsored travel is available at the CDC Travel Portal, <http://travel.cdc.gov/>.

How to Request Travel

Each CIO has a format to follow when requesting travel. Ask your supervisor how this is handled within your CIO. For all CDC employees, there are deadlines and processes to follow; failure to adhere to both can result in denial of travel approval. At no time do you make reservations or changes to your authorization or voucher in Concur. The travel preparers handle that!

Government Travel Charge Card

Government Travel Charge Card (GOVCC) is a government contractor-issued credit card to be used for official travel-related expenses only.

The Travel and Transportation Reform Act of 1998, Public Law 105-264, mandates the use of the government contractor-issued travel charge card (credit card) for all official travel expenses. The intent of the law is to improve the government's cash management by reducing travel advance dollars and taking advantage of cash rebates earned from official use of travel charge cards by eligible employees. CDC's objective is to reduce, and ultimately, eliminate misuse and abuse in the CDC Travel Charge Card Program to prevent disciplinary actions.

Prohibited card uses include

1. Any charges not related to official travel related expenses.
 - Personal use
 - Cash advances or withdrawals
 - Registration fees
2. Shared use of card with another employee or family member.
3. Allowing an account to become delinquent. An account is consider delinquent after the due date for payment on the billing statement.
 - Failure to properly use government voucher reimbursement to repay travel expenses
 - Failure to pay account in full; Note: You are required to pay balance even if not reimbursed in a timely manner
4. Charges for Airbnb or cleaning fees.

Cardholders using the government travel card must agree to certain conditions.

1. Comply with the terms and conditions of the government travel card holder agreement.
2. Comply with HHS Standards of Conduct and the Government Ethics Standards of Conduct.
3. Complete an initial government travel card program training and periodic refresher.

CDC recognizes that an association exists between misuse and failure to pay the travel charge card. Reducing and eliminating any related infractions are in CDC's best interest. Employees who fail to remit payment for travel charge card debts are subject to multiple negative consequences, which include the following.

1. Employees must continue official required travel, with or without a government-issued charge card.
2. Employees are not eligible to receive another government-issued charge card or obtain traditional direct deposit travel advances when a debt is being collected from the cardholder's salary and a pending HHS collection notice is in effect,
3. Employees who lose charge card privileges might encounter financial and other hardships during mission-related travel activities

You can also find additional guidance at: <http://travel.cdc.gov/>.

Travel Authorization (also known as Travel Orders)

A travel authorization is a written document issued by CDC that establishes conditions for official travel and transportation at government expense and provides the basis for reimbursement. You should always have a copy of your travel authorization with you when traveling.

ConcurGov is the electronic system that CDC uses to make your airline and hotel reservations, and request travel authorization.

After you have submitted your travel request through your administrative process in your CIO, you will be assigned a travel preparer who will create and authorize your travel forms. This is the person to whom you should direct any questions, and is also the person who will prepare your voucher after your return. Before any trip, you will use Concur to review and print your travel authorizations. After your trip has been completed and you have submitted your receipts and expenses, you will be instructed by your travel preparer to log on to Concur and review and electronically sign your voucher.

Registration Fees

For government funds to be applied toward registration fees, you must be on the memo of approved travelers. Travel memos are discussed in the [Meeting and Courses section](#). If you are approved to attend a conference that charges a registration fee, your travel preparer or supervisor will advise you how to have the fee paid. **Do not pay for any registration fees yourself!** Because of the travel memo requirements, receiving the early registration discount is rarely possible. Reimbursement for meals and lodging expenses will be reduced from your travel reimbursement if these costs have been included in the registration fee.

When submitting to a conference, talk to their registration department and ask if you qualify for the student discount. Some conferences consider EIS to be a training program.

Airline Reservations

The U.S. government has contracted with different airlines to provide travel between certain cities at a pre-negotiated price. For most contract routes, two government fares exist; the standard government fare and a cheaper, capacity-controlled government fare. We use the cheaper capacity-controlled government fare, if available. The contract carrier has agreed to the contract price (which is sometimes well below supersaver fares and sometimes substantially higher) and to allow unlimited exchange to other flights to the same destination with no requirement for advance purchase or minimum stay, and no blackout periods for these fares. Do not try to save the government money by making your reservations with lower fares that have restrictions or penalties. You can check a particular city pair or download the complete list of contract carriers is available at: <http://www.gsa.gov/portal/content/104512>. However, be aware that the provided costs are one way only! After you have determined the contracted airline, you will go to that airline's website to search for your desired flights. If no city pair fare is available, or no available flights on the contract carrier, you can check other U.S.-based airlines for availability; but leave the booking to your CDC administrative staff.

The circumstances under which you might be authorized to fly a noncontract carrier are as follows.

1. U.S. government has not assigned a contract carrier for your city pair.
2. Space on a scheduled contract flight is unavailable in time to accomplish the purpose of your travel.
3. Contract carrier's flight is inconsistent with government policy of scheduling travel during normal working hours.

Any exceptions to using a contract carrier must be clearly identified on your travel order request.

If you need to make an official change in your ticket, provide a justification to your CDC supervisor and ask permission. If permission is granted, provide your change to the travel preparer, who will change your flights and amend your orders.

Baggage Fees

Many airlines are charging fees to check baggage; some airlines waive the fees for government-issued tickets or persons on official travel orders. If the fee is not waived by the airline, the fee for the first checked bag is reimbursable and **requires a receipt** showing that costs were incurred for this baggage. In some cases, the fee for the second checked bag might be approved. Check with your travel preparer or supervisor before incurring any expenses for second bags. If approved, you will need to submit the receipt for both bags. A

separate fee might be charged for overweight bags (excess). Excess baggage must be justified and authorized.

Note: Some airlines waive the baggage fee for USPHS Commissioned Corps officers if you provide your Corps ID and travel orders.

The U.S. General Services Administration (GSA) provides a summary of baggage fees by airline and is available at: <http://www.gsa.gov/portal/content/103882>.

Frequent Flyer Miles and Points

Travelers are encouraged to participate in the Frequent Flyer Programs offered by airlines. Frequent flyer mileage points earned while performing official Government travel can be used to purchase personal airline ticket(s) or upgrades. Frequent Flyer points or miles can be used to upgrade to first class for official domestic travel.

Taking Leave in Conjunction with Official Domestic Travel

If you have sufficient accrued annual leave and permission of your supervisors, you are allowed to remain at an official travel destination (or get there early) using personal annual leave. However, you can only take up to 3 days of leave while on TDY. **You must inform your supervisors that you are taking leave, because you might need a signed leave slip.** Exceptions can be made for long-term TDY (30+ days). See the "Excerpts from HHS Travel Guidance" document in **Appendix 2 — Travel (20C)** for more information.

Any and all changes made to an official itinerary for purposes other than to perform government business are considered changes for personal convenience and you will be responsible for any change fees or differences in fares. The agency does not make arrangements for personal travel, including using the travel system, centrally billed account (CBA), or government travel charge card (GOVCC). Agency travel approving officials (AO) can only approve travel authorizations that are in accord with mission requirements and not those made to facilitate personal travel plans.

Any additional lodging, meals, and incidentals associated with the time on leave are at your own expense. Keep this in mind when planning personal leave in conjunction with official travel as this policy cannot be adjusted to accommodate travel plans for personal reasons.

Including leave in your itinerary on your travel authorization and flight is not allowable. Official travel authorization has to be for duty dates only. Include in the narrative the leave dates, to make clear what dates and times the CDC is responsible for paying. For example, duty is March 1–3, but the officer wants to stay at the TDY location through March 5. The dates of the official travel order are March 1–3 **not** March 1–5. Leave should be mentioned in the narrative such as "duty ends on March 3, but officer will remain for leave through March 5 and acknowledges per diem or lodging is not required for the leave days." See **Getting Reimbursed Section** for additional information.

Guidance for making or changing your reservation for personal convenience.

- Option 1: The traveler can purchase your own ticket and will be reimbursed up to the amount of the cost of the TDY contract city pair fare. If the official travel is cancelled, the traveler bears the financial responsibility of purchasing the ticket. See scenarios 1–4 below.
- Option 2: Changes to your travel dates that need to be made for personal reasons can be made by the **traveler** after the original travel authorization has been approved and the airline reservation is ticketed. You will know it has been ticketed when you receive the Omega e-mail with the subject that says Ticketed itinerary for: NAME.

Omega does not make changes to travel dates for personal reasons (only for approved business reasons); therefore, you will need to contact the airline directly.

The airline might agree to make the changes if they are for personal reasons. Each airline has their own internal policies regarding this and you can ask to speak with a supervisor if you are told “no” by an agent. The traveler is responsible for paying (with their personal credit card), any change fees or other charges if the cost of the airline ticket increases above the approved ticket that was originally booked.

For personal convenience changes you should use your personal, not government, credit card. Any additional expenses incurred as a result of changing your travel orders for your convenience are not reimbursable. See [Airline Reservations](#) Section for clarifications on policy.

Duty points include a traveler’s permanent duty station (PDS) and any temporary duty (TDY) locations. Here are scenarios that demonstrate how to handle taking leave in conjunction with official travel.

Scenario 1: TDY to PDS (Date change for personal convenience)

Farrah’s PDS is Miami, Florida. She is approved for TDY in Baton Rouge, Louisiana, departing on Monday, February 13. She would like to leave on Friday, February 10 to stay there with her sister during the weekend. CDC will purchase the outbound ticket departing Monday and return ticket from Baton Rouge to Miami. Then, after the trip is ticketed, the Farrah would change the outbound date at her own expense, if any.

Scenario 2: Leave Point to TDY Point to PDS

Alberto’s PDS is Atlanta. He has approved leave for Thanksgiving in Chicago. He has TDY on the Monday afterwards in Boston. Rather than return to Atlanta before his trip to Boston, he would like to depart from Chicago. CDC will purchase the return ticket from Boston to Atlanta. Alberto will purchase the ticket from Chicago to Boston because Chicago is not a duty point. With a receipt, he will be reimbursed for the Chicago to Boston ticket up to Atlanta to Boston city pair price. If a city pair for Atlanta to Boston was unavailable before departure, the travel preparer would obtain a written quote from Omega and use that price for the cost construct.

Scenario 3: Leave Point to Immediate TDY Point to PDS

A similar but unfortunate scenario occurs when a traveler is called from leave directly to a duty point. Devon’s PDS is Atlanta. He is on leave in Portland, Oregon, during December 1–8 to visit family. While there, he is called to TDY in Honolulu, Hawaii, on December 6. He has two choices and neither is a happy one: He can cut short his leave in Portland and return to Atlanta to depart from his PDS, with CDC buying the tickets from Atlanta to Honolulu and back, as usual.

— Or —

Devon must purchase his own ticket from his leave point (Portland) to his duty point (Honolulu) with personal funds. With a receipt, CDC will reimburse him for that ticket up to the cost of the Atlanta to Honolulu city pair. Travelers will be understandably upset when this occurs, because often this costs money out of pocket and at the very least, a great deal of inconvenience.

Travel Regulations prohibit CDC from buying a ticket to or from a nonduty point, EVEN IF the traveler is called from leave back to their PDS or to a new TDY location.

The ONLY time CDC will book to or from a non-duty point is when a traveler is called from leave and returns to the leave point.

Scenario 4: Leave Point to TDY Point to Same Leave Point

James is on leave in Panama City, Florida, on November 4–14. He is called to TDY in Lexington, Kentucky, on November 8 and 9 for an important meeting. Because he would like to and is able to return to leave status after the TDY is over, CDC will pay for the cost of travel from Panama City to Lexington to Panama City. CDC books these tickets when a traveler is departing from and returning to the leave point.

Per HHS Policy, employees shall not be permitted to take annual leave in conjunction with trips that are sponsored through payment of travel costs, in whole or in part, by nonfederal sources, whether for-profit or no-profit. See HHS Travel Policy Manual for additional information at: <http://travel.cdc.gov/>

Taking Leave in Conjunction with Official Foreign Travel

Per HHS Policy, the agency strongly discourages employees from using annual leave in conjunction with official international travel. Taking annual leave in conjunction with official international travel can generate the impression that federal funds are being used to finance holidays or junkets for employees or that travelers are taking advantage of their status as federal employees to receive benefits that would not be accessible to members of the public. Accordingly, HHS employees should especially avoid taking any annual leave in conjunction with official international travel to resort areas to which the public is attracted, including recreational facilities or sight-seeing attractions, such as Europe during the summer. A traveler might be authorized annual leave in conjunction with an international trip 3 times per fiscal year, and the annual leave taken cannot exceed 3 days each time. Employees should not be permitted to evade this policy by paying part or all of the expenses for the round trip airfare themselves (whether out-of-pocket or through reimbursement from another source). However, the Office of Global Health Affairs (OGHA) *may* allow exceptions for travelers on long-term details in excess of 30 days.

Hotel Reservations

You are responsible for making your own hotel reservations, unless your CIO makes them for you. When making a reservation you need to know the allowable government rate and request it. Reservations can be made by the travel preparer in Concur, or you can call Omega World Travel.

Use your government-issued credit card to guarantee the reservation. Ask if the hotel accepts a Tax Exemption Certificate (see below, “What the Government Does and Does Not Pay For”). Try to secure same day cancellation.

Domestic per diem rates are available at: <http://www.gsa.gov> (select “Per Diem Rates” from list of links).

Foreign per diem rates are available at: https://aoprals.state.gov/web920/per_diem.asp.

If no hotels that offer the government rate are available, you are required to complete an **Actual Expense Memo** that must be approved **before** your departure. You will submit the memo to your travel preparer to be routed through the appropriate approvals. The template for the **Actual Expense Memo** is available at: <http://travel.cdc.gov/>

Note: Attendees to large conferences (e.g., APHA, CSTE and IDSA) often have difficulty finding a hotel within per diem. You are encouraged to make your hotel reservation as early as possible, as long as it **does not** incur a cost. In the event you are not approved for travel you must cancel the reservation as you cannot be reimbursed no show fees.

For most government travel, the traveler receives reimbursement for per diem (daily) costs according to an established per diem rate for each location. These costs are made up of two parts.

- Lodging
- M&IEs (meals and incidental expenses)

GSA sets a maximum M&IE and lodging amount (i.e., government rate), which varies from location to location. You should choose a hotel that charges within the allowable lodging allowance even if it is less convenient, but we also encourage you to ascertain transportation costs associated with staying at the less convenient location. Saving \$20/night on the hotel, but incurring \$40/day in cab rides back and forth is not a

good use of government funds. Regardless, an **Actual Expense Memo** is still needed ahead of time to be reimbursed for costs above the lodging allowance. If permission is not received ahead of time, lodging costs above the total per diem rate are at the expense of the traveler. Lodging costs must be paid with your government travel card.

NOTE: What the federal government calls the government rate and what hotels call the government rate are often not the same. You must book your room within the allowable federal lodging rate.

FedRooms (<http://www.fedrooms.com>) is a government wide, GSA-sponsored, hotel program that guarantees compliance to all government criteria, rates at or below per diem at FEMA-certified hotels, no early departure fee, and a 4 PM or later cancellation policy.

Request for Extra Night of Lodging

Officers are expected to return to their duty stations or assignments on the day the conference, meeting, or training event concludes. The following exceptions can typically apply.

- 1) A reasonable travel schedule would not allow return home by 11:00 PM (Note: Home equals your residence, not to the airport).
- 2) A justifiable reason exists to delay travel until the following day; examples include
 - a) legitimate safety concerns;
 - b) work-related activities; and
 - c) cost-savings to the U.S. government.

In such cases, lodging and per diem will be authorized. Otherwise, the officer can delay travel, but will be responsible for any additional expenses incurred (e.g., lodging or excess airfare).

When requesting an extra night of lodging after a conference, meeting, or training event, you should inform your CDC supervisor and justify the request. Justification can include that no contract flight is available that would allow return home before 11:00 PM. Other justifications should be considered by your supervisor on an individual basis.

CDC has used this policy historically to maximize our ability to fund travel while also promoting the safety of our staff on travel status. Our available travel budget is limited and has received greater scrutiny in recent years. You must exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business, while maintaining your safety.

Rental Car Reservations

CDC only authorizes the use of a rental car when public transit (e.g., taxis, trains, or buses) is not available at your travel destination or when use of public transit is not advantageous to the government. A rental car may be used when it's use is less expensive to the government overall (with fuel and parking costs taken into account). If you have legitimate need for a rental car, you must receive preapproval from your CDC supervisor, and use of the rental car must be specifically stated on the travel order. You will not be reimbursed for a rental car if it is not stated on the travel order.

If you have approval for a rental car, your travel preparer will make the reservation in Concur or Omega. Most car rental companies have government rates, but these will vary from company to company. As with contract carrier rates, car rental government rates might be higher or lower than public rates, but you should use them because they include collision and damage coverage. Rental should be paid using the government travel card. If the reservation has been made through Concur or Omega, the traveler will be reimbursed.

Use of Privately Owned Vehicle (POV)

POV travel is authorized when it is advantageous to the government, for example, when POV travel will be less expensive than flight costs. If you request POV travel, CDC is required to conduct a formal comparison of costs by air versus costs by POV before authorizing. Please include a round-trip map of the distance from residence or duty station to the travel destination with the travel request form. If POV travel is authorized, you will be reimbursed at the standard government mileage rate, which is \$0.535 cents per mile. The mileage rate includes your cost for gasoline, but tolls and parking will be reimbursed separately if you provide receipts. Also, review the GSA City-Pair website, which is available at: <https://cpsearch.fas.gsa.gov/cpsearch/search.do?method=enter> or call OMEGA to obtain airline fare costs to be used for comparison purposes. Provide this information on your travel request form along with the mileage information.

If you want to travel by POV but travel by POV would cost more than travel by air, you can request that travel by POV be authorized but that you are reimbursed only the amount that would have been reimbursed for airfare. If you receive authorization to do this, you will not receive reimbursement separately for mileage or tolls, or for extra lodging or per diem incurred because of POV travel. Also, be aware that processing this type of travel is especially time-consuming and is subject to a higher level of scrutiny.

Preparing for Travel Departure

When a trip is created in Concur, immediately after the transportation, lodging, or other reservations are booked, the traveler should receive an automated e-mail message with the Concur Itinerary from the Concur Travel TravelWizard@concursolutions.com mailbox. This e-mail message contains confirmations for the trip reservations. At the top of this e-mail message in the Trip Overview section, you will see the date and name of the travel preparer who created your trip in Concur. See screen shot highlighted in yellow below.

This is your travel preparer for that single trip and is the person to whom you should send your expense worksheet and travel receipts after completion of your TDY travel and return to your permanent duty station.

<p>From: Concur Travel [mailto:TravelWizard@concursolutions.com] Sent: Wednesday, May 31, 2017 9:04 AM To: TRAVELER'S EMAIL ; Billups, Monica (CDC/OPHSS/CSELS/DSEPD) <eni5@cdc.gov>; Billups, Monica (CDC/OPHSS/CSELS/DSEPD) <eni5@cdc.gov> Subject: Concur Itinerary 06/18/2017: TRIP FROM ATLANTA TO WASHINGTON (S7QLW4)</p>
<p>Trip Overview</p> <p>Trip Name: Trip from Atlanta to Washington Start Date: June 18, 2017 End Date: June 23, 2017 Created: May 31, 2017, MONICA BILLUPS (Modified: May 31, 2017) Description: Employee is attending the Congressional Briefing for Presidential Management Fellows week long session in Washington, DC. She is on the ICAP approval list for this event. Agency Record Locator: S7QLW4 Passengers: TRAVELER'S NAME Total Estimated Cost: \$1,526.40 USD Important: Reservations must be approved and ticketed no later than: 06/16/2017 2:29 PM Eastern The trip will be automatically cancelled if it is not approved before the deadline. Agency Name: Omega - HHS</p>

NOTE: Travel receipts should be sent to your travel preparer by e-mail in one of the following formats for upload into CGE: PDF (preferred), JPG, TIFF, PNG or GIF file (10 MB limit per file). MS Word, MS Excel, InfoPath forms, or e-mail message files cannot be uploaded into Concur without first converting them to one of the accepted file formats.

Occasionally a hotel or car rental agency will ask for a copy of the orders, so you must carry an extra copy of your travel order while you are traveling.

After your airline tickets are issued, you will receive an e-mail from OMEGA. If you have **not** received your e-mail itinerary from OMEGA by 3 business days before your travel is scheduled to begin, notify your travel preparer. Do not wait until the day before your travel to notify someone that you do not yet have a ticket!

Typically, only travelers without a GOVCC will be issued a travel advance, which is an ATM advance on your eventual per diem reimbursement. Use your government-issued credit card (not your personal credit card) to withdraw cash up to \$500 at any compatible ATM. Save your receipt from this transaction to be reimbursed for the fees. To do this, you must have previously requested and received a PIN for the card.

If traveling with an electronic ticket, you only need to know your flights and present a photo ID. If you have paper tickets, be sure to bring them with you to the airport.

Do's and Don'ts While Traveling

DO use your government-issued credit card for lodging, rental car (if authorized) and all other official expenses.

DO try to use public transportation (such as MARTA), hotel shuttles, and other economical forms of local transportation, rather than taxicabs, whenever possible and safe.

DO keep receipts of all official expenses and phone calls (business and personal) if you want to get reimbursed. CDC does not require that you save taxicab receipts if the fare is less than \$75, but it's a good idea to keep them (e.g., for audits) or submit them with your other receipts. Required receipts can be found at CDC Travel Portal available at: <http://travel.cdc.gov/>.

DO scan and submit your Travel Reimbursement Form and receipts to your travel preparer within 5 days of returning. You can also fax them. DO NOT send the original paperwork.

DO keep copies of your reimbursement form and all receipts.

DO NOT use your government-issued credit card for personal purchases. Accounts are monitored by CDC.

DO NOT use your government travel card for registration fees.

Do NOT use your government travel card for any expenses that are not associated with your travel authorization.

DO NOT use your government-issued credit card at your permanent duty station for local (in-town) travel.

DO NOT rent a car if you do not have prior authorization on your travel order (unless you plan to cover all of the expenses for the rental car yourself).

DO NOT change your date of departure or return without discussing with your supervisor first.

What the Government Does and Does Not Pay For

Reminder: You must exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business.

Airline ticket. See section on **Making Travel Arrangements** for instructions on how to make airline reservations. All tickets except those purchased in an emergency after hours must be arranged through

Concur by your Travel Preparer. In the rare instances when you are given permission to buy an airline ticket from the airline in an emergency, you must use your government-issued credit card.

Lodging. You must provide an official hotel receipt to be reimbursed for lodging. If courtesy lodging is provided (e.g., if you stay with family or friends), you do not receive lodging expenses but you still do receive meals and incidental expenses. Be sure you know the maximum lodging amount (this amount is indicated on your travel orders) for your destination Information for both items is available in the section on **Making Travel Arrangements**. If you leave a tip for the housekeeper in your hotel room, this expense is included in the incidentals portion (M&IE) of per diem and is not separately reimbursed to you.

Hotel Occupancy Taxes. Some hotels will not charge tax if you present an exemption certificate at check-in. However, this your responsibility to check the lodging tax exemption map at <http://travel.cdc.gov> at CDC's Travel Portal in advance of your travel to see whether the jurisdiction to which you are traveling provides lodging tax exemptions for federal employees and, if so, to access and print out the specific form required by the jurisdiction. If the hotel does charge tax, you will be reimbursed, and the tax does not count as part of the maximum lodging amount for domestic trips. For international trips taxes are a part of the maximum prediction. You must provide a copy of the hotel receipt to be reimbursed for hotel taxes.

Internet Service. If you anticipate that you will need Internet service for official purposes during a trip, you must discuss this with your CDC supervisor to gain approval, and then with your travel preparer BEFORE the trip. If you fail to plan ahead, you risk not being reimbursed. Many hotels now offer free Internet to their rewards members, so consider signing up for these programs.

Meals and Incidental Expenses (M&IE). GSA sets a maximum amount for reimbursing meals and incidental expenses. More details are available at: <http://www.gsa.gov/portal/category/26429>. On days that you travel to and from your home to your destination, you receive 75% of the daily M&IE regardless of what time you depart or return home. You do not need to provide receipts for M&IE. If your travel is for less than 12 hours you will not receive M&IE reimbursement.

Local Transportation. Use mass transit or economical transportation when possible and safe. If you must take a taxi, get a receipt if the cost is \$75 or more. Receipts are not expected for subways and similar inexpensive forms of public transportation. Tips to a taxi or shuttle driver are reimbursable, but reimbursement is limited to 15% of the fare; 20% for Commissioned Corp Officers Note: If you are traveling on official PHS business such as a promotion board or OBC and being reimbursed by PHS, they will **not** cover transportation tips. If no charge is needed for transportation (e.g., courtesy shuttle) the tip reimbursement limit is \$5. You should list these tips as a transportation expense on your Travel Reimbursement Form.

Telephone calls. An employee traveling in the United States on a trip lasting at least two nights for government business is permitted to claim telephone calls to his or her residence. After being in travel status for two nights, up to \$5 per day is allowed to the traveler's for long distance calls to their residence during the entire length of the TDY. For example, a traveler who is on official government temporary duty travel for 5 days could choose to make a call home every day (after the first day) and claim up to \$5 per day, or could choose to make only 1 call home and be reimbursed up to \$25. You must provide a receipt for all calls made while on official travel. Alternatively, if you will be on travel status for an extended time, you can purchase a calling card and submit that receipt.

No reimbursements. The government will not pay for parking tickets, meals that exceed the M&IE limit, or meals purchased for another person.

Reimburses expenses. The government will pay for laundry or dry cleaning, but only if you incur a minimum of 4 consecutive nights lodging on official travel. Such laundry or dry cleaning must be necessary for you to carry out your official duties. Receipts are required (requirement waived for coin-operated machines).

NOTE: Commission Corp EIS officer ARE NOT reimbursed for laundry.

Field Officer Making Travel Arrangements and Conference Travel

Each travel request approval process will be the same once it is approved to be entered into Concur by DSEPD travel preparer. There are different submission procedures for the type of travel being requested. Each section will provide the steps for how to submit travel request based on the type of travel.

Field Officer Emergency Travel greater than 50 miles

1. Assess whether the request meets the criteria for emergency travel. Emergency travel is any travel that could not have been planned in advance and delaying the travel would jeopardize the public's health. **Emergency travel does not include situations where you were late submitting travel for routine site visits or meetings.**
2. Send an email to your EWB supervisor, fieldsupport@cdc.gov and EpiAid@cdc.gov as soon as you learn about the travel. Include justification for travel, travel dates and mode of transportation. If mode of transportation is POV, include a round-trip distance map. If the travel is deemed an emergency as cited above, you will receive email approval to depart while a CDC-funded travel order is being processed in the Concur Travel system.
3. Prior to leaving on your trip complete the travel request form in [CSELS Travel Request portal](#) so that a travel order can be generated as soon as possible. Please be specific about the expenses you will be incurring and therefore claiming for reimbursement. For example, if you are riding in someone else's car or taking a state vehicle you would not request POV mileage. If you are using a POV, attach distance map to the travel request.
4. At times departures for emergency travel is very swift. Please indicate in your emergency travel notification email (#2) if you will be able to complete and submit the Travel Request Form; Or if you request assistance in completing the form on your behalf.
5. For travel that arises outside of normal business hours, EWB has an on-call schedule for monitoring the Epi-Aid mailbox so that it does not hinge on a single individual to approve.
6. The traveler can depart as soon as email approval is received from an EWB supervisor; it is not necessary to wait until the trip is approved in Concur. The travel preparer will prepare the official documents as soon as possible on the next business day.
7. Emergency travel paid for by EWB does not require a Letter of Invitation (LOI).
8. In some instances we have been able to approve **emergency travel sponsored by the assignment**. The LOI must be written correctly and the officer must be able to log in Concur and complete the **ethics checklist** quickly for this to happen. The traveler cannot depart for sponsored travel until the authorization has been approved in Concur. A sample checklist and instructions are located in **Appendix 2 — Travel [20K, 20L]** If you are in an assignment that is able to pay for your travel, work with your EWB supervisor ahead of time to get an LOI drafted, reviewed, and pre-approved that can be updated later with the dates, activities, etc.

Field Officer Non-Emergency Travel Funded by the State or a Sponsor

1. As soon as you learn about the travel, and at least 10 days prior to your departure submit a travel request form and LOI (Appendix 2 – [20D,20I]) using the [CSELS Travel Request Portal](#). Once the travel is entered in the Concur Travel System the traveler will receive an email notification prompting them to sign the **ethics checklist**. A sample checklist and instructions are located in **Appendix 2 — Travel [20K, 20L]**. This is an important step. Travel cannot be initiated until this checklist is signed by the traveler in Concur and an approved travel order is received. Sponsored travel cannot be approved after the travel has occurred. **Do not travel until you have a travel approval and authorization!**

2. Remember, all travel to conferences and formal meetings must be approved in CCAP/ICAP (HHS Travel Memo) before the travel request is submitted. [See Conference Travel.](#)

Field Officer Non-Emergency Travel That Cannot be Paid by the State

Unfortunately, due to budget constraints, EWB does not usually have the funds to support non-emergency travel (non-conference) that cannot be paid by the state. One exception to this is for Conference Travel (see section below).

Field Officer Conference Travel

1. Review funding policy in section, [Field Officers Travel Memo and National Conferences](#)
2. **Six (6) months in advance of travel**
 - a. Watch email for new conference announcements.
 - b. Notify your EWB supervisor that you would like to attend the conference or meeting.
 - c. Get permission to travel from both your local supervisor and EWB supervisor.
 - d. Submit a [request to attend](#) via [CSELS Conference Approval Portal \(CCAP\)](#), to be placed on the HHS Travel Memo for the conference. In CCAP, click the “request to attend”, complete and submit form. CCAP will send an approval request to the EWB Supervisor, Deputy Branch, PMO and travel preparer.
 - e. The CCAP form will serve as your Travel Request. [Do not submit a DSPED Travel Request Form.](#)
 - f. When you receive the CCAP approval that you are being considered for the Travel Memo, use your federal government travel credit card to secure the hotel reservation. Note the hotel cancellation deadline and adhere to it if you are not approved on the HHS Travel memo for the intended conference. Conference hotels often sell out long before the event so do not delay.
 - g. When **your name has been added to the HHS Travel Memo and you are approved to travel to the conference**, CCAP will send a notification with a link instructing you to add additional information on the [Travel Request Form tab](#) on the [CSELS Travel Request Portal](#). You must indicate your first and second choices for flights for each leg of your trip. If there is no contract airfare available for your city pair, ensure that your travel request reflects approximate times you wish to travel. Use the GSA Government Contract Flight Schedules City Pair Program to determine the contract carrier for your city pair (<http://www.gsa.gov/portal/category/27075>).

Field Officer Action after travel is approved in Concur

At least 3 days ahead of travel

- a. Concur will e-mail you when the trip is approved with the travel authorization attached.
- b. Do not travel without a copy of your travel authorization.
- c. You should also receive an e-mail from Omega confirming your ticketed itinerary. If you have not received e-mails regarding the booking and approval of your travel by this time (3 days before travel), contact your travel preparer and your EWB supervisor!

During travel

- a. Bring a copy of your Concur travel authorization with you, and CDC Identification.
- b. Bring the federal hotel tax-exempt certificate and one for the city and state to which you are traveling. (<http://travel.cdc.gov/>) and ask hotel to waive the taxes at check in.
- c. If the hotel refuses, note that on your reimbursement form and you'll be reimbursed for the taxes.
- d. Save all receipts, including airline ticket stubs and boarding passes if paper tickets were issued to prove you took the flight(s).
- e. Keep track of your reimbursable expenses as they occur (one big envelope works well).

When you return from travel, within 5 business days of your return

- a. Complete the [Travel Expense Worksheet tab](#) on the [CSELS Travel Request Portal](#). Attach required receipts to your travel preparer. Keep the original receipts.
- b. Within a few days you will receive an e-mail from your travel preparer that your voucher is ready for review in Concur. Review your voucher for accuracy and completeness!!! Immediately notify the travel preparer the voucher is incorrect.
- c. Only if the voucher is correct, electronically sign it in Concur. Your reimbursement will be directly deposited to your designated bank account. Instructions for how to use Concur can be found at <http://travel.cdc.gov/>.
- d. Let your EWB supervisor know if reimbursement has been delayed more than 2 weeks.

After Return from Travel

Getting Reimbursed

Within 5 working days of your return from a trip, complete the travel reimbursement form as instructed by your travel preparer and submit your Omega itinerary, plus all other receipts by e-mail to the travel preparer who prepared that trip. Keep your original receipts and a copy of your travel reimbursement form. Receipt requirements are available at: <http://travel.cdc.gov/>.

CDC requires that your travel reimbursement be split between you and your government travel credit card (GOVCC). This means that all travelers are required to indicate which expenses were paid for by their Government Travel Credit Card (GOVCC). CDC policy states that, at a minimum, your lodging and any rental vehicle expenses should be paid for with the GOVCC. These expenses will be reimbursed directly to your credit card. The expenses that were personally incurred will be reimbursed to the traveler, such as local travel or M&IE.

Your travel reimbursement will be processed as quickly as possible, and you will be e-mailed with instructions to log on to Concur and electronically review and **electronically sign your voucher** as soon as it is ready. This typically occurs within 5–7 business days of submitting your form and receipts. If you not have received a voucher within this timeframe, check with your travel preparer.

When you review this travel voucher, check it carefully to ensure that all expenditures have been listed properly. Amending a voucher for missed costs after it has been approved and paid is difficult and time consuming. A reclaim voucher will be required to claim additional expenses.

Your reimbursement will be deposited directly into your account, usually within 3 business days of final approval of the voucher in Concur. If a trip is chosen for an audit, it will be reimbursed in 2 weeks or more.



NOTE: For long, international deployments where considerable expenses might accrue, you can submit an interim voucher to avoid cancellation of your credit card using the procedures described above. Contact your immediate supervisor or the EIS Program if you need more information on this.

Passports and Visas

U.S. Citizens

All U.S. citizen CDC employees traveling overseas on CDC business must travel using a diplomatic or official passport, unless the Department of State specifically advises otherwise. According to the HHS Travel Manual 6.2.4.1, official (maroon) and diplomatic (black) passports are U.S. government property and HHS employees must store them under lock and key in HHS facilities. This applies to all staff who are assigned in the United States; for those staff with a duty station outside the United States, they should keep their passport under lock and key in a secure place. Detailed guidance for global travel, including instructions for applying for an official passport is available at: <http://intranet.cdc.gov/CGH/gto/index.htm>.

International travel voucher requests will not be processed if the official passport has not been returned to the passport office. The passport should be returned to the Global Travel Office (GTO), along with the voucher worksheet and the original receipts to be used in preparing the voucher. If the traveler has a subsequent international TDY within 10 calendar days that information should be indicated when the original receipts are returned. When GTO staff begins processing the voucher, the traveler will receive an automated e-mail indicating that the passport has been returned, receipts have been received, and voucher processing has begun. If needed, GTO staff will contact the traveler directly about the requirement to return the passport before processing the voucher.

The passport office is located at Corporate Square Building 12, Room 5221. Hours of operation are Monday–Friday, 8:30 AM–3:30 PM; a drop box is available for after-hours drop offs. Drop boxes are also available at Chamblee and at Roybal campuses where returned passports and original receipts or voucher worksheets can be deposited safely ([Chamblee Map](#)  / [Clifton Map](#) ); they will be returned to the passport office by courier on a daily basis.

Those unable to hand-carry their passport and original receipts can send these items by Federal Express to CDC Passport and Visa Services Office, 12 Corporate Square Blvd., Rooms 5218/5220, MS-E84, Atlanta, GA 30329, 404-718-8890. You should ask your supervisor for the FedEx account information. NOTE: This is not something you need to pay for out of your own pocket. **Under no circumstances should passports be sent through interoffice mail.**

If you have any questions or concerns contact Global Travel Office, 404-718-8900; or <http://intranet.cdc.gov/CGH/gto/>.

International Citizens on a J-1 Visa

International Officers are required to notify the CDC Immigration officer when leaving the United States. CDCCImmigration@cdc.gov After returning to the United States, you are responsible for submitting your most recent I-94 to the CDC immigration office. Download your most recent I-94 from <https://i94.cbp.dhs.gov/I94> and submit a copy to cdcimmigration@cdc.gov within 7 days of returning to the US.

Note: If you do not follow the rules, you risk not getting reimbursed!

Information and Communications Technology

Introduction

Important: The information and instructions in this section are intended primarily for your CDC-issued equipment.

Everyone must complete the basic CDC IT Information Security Awareness Training Program within 30 days of his or her start date and complete a refresher course annually. You will also be required to take a refresher course each year. Failure to take this Information Security Awareness (annual) Training will result in your access to CDC's internal network being suspended.

Basics

A description of some common equipment and terminology is listed below, with more specifics contained in the laptop instructions and in the additional sections below.

ITSO (Information Technology Services Office): CDC computers, related equipment, e-mail, certain software, and other technology services are supported through ITSO. The ITSO service desk can be accessed by e-mail at itsoservicedesk@cdc.gov or by telephone at 1-888-647-3375 (toll-free) or 404-639-6000. (Note: The toll-free number cannot be used from overseas.) The website also offers a substantial amount of information (<http://intranet.cdc.gov/ocio/help-desks-contacts/it-support/index.html>), particularly the online customer support (<http://intranet.cdc.gov/ocio/help-desks-contacts/it-support/index.html#itso>). CDC's ITSO Service Desk is staffed 24/7 for IT support.

Skype: is an online communication system that allows web conferencing, desktop sharing, and instant messaging. See Skype section for more information.

Intranet (CDC): The nonpublic portion of CDC's website and is located behind what is known as "the firewall," which means it can be accessed only from computers on the local CDC network or through a security program, such as CITGO and VPN.

Webmail: Web-based e-mail, is a service intended to be accessed through a web browser, as opposed to a desktop e-mail client. You will have access to all e-mail stored in your inbox and subfolders within the inbox. You will also be able to view your calendar, task and contact list. CDC Outlook Web Access is available through <https://outlook.office365.com/mail>

MUST: "multi-user share drive" and is a network-based resource that can be accessed from within the CDC firewall. The EIS MUST serves as a repository of your files and also as a means of sharing large files. The EIS Fellowship MUST Drive is available at: \\cdc.gov\project\OWCD_CCD_EISB\EIS Classes\2017 EISOs_

Equipment

Equipment issued to EIS officers varies by assignment and is based on the needs of your program. Keep in mind that the equipment is the property of the U.S. government and you are responsible for keeping it safe from loss or theft and in good condition. Any damaged, stolen, or lost property should be immediately reported to your CDC supervisor. If equipment has been stolen, make sure to get a police report. You must report lost or stolen equipment or any breach of information within 1 hour, by calling the CDC Computer Security Incident Response Team (CSIRT) Phone: 866-655-2245.

Do not assume your offices or cubicles are secure. A few years ago, several EIS officers and staff had inactivated blackberries stolen at night. Other items have disappeared during the day.

Laptop Personal Computers

All EIS officers will be issued a laptop personal computer from the EIS Program during Summer Course. Field officer's computers will remain in the EWB account. Other officers' computers will be transferred to their CIO by the EWB program. Each computer is considered government property and must be accounted for at the end of your 2-year EIS fellowship. Your initial access (or cache) of your computer must be done in a CDC building behind the firewall and hardwired to the CDC network.

Security

Common sense should prevail; the following are provided as guidelines for keeping your laptop safe.

1. Laptops should not be left inside an automobile unattended, including the trunk, for any length of time.
2. Consider your laptop when traveling. If you believe you will need a laptop cable lock, we can send you one for the trip. Before leaving your hotel room you should have your laptop locked in the hotel safe, or locked securely to an "immovable" object (e.g., bed or armoire). You can also lock it up in your suitcase; however do not leave it sitting out unattended and not secured to something.
3. Do not leave your laptop unattended in an unlocked office.
4. Do not let anyone borrow your laptop.
5. Be careful where you plug in your laptop. Particularly when traveling outside the United States, make sure that the laptop charger can be used at the voltage available at the location. Usually they can be used in the 120V (U.S. standard) to 240V AC power range, but check the specifications on the charger. Also, using a power protector for both the power and phone lines can prevent damage in the event of a power spike.

Avoiding a Computer Virus

Before you turn on your computer, make sure that a shareable storage device (e.g., floppy disk or thumb drive, also known as jump drive or flash drive) is not attached or inserted into your computer! A device with a boot-sector virus could infect your laptop, because the Symantec Antivirus software is not running within the first few seconds of powering on a computer.

At least once per week, you should update the Symantec Anti-Virus definition files by double-clicking the yellow shield icon at the bottom right of your screen and clicking the Live Update button. (You must be connected to the Internet first).

Do not view e-mail attachments directly. Instead, choose to save them as files, so they can be scanned for viruses. Scan files before opening them for the first time. Do not open e-mail attachments from anyone you do not know. Viruses are often spread through infected file attachments in e-mail.

Do not install freeware or shareware software (e.g., screen savers) on your laptop unless you get prior approval from ITSO. This reduces the possibility of crashing your laptop with miscoded software or a virus.

Before downloading any files onto your CDC computer from a disk or thumb drive, scan the disk or thumb drive by using updated antivirus scans so that you do not infect your computer or the CDC network.

Do not connect your personal devices (e.g., cell phone) to your laptop personal computer.

Smart Card

Smart cards, also known as personal identification verification (PIV) cards, are issued to all CDC FTEs and non-FTEs. The cards use cutting-edge technology to improve the security of CDC's workforce, facilities, computers, and information. Smart cards can be used on CDC campuses as picture identification and for access to CDC facilities and networks. Officers will receive a smart card during the Summer Course; at CDC these will be used as picture identification and for building and network access. Field officer laptops will have built in smart card readers. The smart card will be required to login to the laptop, CITGO, and VPN

Renew Smart Card

Renewal Process guidance available on the OSSAM intranet site at <http://intranet.cdc.gov/ossam/security-access/smart-cards/renew-smart-card/index.html>. Korwaski Jeter (evp7@cdc.gov) is the Credential Requestor for the EIS Program.

Smart Card Reader

Collapsible, smart card readers are available if needed for work conducted offsite using a personal or non-CDC computer; CDC laptops are equipped with a built-in card reader. HQ officers should request a smart card reader through their CIO.

The identity smart card Reader is a foldable USB compact smart card reader. The reader is compatible with Windows XP/VISTA/7/8/10 (32 and 64bit) and MacOS 10.5 –10.11x.

More information regarding MAC OS Setup is available at: https://www.cdc.gov/citgo/help/PIV/MAC_PIV.htm.

The smart card reader is compatible with Internet Explorer, Safari, Chrome and Firefox. ITSO recommends using Internet Explorer for connecting to CITGO or WebMail. The smart card reader includes plug-n-play software and does not require installation or configuration after plugged in.

Thumb Drives

Encrypted USB drive (i.e., thumb drive or flash drive) are the only type of flash drives permitted for use in CDC computers. HQ officers should request an encrypted flash drive through your CIO.

SecurID Keyfob

The keyfob is a small (6 cm X 4 cm) device with a "window" that displays a 6-digit number that changes every few minutes. This 6-digit number is used as part of the login process for remote access as a second form of authentication along with your password. These are only issued on a case by case bases. Most Officers will use the SmartCardID reader to access the network via VPN or Citgo

Epi-X Registration

Epi-X, the Epidemic Information Exchange, is CDC's secure, web-based communication system that expedites the exchange of routine and emergent public health information. You will use *Epi-X* to notify public health personnel at CDC and other health departments about important public health events in your jurisdiction and to read about such events in other jurisdictions. **Appendix 3 — Information and Communications Technology (32)**, provides additional information for accessing *Epi-X*.

Epi-X registration requirements

- Only register with *Epi-X* if you are logging in to *Epi-X* from the CDC network. You do not need Secure Access Management Services (SAMS). When connected to the CDC network directly or through CITGO, your identity is authenticated by logging on with your CDC PIV smart card.
- Registration with CDC SAMS if you want to log on to *Epi-X* outside the CDC network. SAMS will verify your identity when using a mobile device or computer not connected to the CDC network. If you receive an e-mail from the SAMS help desk (SAMS-NO-REPLY@cdc.gov) with a link to click on in order to activate your profile, it is not spam.

Tips for using *Epi-X*

- *Epi-X* Help Desk is available at: 1-877-862-2392 and by e-mail at epixhelp@cdc.gov.
- Follow the registration instructions EXACTLY. Because of the secure nature of the process, the system is unforgiving of mistakes in the registration process.
- Complete your *Epi-X* profile carefully, with particular attention to your contact information. When asked to indicate (by checkbox) your areas of interest, EIS officers should select all of the major categories.

IT Support

For any support involving hardware or software, contact ITSO. You can e-mail a request to itsoservicedesk@cdc.gov, call the ITSO service desk at 1-888-647-3375 (toll-free) or 404-639-6000 (note that the toll-free number cannot be used from overseas), or use the ITSO desktop icon from within CDC's firewall. ITSO also has a self-service portal (<http://itsoservicedesk.cdc.gov>) with a searchable database of answers to a range of frequently asked questions.

CDC Network

HQ officers have network access through their desk network cable. All officers can access the network remotely (from home after hours or while on travel status) through CITGO (any computer) or VPN when using your CDC laptop.

If a remote / field computer is not logged into the network within 120 consecutive days, it will be dropped from the network by the Network Administrator. Once the computer has been dropped, it must be sent back to Atlanta to be re-imaged.

HHS and CDC Network Password Policy

The following steps are necessary to set up your initial network password.

- Go to the CITGO home page (citgo.cdc.gov).
- Enter your user name (3 digits + letter, do not include @cdc.gov).
- Enter the default password, provided to you when your laptop was issued.

HHS and CDC has a system policy in place that will require a CDC network password to be changed every 60 days. A few days before the expiration date, use the CITGO system to change your password. After opening the CITGO main page (before you get to the Virtual Desktop), click on *Settings* (toward the upper right), then scroll down to Change Password. Note: The following password criteria Create passwords 8 characters or longer (the longer, the stronger).

Use 3 of 4 character types: Uppercase letter, lowercase letter, numeral or symbol (or punctuation).

*****Useful hint:** You can create a core password of at least 7 characters that is preceded by the number 1. When the network requires a password change, you can simply change the 1 to a 2 and so on, but leave the core password alone. Doing so makes it easier to memorize your core password; you only have to remember the leading numeral.

Here are some sample passwords that meet the requirements.

- Dolphins27
- Corvette\$
- 9lives-cat
- falcon9/
- Consider using a pass phrase: The quick brown fox jumped over the lazy dog! = Tqbfjotld!

Important Notes

- Passwords cannot contain your name or CDC user ID.
- After you set a new password, the system will not allow you to change it again for 6 days.
- The system remembers the last several passwords you have used and won't let you reuse those that it has in memory.
- Accounts will be locked for 15 minutes after 5 failed logon attempts.
- Do not use the same passwords for government systems that you have used for personal web activity.

Using CITGO

CITGO is an acronym for CDC Information Technology on the GO. It is a web-based application used to securely access applications and data on the CDC network from non-CDC networks or remote sites (e.g., local health departments). CITGO can be accessed through <http://citgo.cdc.gov> and requires authentication using a smart card. (See below.) Remember that if CITGO is unavailable, you can still check your e-mail through webmail at <http://cdcmail.cdc.gov>.

CITGO can be used from virtually any laptop or workstation connected to the Internet. To use CITGO follow these steps.

1. Unfold and attach identiv smart card reader.
2. Insert a smart card.
3. Go to <http://citgo.cdc.gov>.
4. Next to the smart card image, click *Log On*.
5. On CITGO main page. Click on the icon for CITGO Virtual Desktop.
6. After a brief time, you will see the HDX File Access Screen; choose read/write access. After another brief time, you will see an open screen that is the desktop for your Virtual Desktop (with icons on the right and miniature icons on bottom left near the Start button that will open the various applications).

Certain, unique circumstances do occur, such as Internet firewalls or software that can prevent CITGO from functioning properly. For frequently asked questions and other tips, visit: <http://www.cdc.gov/citgo/help/>. You can also contact the ITSO service desk by e-mail itsoservicedesk@cdc.gov or by telephone at 404-639-6000 or 1-888-647-3375 outside of Atlanta.

Virtual Private Network (VPN)

VPN stands for *Virtual Private Network*. A VPN connection is an encrypted secure connection from a CDC laptop at an off-campus location across the Internet to the CDC network. Connecting through VPN remotely is functionally equivalent to being directly connected to the CDC network on campus. It can be activated at <http://itsotools.cdc.gov/vpn/>.

For directions concerning accessing the VPN, more information is available at: <http://www.cdc.gov/citgo/vpn/>. This site has frequently asked questions and a 10-minute tutorial at: <http://www.cdc.gov/citgo/vpn/faq/>.

CDC Intranet

This opens by default when you double-click the Internet Explorer icon from within the firewall (<http://intranet.cdc.gov>); the intranet cannot be accessed from outside the firewall.

eClearance

This software is used for clearance of scientific documents. eClearance is accessed at <https://publishing.cdc.gov> and clicking on the *eClearance* icon. You can bookmark this for ease of locating in the future.

Intranet Access to CDC Forms

You can download forms from the CDC stockpile from the intranet page: <http://isp-v-maso-apps//EForms/eforms.aspx>. If you do not know the form number, you can search by the form name. Common form names and numbers have been provided throughout this document.

Using Webmail to Access CDC E-mail

If for some reason you are **not able to use CITGO or VPN**, you should still be able to access e-mail through CDC webmail using your smart card. Webmail provides access to your CDC mailbox from anywhere in the world where you have an Internet connection and where the computer is running on the most current Internet browser.

Here is how to get access.

1. Insert a smart card.
2. Go to <https://outlook.office365.com/mail>.
3. On the next screen (Outlook web app) enter your CDC user ID and your CDC network password.
4. You will be re-directed to outlook.office365.com/owa/cdc.gov/<emailaddress>.mail.onmicrosoft.com

Office 365 Program (E-mail and intranet access by smartphone)

Office 365(O365) is now available as a new service for All CDC android and iOS users. Office 365 (O365) is an enhanced, web-based version of the Microsoft (MS) applications most of us use every day, including MS Outlook, Word, Excel, PowerPoint and OneNote. It is a modern, digital productivity suite of tools enabling us to access, collaborate, store and work anytime, anywhere. Whether you work in a Center, Institute or Office or are a public health or business practitioner, we all should expect tremendous benefits from O365.

O365 can be installed on government-owned equipment, personally-owned equipment, and contractor-owned android and iOS devices.

For more details on O365, including customer information sheets, FAQs, and installation guides, refer to the O365 Program intranet site, <http://intranet.cdc.gov/ocio/o365/index.html>. If you have any questions or concerns, contact the ITSO Service Desk at 404-639-6000 (toll free 1-888-647-3375) or e-mail the ITSO Service Desk at itsoservicedesk@cdc.gov.

O365 is a voluntary service offered if you wish to access your CDC e-mail and the CDC intranet from your Personally Owned Equipment (POE) and/or Contractor Owned Equipment (COE) mobile device(s). Before

installing, users must agree to the CDC terms detailed in **the Important Information of POE and COE Devices** section on the [O365>Intune page](#).

The EIS Program does not pay for cell-phone, smart-phone devices, or service for fellows; CIOs or health departments might provide devices for their EIS officers.

Note: 2019 Officers will not have O365 access when laptops are initially issued because CDC O365 migration is not complete. Please monitor your inbox for migration notification and instructions.

Employee Purchase Programs

As a federal employee, you can purchase certain computer equipment and accessories for home and personal use through the Dell Employee Purchase Program; Microsoft Home Use Program also provides discounts for federal employees. Additional information regarding the Dell and Microsoft programs is available at: [Employee Purchase Programs](#).

CDC Mailbox Management

Delete or archive unneeded e-mail, especially those that have file attachments you no longer need. This will reduce the chance of exceeding your CDC mailbox size limit. Every employee is provided an Archive folder to store your e-mails; e-mails in this folder do not count against your e-mail space. If you are involved in an investigation, you are required to keep those e-mails archived, in case of a Freedom of Information Act (FOIA) request. You are required to follow Federal Records Management requirement (<http://intranet.cdc.gov/ocio/cdc-policies-organization/records-management/>), and e-mails often become an official record. **Note:** *Records* refers to the creation, receipt, and maintenance of federal records that provide adequate and proper documentation of CDC’s activities, functions, major decisions, and accomplishments.

Exceeding your limit can prevent you from sending or receiving further e-mail with your CDC account. If you are reaching mailbox capacity, archiving is a means to save your e-mails offline; ask ITSO for assistance.

Note: Items in your Deleted Items and Junk e-mail folders are automatically purged after 30 days.

Use Skype for Business for Meetings, Calls and Chats

Skype for Business (Lync) allows web conferencing, desktop sharing, and instant messaging. Users can share documents in real time anytime with one or more CDC collaborators, review and make edits together, and save time. Skype computer-based audio eliminates the need for separate conference call lines. Follow **10A – Teleconference Etiquette** guidance located in **Appendix 1 – EIS Procedures, Assignments & Contact Information**. Skype file sharing is enabled on all CDC computers; it functions only within CDC’s network, so field officers will need to access it through CITGO. For more information about Skype topics, click the links in the table below.

Topics	Information Source URL link	
	CDC Intranet http://intranet.cdc.gov/ocio/computers-software-equipment/phones/lync-voice/	Microsoft Help Center https://support.office.com/en-US/Skype-for-business
Quick Start (Sign-in, First Steps, Next Steps, Help, and Training)		X

Voice Set-up	X	
Meet (join, set up, share, record, or broadcast)		X
Call (Make and receive a calls)		X
Receive a Call	X	X
Missed Call Alerts and Voicemail	X	
Chat (conversations, presence)		X
Add Contacts		X

EIS Fellowship MUST Drive

EIS officers and supervisors who are CDC employees will be granted access to the EIS multi-user share tool (MUST) drive. The EIS Fellowship MUST Drive serves as a repository for your files. It is also a means of distributing and sharing large files, which can be problematic to send by e-mail.

To navigate to the EIS Fellowship MUST drive, follow the directions below.

- 1) You should see the EIS Fellowship MUST drive, `\\cdc\project\OWCD_CCD_EISB`, (or `+OWCD_CCD_EISB-FC`) under your "This PC." If the drive is not visible, request access through the ITSO Multi-User Share Tool located at <http://itsotools.cdc.gov/must/>. Enter `OWCD_CCD_EISB-FC` when prompted for the Group Name/Share Name.
- 2) Using the following convention, create a subfolder for yourself under your EIS class subfolder within the EIS Classes folder.
 - a) `LASTNAME_FIRSTNAME`
 - b) Make a file for each CAL
- 3) Store the following (at a minimum) documents in your folder.
 - a) ALL final documents in corresponding CAL subfolders
 - b) Proof of clearance for CAL 7 and CAL 8
- 4) You can also use this folder to share information with your peers, CDC supervisors, and EIS Program staff.

CDC Network Storage

You also have a set amount of storage space that only you can access. This is a good place for you to save your files as you can access the space from your HQ desktop or remotely by CITGO or VPN. **Do not save important files to your desktop as they are not regularly backed up and could be lost in the event of a system failure.**

You can create folders and subfolders under

- Documents
- My Large Workspace under This PC

Field Officers IT Needs

Field Officers — Sending your Laptop for Service

Field officers must ask for the Remote Field Support Services team (RFSS) any time you need support involving your laptop. Go to <http://intranet.cdc.gov/ocio/help-desks-contacts/it-support/remote-field-staff/>.

If it becomes necessary for you to send your laptop in, follow these steps.

1. Alert your EWB supervisor that you are sending your laptop in to RFSS.
2. Pack the laptop and power cord firmly with at least two layers of bubble wrap.
3. Ship your laptop directly to the RFSS technician with whom you've been working. Use the FedEx account number provided in the [FedEx section](#), and select *Bill Account*.
4. Do not insure your laptop for additional coverage.
5. Alert your EWB supervisor when you receive your laptop back from RFSS.
6. Do not send your computer to ITSO, or leave it with an ITSO tech — **only use RFSS**. If you call the ITSO Service Desk at 888-647-3375, tell them that you are a field officer and you need to speak with someone in RFSS.

Field Officers CDC Network

If you are unable to access CITGO from your health department computer, take the following steps.

1. Alert your EWB supervisor.
2. Talk with the ITSO field support staff (RFSS) who have been through this many times before.
3. Inquire whether the local IT person can grant you administrative rights to your health department computer (even temporarily) so that you and the RFSS staff can try to understand and fix the problem. The RFSS staff might be able to remotely access your computer to see if it's an easy fix. RFSS and the local IT person might need to have a conference call to identify and correct the problem.

Smart Card Reader

A collapsible smart card reader will be issued to each field EIS officer during Summer Course; all other EIS officers should request a smart card reader through their CIO if needed for work conducted offsite.

An identity smart card reader is a foldable USB compact smart card reader. The reader is compatible with Windows XP/VISTA/7/8/10 (32 and 64bit) and MacOS 10.5x–10.11x.

More information regarding MAC OS Setup is available at: https://www.cdc.gov/citgo/help/PIV/MAC_PIV.htm.

The smart card reader is compatible with Internet Explorer, Safari, Chrome and Firefox. ITSO recommends using Internet Explorer for connecting to CITGO or WebMail. The smart card reader includes plug-n-play software and doesn't require installation or configuration after plugged in.

Thumb Drives

Each Field EIS officer will be issued an encrypted USB drive (i.e., thumb drive or flash drive) during the Summer Course, to be used for transferring any data (e.g., presentations or manuscripts) between CDC and non-CDC computers. All other EIS officers must coordinate with your respectively assigned CIO to be issued an encrypted flash drive. Regardless of issuing source, these thumb drives are government property and will need to be returned at the time you leave the EIS Program.

Field officers should check with your local IT staff regarding local practices and policies. Field officers will have to access the network through CITGO or VPN.

Field Officer E-mail Protocols

As a field officer, you will have two e-mail accounts: your CDC e-mail account and your state or local e-mail account. Because of the way certain messaging systems are automated, some messages will come only to your CDC account and not your state or local account, and vice-versa. We try to send EWB e-mails to both your CDC and state e-mail accounts, but we cannot guarantee this for each and every e-mail we send. The distribution lists used for mass communication by CDC, HHS, the Commissioned Corps, EIS Program, and others only go to your CDC e-mail address. Therefore, you are expected to check your CDC e-mail at least twice per day, preferably more often, as you will be held accountable for official information sent to your CDC account.

CDC will now permit you to forward your CDC e-mail to your health department e-mail account. If you want your e-mail to remain in your CDC e-mail account, you will need to request that ITSO set up your account as such, and you will need to provide a justification (see below). A couple of factors can be taken into consideration before deciding whether forwarding your CDC e-mail will make sense for you.

As an EIS officer, you will need access to your CDC e-mail when you are away from the health department. If you cannot access your health department e-mail remotely, you must request that your e-mail remain accessible through your CDC e-mail account after it has been forwarded to your health department e-mail account.

1. Each state's rules for accepting forwarding e-mail will differ; as a result, there might be site-specific problems, such as attachments being stripped, even from e-mails forwarded from your CDC account. Please discuss this with your health department network administrators.
2. The size of your health department e-mail mailbox might be such that it could be easily overwhelmed by the influx of multiple CDC e-mails, some of which come with large attachments. Please discuss this with your health department network administrators. If this is the case, forwarding your CDC e-mail to your health department e-mail account might not be practical for you.

If you decide to forward your CDC e-mail, access the CDC intranet through CITGO and then go to: <http://itsotools.cdc.gov/csb/EmailRedirect.aspx>. At that site, you will be able to submit an e-mail redirection request form. If your health department e-mail account is on a domain other than .gov, .mil, or .State.XX.us, ITSO will review your request to verify that the e-mail account is for a state or local government agency. (CDC e-mail cannot be redirected to a personal e-mail account.)

If you want your e-mail to remain in the CDC account, use the comments box to provide a justification (e.g., "I would like to redirect my e-mail to my health department e-mail account so that I can receive CDC e-mails in real time. However, I want to have the original e-mails remain in my CDC e-mail account so I can access them when I'm away from the health department.") Some EIS officers have preferred to store e-mails in the CDC account because the CDC account offers more archive space (unlimited) and more regular back-ups than their health department account. In certain cases, you might want to explore the possibility of forwarding your health department e-mail to your CDC account; discuss this with your EWB supervisor.

You can also set up a .pst file through CITGO, where you can archive CDC e-mails. As a government employee there might be times you are required to produce e-mails relating to an investigation, such as through a Freedom of Information Act (FOIA) request. Maintaining e-mails and be able to find such e-mails is crucially important. You should always maintain a professional tone in all of your e-mails. Think to yourself "How would I feel to see this e-mail splashed across the front page of *The New York Times*?" If the answer is "I wouldn't", then don't hit *Send*.

Program Online Tools: SharePoint and Zengine

EIS program has several online systems which officers will use for various purposes. You must be inside the CDC network firewall to access the sites the URLs in the table below. Please see [Citgo](#) and [VPN](#) sections for instructions.

Site Title	URL	Use
EWB Homepage	https://esp.cdc.gov/sites/csels/dsepd3/ewb/default.aspx	Information about the Epidemiology and Laboratory Workforce Branch. In the Programs Tools, find links to several the online tools used by Officers.
eFMS EIS Abstract Submission Portal	https://webportalapp.com/sp/login/abstract-submissions	EIS Conference Abstract Submission. EIS program will email officers "A call for EIS Conference abstracts" submission with instructions in October and Late breakers January.
EWB Time Earned & Leave Tracker SharePoint site (ETEL) (only for International and Field officers)	https://esp.cdc.gov/sites/csels/dsepd3/ewb/ETEL/default.aspx	(J1 Exchange Visa) International officers can create requests for approval to use Annual or Sick leave; and Credit Time or Compensatory Travel Time for hours to be earned or used. (Title 42) Field officers can create requests for approval for hours to earn Compensatory Travel Time. For instructions on how to enter request, see User Guides on the ETEL sites.
Leave Request Management SharePoint Site (only for Field officers)	https://esp.cdc.gov/sites/csels/OD/BMO/Lists/Leave/My%20Leave%20Requests.aspx	(Title 42) Field officers can create Leave requests for approval. CSELS Leave Request Management site and manage previous requests all on one screen. System makes approvals and records management easy for supervisors, timekeepers, and time clerks.
Response and Deployment Information (ReADI) Portal	https://esp.cdc.gov/sites/csels/dsepd3/ewb/ReADI/default.aspx	Officers can view and/or update fellowship information; Make Rapid Response On-Call schedule switch; and volunteer for Epi-Aid deployments You will be asked by the EWB program to review and update your information two times. A. During the month of August; and B. Two weeks before your on-call schedule. However, updating ReADI is important whenever your information changes.
Officer Portal - EIS Surveillance CAL	https://esp.cdc.gov/sites/csels/dsepd3/ewb/SEP/default.aspx	Officers can create and edit surveillance reports starting in August.
eFMS EIS Core Activity or Learning (CAL) Portal	https://webportalapp.com/sp/login/eis-fellow-activities	Enter Activity reports and CAL information. Quick Step Instructions for Login <ul style="list-style-type: none"> Go to the eFMS EIS CAL Portal If this is the first time you are logging in, click "Forgot your password?" and enter your CDC email address (abc1@cdc.gov) to set up your account If you have logged in previously, enter your CDC email and previously created password to log in

		<p>Create a Profile</p> <ul style="list-style-type: none"> • Click on the “Create a Profile to Get Started” box • Follow the on-screen instructions to create your profile • Click “Save” once the profile information is complete • When saved “Success!” window will open – click “OK” <p>Enter Activities and Associate CALs</p> <ol style="list-style-type: none"> 1. Click “Get Started” at the bottom of the screen 2. Activity Input <ul style="list-style-type: none"> • Click “Start Now” • Follow the on-screen instructions to enter activity information • Click “Save” once the activity information is complete 3. Associate CALs with an Activity <ul style="list-style-type: none"> • Click “Add New Item” • Select the CAL you wish to associate in the first drop-down field • Select completion status for the CAL in the second drop-down field • Follow the on-screen instructions to enter information about the CAL • Click “Save” once the information is complete for the CAL • To enter information about another CAL, click “Add New Item” at the top • When finished entering all CAL information, click the blue link with the activity’s name at the top to return to screen to submit activity and associated CALs <p>Update Master CAL Status List</p> <ul style="list-style-type: none"> • Click on the blue “Homepage” link at the top • Click the edit button for the “Profile & Master CAL Status” on the right side of the box • Scroll down to “Master CAL Status” table and select the correct field for the CAL in the drop-down
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EIS Competencies and Core Activities of Learning (CALs)

The purpose of EIS is to provide a postgraduate program of service and training in applied epidemiology and increase the public health infrastructure domestically and internationally.

EIS is built on a foundation of learning through service and incorporates a variety of learning strategies to gain epidemiologic competence through completion of the EIS Program's CALs.

CDC and the Council of State and Territorial Epidemiologists (CSTE) developed the *Competencies for Applied Epidemiologists in Governmental Public Health Agencies* to improve the practice of epidemiology within the public health system. These applied epidemiology competencies were developed within the framework of the Core Competencies for Public Health Professionals (Core Competencies), a product of the Council on Linkages Between Academia and Public Health Practice.

The Core Competencies are a consensus set of skills for the broad practice of public health and reflect foundational skills desirable for public health professionals. These core competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

The competencies within each of the eight domains were tailored to the needs of the EIS Program and are in alignment with the CALs. The expectation is that officers begin the EIS Program as a Tier 1 Epidemiologist with basic or level 1 competency. EIS officers should gradually progress to fully competent or level 4 competency to become a Tier 2 Epidemiologist by the end of the program.

CALs provide an excellent opportunity to document your epidemiologic work and develop your scientific writing skills. Of all the measurable objectives, the two CALs that are the most difficult to meet involve the submission of written epidemiology reports for publication. We hope you will give top priority to the completion of written work. Preparing a report helps to clarify and demonstrate your epidemiologic thinking and professionally rewarding to complete a project. EIS competencies and their sub-competencies along with a document showing how the competencies map to the CALs are presented in **Appendix 7 — CALs & Competency Evaluation (70A)**.

Rubrics are available in **Appendix 7 — CALs & Competency Evaluation (70B–70K)**. Although we do not require their use or submission to us, we highly encourage officers and supervisors to review these rubrics as you work on those specific CALs. They are an excellent job aide to ensure you are on the right track with your work.

Required EIS CALs

- Field Investigation CAL: Conduct or participate in a field investigation of a potentially serious public health problem that requires a timely response
- Epi Analysis CAL: Design, conduct, and interpret an epidemiological analysis
- Surveillance Evaluation CAL: Evaluate a public health surveillance system
- Long Presentation CAL: Give an in-depth public health talk on the officers' original work or in their field of study
- Short Presentation CAL: Give a 5–15 minute oral presentation to a scientific audience
- Peer-reviewed Manuscript CAL: Write a scientific manuscript for a peer-reviewed journal
- Concise Public Health Update CAL: Write a concise public health update communicating timely information
- Abstract CAL: Write an abstract

- Lay Audience CAL: Communicate complex scientific concepts to a lay audience
- Service to Agency CAL: Provide service to the agency (health department or CDC)

In the following section, the CAL Implementation Guide reviews the CALs in more detail and provides charts with specific requirements for each activity. The charts also show approved options for how to complete each CAL. Other options might also be appropriate; contact the EIS Program if you would like to explore a different option.

CAL Implementation Guide

Introduction and Background

The Epidemic Intelligence Service (EIS) is a post-doctoral training program in applied epidemiology; its main purpose is to increase the epidemiology public health workforce. The EIS competency-based curriculum is built on a foundation of learning through service, and incorporates a variety of learning strategies to promote epidemiologic competence and skill building through completion of the program’s Core Activities for Learning (CALs).

CDC and the Council of State and Territorial Epidemiologists (CSTE) developed the Competencies for Applied Epidemiologists in Governmental Public Health Agencies to improve the practice of epidemiology within the public health system. These Applied Epidemiology Competencies were developed within the framework of the Core Competencies for Public Health Professionals (Core Competencies)—a product of the Council on Linkages Between Academia and Public Health Practice. The Core Competencies are a consensus set of skills for the broad practice of public health and reflect foundational skills desirable for public health professionals. These core competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals. Successful completion of the EIS CALs will result in varying level of competence throughout the eight competency domains.

The CAL Implementation Guide below is also located in **Appendix 7 - CALs & Competency Evaluation**.

How to Use This Guide

This document will walk supervisors and EIS officers through the CALs and the corresponding deliverables and proposed timelines for completion. Each CAL lists the assigned competency domain(s) to reference for that specific learning activity. The officers are expected to complete each of the 10 CALs before the end of the two-year training. Most officers complete a few of the CALs more than once.

In the following sections, the CALs are reviewed in more detail and a chart is provided detailing the specific requirements for each activity. The chart also shows approved options for how to complete each CAL. Other options might be appropriate; please contact the EIS Program if you would like to explore a different option.

Rubrics are available for each CAL; these are not required to be used or submitted, but can serve as valuable job aides. See **Appendix 7 — CALs & Competency Evaluation (70B–70L)**.

Field Investigation CAL

The field investigation CAL emphasizes investigative techniques, critical thinking, and decision-making skills, and remains a signature activity for EIS officers.

CAL	Conduct or participate in a field investigation of a potentially serious public health problem that requires a timely response
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Deliverables	<ol style="list-style-type: none"> 1. Summary report 2. Input activity details into the Electronic Fellowship Management System (eFMS)
Requirements	<p>To receive credit for this CAL, the activity must include the following components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect original data (e.g., interviews, chart reviews) <input type="checkbox"/> Work with state, local, tribal, international, or non-governmental organization (NGO) partners <input type="checkbox"/> Commit at least 10 working days to the project (including planning, field work, data collection, data analysis, and follow-up)
Options to Fulfill	<ul style="list-style-type: none"> <input type="checkbox"/> Epi-Aid <input type="checkbox"/> Local, state, tribal, international, or NGO field investigations <input type="checkbox"/> Health Hazard Evaluation (with NIOSH) <input type="checkbox"/> Other field investigations might be approved in advance by the EIS Program
Recommended Timeframe	By the end of the first year
Competency Domains	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment and Analysis <input type="checkbox"/> Basic Public Health Sciences <input type="checkbox"/> Communication <input type="checkbox"/> Community Dimension of Practice <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Financial and Operational Planning and Management <input type="checkbox"/> Leadership and Systems Thinking

Considerations

- Not all officers will participate in an Epi-Aid as there are a limited number of these each year. Field investigations as part of a state or CIO assignment are a more common way to meet this CAL.
- The collection of data can be by telephone, online survey, in person, or be a chart abstraction.
- Officers must interact with state, local, tribal, other federal agencies, international, or NGO partners at multiple points during the investigation.
- The 10-day duration includes any preliminary and follow-up work upon the officer's return from the field.
- A timely response does not necessarily mean an emergency response. For example, evaluations of ongoing issues can be timely because of resource or policy considerations.

Epi Analysis CAL

The goal of the epidemiologic analysis CAL is to learn new or practice analytic epidemiology skills.

CAL	Design, conduct, and interpret an epidemiologic analysis
Deliverables	<ol style="list-style-type: none"> 1. Data analysis plan 2. Data analysis summary report (including study design, sample size, software, descriptive findings) 3. Input activity details into eFMS
Requirements	<p>To receive credit for this CAL, the activity must include the following components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop a data analysis plan that goes beyond descriptive analyses <input type="checkbox"/> Use software to manage data <input type="checkbox"/> Use epidemiologic methods that account for study design, sample size, bias, power, confounding, and effect modification, as appropriate <input type="checkbox"/> Interpret the analyses and make public health recommendations or describe potential implications
Options to Fulfill	<p>Potential data sources include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Field investigation data <input type="checkbox"/> Research study data <input type="checkbox"/> Surveillance system data <input type="checkbox"/> Other sources might be approved in advance by the EIS Program
Recommended Timeframe	By the end of the first year
Competency Domains	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment and Analysis <input type="checkbox"/> Basic Public Health Sciences <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Financial and Operational Planning and Management <input type="checkbox"/> Policy Development

Considerations

- Officers should meet with their supervisors prior to beginning the analysis to review the data analysis plan.
- Supervisors should provide feedback to ensure the plan is appropriate for the study.
- Supervisors should review the final analysis for completeness and accuracy.

Surveillance Evaluation CAL

For the surveillance evaluation CAL, officers will evaluate a public health surveillance system, develop a S.M.A.R.T. objective, present their findings during the Fall Course of their first year, communicate with stakeholders, and follow-up to assess the S.M.A.R.T. objective.

CAL	Evaluate a public health surveillance system
Deliverables	<ol style="list-style-type: none"> 1. Surveillance evaluation report, including a S.M.A.R.T objective 2. Slides from surveillance evaluation oral presentation 3. Follow-up evaluation of S.M.A.R.T. objective one year after initial surveillance evaluation 4. Input activity details into eFMS
Requirements	<p>To receive credit for this CAL, the activity must include the following components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conduct an original evaluation that contributes to the assessment of a surveillance system of local, state, national, NGO, or international significance <input type="checkbox"/> Adhere to guidance provided by MMWR and Chapter 8 of Principles and Practice of Public Health Surveillance (3rd Ed) and any additional required guidance sent by the EIS Program <input type="checkbox"/> Submit initial surveillance evaluation report and follow-up surveillance report to the EIS program by the prescribed deadlines <input type="checkbox"/> Give an oral presentation during the fall course <input type="checkbox"/> Include use of appropriate graphics in the presentation <input type="checkbox"/> Include public health recommendations or potential implications <input type="checkbox"/> S.M.A.R.T. objective <input type="checkbox"/> Communicate plan to stakeholders <input type="checkbox"/> Follow-up to assess S.M.A.R.T. objective one year after initial surveillance evaluation
Options to Fulfill	<p>Potential types of surveillance systems include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disease surveillance <input type="checkbox"/> Morbidity surveillance <input type="checkbox"/> Mortality surveillance <input type="checkbox"/> Risk factor surveillance <input type="checkbox"/> Syndromic surveillance <input type="checkbox"/> Other surveillance systems
Recommended Time Frame	By the beginning of the first year fall course
Competency Domains	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment and Analysis <input type="checkbox"/> Communication <input type="checkbox"/> Community Dimensions of Practice <input type="checkbox"/> Financial and Operational Planning and Management <input type="checkbox"/> Leadership and Systems Thinking <input type="checkbox"/> Policy Development

Considerations

- The intent is that each officer will complete a novel evaluation. An original evaluation can be done on a system previously evaluated if the officer is making a substantially different contribution, which will ensure that the information studied and presented will be of service.
- Officers should communicate the findings and recommendations of the surveillance evaluation to the stakeholders.
- Officers may design and develop a surveillance system, but must evaluate the system per recommended guidelines.
- To help ensure that surveillance projects address meaningful issues, officers are expected to provide an updated report to the EIS Program describing how findings from their evaluation were used for public health action within 12 months after their first year Fall Course (i.e., evaluation of the S.M.A.R.T. objective).

Long Presentation CAL

The purpose of the long presentation CAL is to provide officers an opportunity to practice creating and delivering a lengthy (≥30 minutes) scientific public health lecture to a relevant audience. These talks will typically include a more thorough discussion of the context of an activity and the implications of the public health recommendations than a shorter scientific presentation.

CAL	Give an in-depth public health talk on the officer's original work or in their field of study
Deliverables	<ol style="list-style-type: none"> 1. Slide set 2. Input activity details into eFMS
Requirements	<p>To receive credit for this CAL, the activity must include the following components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Present to a scientific, medical, or public health audience beyond officer's branch or team <input type="checkbox"/> Give a formal presentation lasting ≥30 minutes <input type="checkbox"/> Include appropriate graphics <input type="checkbox"/> Answer questions not known in advance (Q/A section) <input type="checkbox"/> Provide public health recommendations or potential implications of work <input type="checkbox"/> Invite a minimum of 25 attendees
Options to Fulfill	<ul style="list-style-type: none"> <input type="checkbox"/> Tuesday Morning Seminar (preferred) <input type="checkbox"/> Conference special session (e.g., EIS, APHA special sessions) <input type="checkbox"/> CDC Center or Division or Health Department presentation <input type="checkbox"/> Grand rounds at a medical school, school of public health <input type="checkbox"/> Invited guest lecturer at a school of public health or other scientific gathering (see criteria above) <input type="checkbox"/> Other venues might be approved in advance by the EIS Program
Recommended Timeframe	By the end of the second year
CSTE Competency Domains	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment and Analysis <input type="checkbox"/> Basic Public Health Sciences <input type="checkbox"/> Communication

Considerations

- The audience should not be limited to the officer’s immediate team or branch. However, a larger Division (or Center-wide) presentation is acceptable. The intent is that the audience is unfamiliar with the content of the presentation.
- The total length of the presentation should be at least 30 minutes, not including the question and answer session.
- The lecture can be broadly focused in a public health area relevant to the officer’s EIS work and does not have to include information about their original research, although discussion of their original work is preferable.

Short Presentation CAL

The purpose of the short presentation CAL is for officers to identify and present the most salient points of their work to a scientific audience in an oral presentation.

CAL	Give a 5–15 minute oral presentation to a scientific audience
Deliverables	<ol style="list-style-type: none"> 1. Slide set used for oral presentation 2. Input activity details into eFMS
Requirements	<p>To receive credit for this CAL, the activity must include the following components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Present to a scientific, medical, or public health audience beyond officer’s branch or team <input type="checkbox"/> Give a focused, formal presentation on officer’s original work conducted during the 2-year EIS assignment (e.g. data analysis, field investigation) <input type="checkbox"/> Provide information about background, methods, results, and public health recommendations or potential implications of work <input type="checkbox"/> Answer questions not known in advance (Q/A section) <input type="checkbox"/> Include appropriate graphics
Options to Fulfill	<ul style="list-style-type: none"> <input type="checkbox"/> EIS Conference <input type="checkbox"/> National or regional epidemiology conferences (CSTE) <input type="checkbox"/> National or international conferences <input type="checkbox"/> Other presentations might be approved in advance by the EIS Program
Timeframe	<ul style="list-style-type: none"> <input type="checkbox"/> By the end of the second year
Competency Domains	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment and Analysis <input type="checkbox"/> Basic Public Health Sciences <input type="checkbox"/> Communication

Considerations

- Supervisors should review the presentation before delivery to the larger audience.
- This presentation must be a focused, summary of the officer’s original EIS work.
- Posters do not meet the criteria for this CAL.

Peer-reviewed Manuscript CAL

Writing and submitting a scientific peer-reviewed manuscript remains a critical skill and activity for EIS officers. It is important to note that at least one first-authored manuscript must be submitted to clearance prior to the end of the officer's tenure in the program.

CAL Number	6
CAL	Write a scientific manuscript for a peer-reviewed journal.
Deliverables	<ol style="list-style-type: none"> 1. Electronic copy of the cleared manuscript. 2. Input activity details into FMS.
Requirements	<p>To receive credit for this CAL, the activity must include the following components</p> <ul style="list-style-type: none"> <input type="checkbox"/> Officer must be the first author on the manuscript; <input type="checkbox"/> Present officer's original work conducted during the 2-year EIS assignment (e.g. data analysis or field investigation); <input type="checkbox"/> Include language corresponding to background or introduction, methods, results, and discussion sections; <input type="checkbox"/> Include public health recommendations or potential implications of findings; <input type="checkbox"/> Submit manuscript to CDC for clearance; <input type="checkbox"/> Undergo CDC editorial review; and <input type="checkbox"/> Submit cleared manuscript to peer-reviewed journal.
Options to Fulfill	<ul style="list-style-type: none"> <input type="checkbox"/> Article submitted to a peer-reviewed journal. <p><i>Articles with two first authors will be considered on a case-by-case basis and must be approved in advance by the EIS Program.</i></p> <p><i>A single document cannot fulfill both the peer reviewed manuscript and the concise public health update CALs. However, a single activity (e.g., outbreak investigation) might be used to create two different manuscripts that fulfill these two CALS.</i></p>
Recommended Time Frame	By the end of the first year.
Competency Domains	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment and Analysis <input type="checkbox"/> Communication <input type="checkbox"/> Financial and Operational Planning and Management <input type="checkbox"/> Leadership and System Thinking

Considerations

- The CDC clearance process must be initiated prior to the end of the EIS fellowship; therefore, the officer should aim to have a first draft completed well in advance of completing EIS so the coauthors can review, revisions can be made, and the manuscript can be submitted to eClearance.
- Because the clearance process is variable across the agency, the definition of "submitted to clearance" may be determined locally. At a minimum, we expect that the officer will have a complete draft of the manuscript that has been reviewed and approved by coauthors and sent to the first person in the clearance (or pre-clearance) chain. Submission of the manuscript to eClearance is not required if that normally occurs later in the clearance process.
- **Please ensure that the officer's affiliation with the EIS Program is acknowledged in any published document based on EIS work (examples below).**

For officers assigned to CDC headquarters, an example might be:

John Doe, Epidemic Intelligence Service, Center for Surveillance, Epidemiology and Laboratory Services, and Respiratory Diseases Branch, Division of Bacterial Diseases, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, Atlanta, GA

For officers assigned to a state or local health department, an example might be:

Jane Doe, Bureau of Communicable Diseases, New Hampshire Division of Health and Human Services, Concord, NH, and Epidemic Intelligence Service, Center for Surveillance, Epidemiology and Laboratory Services, Centers for Disease Control and Prevention, Atlanta, GA

Concise Public Health Update CAL

The purpose of the concise public health update CAL is to have officers write a public health report to learn how to present a public health communication message with limited words.

CAL	Write a concise public health update communicating timely information
Deliverables	<ol style="list-style-type: none"> 1. Copy of MMWR, newsletter/update, health bulletin, WHO report, etc. 2. Input activity details into eFMS
Requirements	<p>To receive credit for this CAL, the activity must include the following components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Officer must be the primary author of the public health update <input type="checkbox"/> Write a brief public health update with no more than 1400 words for an external scientific, medical, or public health audience based on original work conducted during the 2-year EIS assignment (e.g., data analysis, field investigation) <input type="checkbox"/> Include text describing background/introduction, methods, results, and discussion <input type="checkbox"/> Include public health recommendations or potential implications of findings <input type="checkbox"/> Submit public health update to clearance <input type="checkbox"/> Undergo CDC editorial review <input type="checkbox"/> Submit cleared public health update to publication venue

Options to Fulfill	<p>Write and submit at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> MMWR report that fits above criteria <input type="checkbox"/> Newsletter/update for a local, state, national, international, or NGO publication (e.g., state health department bulletin, WHO weekly epidemiological record, APA Monitor, AMA newsletter) <input type="checkbox"/> Short journal report (e.g., JAMA brief report, AJPH brief, EID dispatch, AJPH field action report, chronic disease brief) <input type="checkbox"/> NIOSH numbered publication (Hazard IDs) <input type="checkbox"/> NCHS data brief <input type="checkbox"/> WHO Weekly Epidemiologic Report (WER) <input type="checkbox"/> Other options might be approved in advance by EIS Program <p><i>Articles with two primary authors will be considered on a case-by-case basis and must be approved in advance by the EIS Program.</i></p> <p><i>A single document cannot fulfill both the peer reviewed manuscript and the concise public health update CALs.</i></p>
Recommended Timeframe	By the end of the first year
Competency Domains	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment and Analysis <input type="checkbox"/> Communication <input type="checkbox"/> Financial Planning and Management <input type="checkbox"/> Leadership and Systems Thinking

Considerations

- The CDC clearance process must be initiated prior to the end of the EIS fellowship; therefore, the officer should aim to have a first draft completed well in advance of completing EIS so the coauthors can review, revisions can be made, and the concise public health update can be submitted to clearance.
- The report should be timely. A timely update does not necessarily have to be associated with a public health emergency such as an outbreak or disaster. For example, an update might be timely because the information is needed due to a pending legislative or policy decision, or because it is appropriate given the timing in the calendar year (e.g., an article on drowning prevention the week before Memorial Day, an update on preventing forborne illness prior to the July 4th holiday).
- **Please ensure that the officer’s affiliation with the EIS Program is acknowledged in any published document based on EIS work; see examples listed with the Peer-reviewed Manuscript CAL.**

Abstract CAL

The focus of the abstract CAL is for officers to write and submit an abstract for a conference presentation.

CAL	Write a scientific abstract
Deliverables	<ol style="list-style-type: none"> 1. Electronic version of accepted abstract 2. Input activity details into eFMS
Requirements	<p>To receive credit for this CAL, the activity must include the following components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Officer must be the first author of the abstract <input type="checkbox"/> Write and submit an abstract based on the officers' original work conducted during the 2-year EIS assignment (e.g., data analysis, field investigation) <input type="checkbox"/> Submit abstract to clearance <input type="checkbox"/> Undergo CDC editorial review
Options to Fulfill	<ul style="list-style-type: none"> <input type="checkbox"/> Abstract submitted for EIS Conference <input type="checkbox"/> Abstract submitted to a nationally or internationally recognized conference <input type="checkbox"/> Abstract submitted to regional conferences (e.g., CSTE Regional Meeting)
Recommended Timeline	By the time EIS abstracts are accepted during the second year
Competency Domains	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment and Analysis <input type="checkbox"/> Communication <input type="checkbox"/> Financial and Operational Planning and Management <input type="checkbox"/> Leadership and Systems Thinking

Considerations

- All officers are required to submit at least one abstract to the EIS Conference over the course of the two-year assignment.

Lay Audience CAL

The purpose of the lay audience CAL is for each officer to communicate complex scientific information to a lay audience. The response can be either written or oral.

CAL	Communicate complex scientific concepts to a lay audience
Deliverables	<ol style="list-style-type: none"> 1. 150 word summary, including audience description 2. Input activity details into eFMS
Requirements	<p>To receive credit for this CAL, the activity must include the following components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written or oral presentation material <input type="checkbox"/> Communicate message with the appropriate level and style (e.g., using CDC’s plain language guidance, written documents at the 8th grade level) <input type="checkbox"/> Disseminate message to the public, media, or congressional audience
Options to Fulfill	<ul style="list-style-type: none"> <input type="checkbox"/> Fact Sheet <input type="checkbox"/> Local community meeting (e.g., school, community group) <input type="checkbox"/> Media interview <input type="checkbox"/> Media office of a regulatory agency <input type="checkbox"/> On-call to respond to public inquires (e.g., answering phone calls or emails for a CIO, EOC, local, or state health department) <input type="checkbox"/> Policy brief book <input type="checkbox"/> Press releases <input type="checkbox"/> Single Overriding Communication Objective (SOCO), talking points, and/or Q&A (primary responsibility for preparing) <input type="checkbox"/> Web material preparation <input type="checkbox"/> Other options might be approved in advance by EIS Program
Recommended Timeframe	By the end of the first year
Competency Domain	<input type="checkbox"/> Communication

Considerations

- Officers are encouraged to practice both verbal and written responses; however, the CAL will be fulfilled by either one.
- The message should be free from scientific jargon and terminology.
- All written materials should be written on an 8th grade level or below. Officers can verify the grade level using the function in Microsoft Word. Using Microsoft Word, you can set up the readability statistics to determine grade level using the following steps:
 - Click the “File” button on the upper left hand side of the screen.
 - Click the “Options” button from the bottom of the window.
 - Select the “Proofing” link from the left hand side.
 - Ensure the “Show Readability Statistics” box is checked.
 - After this has been set, you can view the readability statistics by running spelling and grammar check. After the check is complete, you will get a window with the statistics.

Service to Agency CAL

The two primary purposes for the service to the agency CAL are to help round out the experience of the officer and to highlight that service to the agency and to the field of public health is essential.

CAL	Provide service to the agency (health department or CDC)
Deliverables	<ol style="list-style-type: none"> 1. 150 word Summary 2. Input activity details into eFMS
Requirements	<p>To receive credit for this CAL, the activity must include the following components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide service activities for about 5% of time during the 2-year EIS assignment (approximately 2 weeks)
Options to Fulfill	<p>Officers should consult with their supervisor and take into consideration their career development needs when choosing activities to fulfill this CAL. Examples include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> EIS Program recruiter <input type="checkbox"/> EIS Summer Course lecturer or leader (e.g., case study facilitator, panelist) <input type="checkbox"/> EOC activities (that don't fulfill other CALs) <input type="checkbox"/> Grant reviewer <input type="checkbox"/> Conduct a peer review for a journal <input type="checkbox"/> Public health committee member (e.g., EAC class rep) <input type="checkbox"/> Short-term student mentor <input type="checkbox"/> Other activities might be approved in advance by EIS Program
Recommended Timeframe	By the end of the second year
Competency Domains	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment and Analysis <input type="checkbox"/> Communication <input type="checkbox"/> Leadership and Systems Thinking

Considerations

- Activities should not take more than 5% of officers' time (approximately 80 hours over a two year period) unless all CALS have been completed and it is the officer's desire to spend more time doing these activities.
- EIS does not expect supervisors to record the time of the officers.
- Activities should provide a service specifically to CDC or the Health Department. Although EIS encourages USPHS Commissioned Corps officers' involvement in USPHS activities, they will generally not fulfill this CAL.
- The activities selected should support the overall career goals of the officer whenever possible (e.g., if the officer plans to return to academia, participating in a grant review or a journal manuscript review might be helpful).
- If public health events make it necessary, officers must still fulfill emergency response (e.g., EOC) activities as required by the agency, even if involvement exceeds the time requirement.
- If any activity fits another CAL it will be counted towards additional experience with that CAL, not the service to agency CAL. For example, if an officer who has already completed the long presentation CAL is assigned to do a Tuesday Morning Seminar (TMS), the TMS is counted towards the long presentation CAL, not the service to agency CAL. If an officer who has completed the field investigation CAL volunteers to participate in a secondary role during a field investigation and his/her involvement fulfills the requirements of the CAL (≥ 10 days, etc.), s/he will get credit for the field investigation CAL, not the

service to agency CAL. However, if an officer volunteers to help and is only involved for 5 days (not meeting the field investigation CAL requirement), s/he can claim credit for the service to agency CAL.

Tuesday Monthly Seminar

Tuesday Monthly Seminar (TMS), is a long-standing tradition at CDC. TMS furthers EIS officer training in applied epidemiology and public health and provides an opportunity to practice your presentation skills while fulfilling an EIS CAL (CAL 4 — Long Presentation). As a presenter, it is an excellent way to introduce yourself and your work to other CDC programs and develop your scientific presentation skills. As an attendee, it is an excellent way to learn about the work of other EIS officers while developing your skill in critically assessing the presentation's epidemiologic content and asking relevant questions.

The EIS Program holds TMS at CDC once per month, generally the second Tuesday from 1:00 pm – 3:00 pm (ET) throughout the year. The seminar usually begins with 5–10 minutes of brief reports by EIS officers of investigations (2-minute updates) in progress, news items, and announcements. Next comes an approximately 30-minute featured epidemiologic presentation by a current EIS officer. This is followed by a question and answer session. The seminar concludes with break-out sessions involving small group discussions of various concepts and principles relevant to the presentation and a reconvening where summary points are made to the larger group. Presentation schedules and additional information is available at: <http://intranet.cdc.gov/ophss/csels/dsepd/organization/ewb-tuesday-morning-seminars.html>.

Attendance

Unless deployed or otherwise cleared with the EIS Program, EIS officers are required to attend TMS. EIS officers in Atlanta assignments are required to attend, in-person, at the Global Communications Center at the Roybal Campus and will sign in at the check-in desk outside the auditorium. EIS officers in non-Atlanta assignments are expected to attend remotely through one of the four following mechanisms and should e-mail their attendance to Bill Knoll, WKnoll@CDC.gov or ipa9@cdc.gov.

- Call by using the telephone bridge (Call 1-866-761-5101, and enter participant code 8445480#) to listen to the seminar live. Telephone bridge instructions are in the semiweekly TMS announcement published in the CDC Today CDA by the EIS Program.
- Access the audio and presentation slides live through web-conference Adobe Connect (<https://virtualsepd.adobeconnect.com/tms>), following the instructions in the semiweekly TMS announcement published in the CDC Today CDA by the EIS Program.
- Attend via videoconferencing (currently Envision).by using your local conference room scheduling system to request a room with Envision. This is only available at CDC sites.
- On IPTV available on the CDC Intranet.

View archived TMS presentations by accessing the EIS Directory at <http://fmsi.cdc.gov/Legacy/Directory/EIS/HomePage.aspx>. Read and check the box for the government warning, use the e-mail address you used to apply to EIS, and enter the password you created at the time of your EIS application or reset your password. On the left of the page, under View section, select Seminars. Recent seminars appear on the front page in tabular form. Select the TMS you wish to view and click the link under "Topic". Adobe Connect will launch the content.

If you have difficulty accessing the archived TMS sessions, contact tmsmailbox@cdc.gov.

Featured Presentations and 2-Minute Updates

Calls for volunteers to present at TMS are issued periodically. Volunteers are asked to submit brief descriptions (5-10 sentences) of the project and presentation to tmsmailbox@cdc.gov. Use the subject line — Tuesday Monthly Seminar Proposal. Both Atlanta and non-Atlanta based officers are encouraged to present at TMS after consulting with their supervisor. Field officers should discuss with their local supervisor first and then involve their EWB supervisor. Field officers should refer to the below box (Field Officers — Tuesday Morning Seminar) for more information.

At the conclusion of each seminar, attendees should be able to do the following.

1. Discuss the public health significance of the clinical or public health problem;
2. Discuss CDC's role in the investigation of the clinical or public health problem;
3. Describe the epidemiologic methods used to investigate the clinical or public health problem;
4. Identify practical public health actions or clinical recommendations that are consistent with the interpretation of the scientific facts; and
5. Discuss any unresolved concerns related to this clinical or public health problem, and how they might be addressed.

Presenters will submit all required Speaker TMS continuing education forms (i.e., title and summary template, biography, disclosure form, and quiz form) and discussant data (i.e., name, degrees, agency, and location from where discussant will be presenting) by the due dates provided by the EIS Program.

Officers who are engaged in ongoing or recent investigations and who have their supervisors' approval are asked to give a 2-minute update of the investigation either in-person or by telephone. You should provide 1–2 slides even if you present remotely by audio conference. If you remotely present your update, then e-mail your 1–2 slide PowerPoint file to the TMS unit at tmsmailbox@cdc.gov by the Monday immediately preceding your update. The subject heading should indicate 2-Minute Update.

Specific information on the process and timelines for both featured presentations and 2-minute updates will be provided once presenters have been identified.

Continuing Education Credit

Continuing education (CE) is available through [CDC Training and Continuing Education Online \(TCEO\)](#). No cost is required for this activity. To receive CE credit for TMS you must view the seminar and complete the online seminar evaluation within 30 days of the seminar date. Certificates for CE credit can be printed from your computer immediately after completion of your online evaluation. Follow the instructions in the semiweekly TMS e-mail announcement published in the CDC Today consolidated daily announcements by the EIS Program. Questions concerning CE credits should be sent to tmsmailbox@cdc.gov and include "CE Credits" in the subject heading.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers — Tuesday Monthly Seminar

To sign up for a TMS slot, discuss with your local supervisor first and then let your EWB supervisor know you are interested, because the number of TMS slots is limited and dates are pre-assigned to EWB.. If you are selected to give TMS, you will typically have a phone rehearsal with your EWB supervisor the week before your presentation, travel to Atlanta on Sunday or Monday, review your revised presentation with your EWB supervisor on Monday, and return to your duty station on Tuesday after giving TMS. Note: Even if you have previously satisfied your CAL through another presentation, you might still be asked to present, if EWB needs to fill presenter slots.

Tuesday Training Sessions

Tuesday Training sessions will be held periodically, generally on the fourth Tuesday of the month from 1:00 pm – 3:00 pm (ET) throughout the year. Sessions cover different topics designed to advance or reinforce training related to meeting CALs. Attendance may be mandatory. You will be notified ahead of time if attendance is required. Requests for special topics will be considered as long as the training addresses one

of the EIS CALs. Submit requests for Tuesday Training sessions through the tmsmailbox@cdc.gov. Include Tuesday Training Request in the subject line.

Other Professional Development Opportunities

Teaching Opportunities

EIS officers are encouraged to develop contacts with the schools of medicine, nursing, veterinary medicine, public health, or department of preventive medicine of the local university. You might wish to participate in teaching activities or attend lectures, seminars, or meetings and share some of your epidemiologic experiences with students and faculty. These contacts are also important to our recruiting efforts for the EIS Program. Seek approval and coordinate activities with your supervisors.

Peer Review of Scientific Articles

Volunteering to review scientific articles for peer review can provide a valuable contribution to peer reviewed journals, and will be expected at many positions post-EIS. Peer review can also help you strengthen your own epidemiologic and scientific writing skills. One resource you can use is the Guide Published for Peer Reviewers of Manuscripts, available for free, noncommercial use at: <https://www.councilscienceeditors.org/wp-content/uploads/v25n2p046-048.pdf>. This guide was designed to orient and educate peer reviewers on how to perform their tasks. Another helpful resource that provides a checklist approach to article review is Manuscript Peer Review: A Helpful Checklist for Students and Novice Referees, available at: <http://advan.physiology.org/content/23/1/S52>.

EIS Recruiting

Recruiting candidates for EIS is an ongoing activity fostered by all current and former EIS officers. You are encouraged to make presentations to appropriate groups regarding EIS Program opportunities. You might be specifically requested to participate in recruitment activities at various national meetings, medical schools, or schools of public health. You might also have an opportunity to present examples of your work to professional groups (e.g., medical society or grand rounds) or to give lectures (e.g., medical students or schools of public health) and we suggest that you clearly make your EIS affiliation known and, if possible, take a few minutes to talk about the EIS fellowship.

EIS Officer buddies

Each year prior to the conference, the incoming class is assigned a “buddy” from the rising 2nd year class. The assignment is coordinated by the rising 2nd year class representatives. The buddy should reach out to their incoming officer prior to the conference.

International Opportunities

Because of CDC’s responsibilities in international health, opportunities can arise for EIS officers to participate in international investigations and other epidemiologic activities. Some officers participate in one short-term (e.g., one month) overseas assignment sometime during their two years in EIS. However, the availability of such opportunities varies depending on funding and the availability of acute investigations (e.g., outbreaks of cholera, measles, Ebola, or Zika virus), scheduled large-scale surveillance efforts (e.g., polio and guinea worm eradication), teaching activities (e.g., epidemiology short courses), or other epidemiologic opportunities, and on how well the EIS officer’s professional background and skills match what is needed. Officers with an interest in international opportunities should make sure their CDC supervisor and the EIS Program are aware of their interest. In addition, officers who keep their schedules flexible, are able to cancel vacation plans on short notice, and respond rapidly (within hours) to e-mail announcements are most likely to be offered an international opportunity.

All international requests should be discussed with your supervisors before any commitments can be made.

Nonemergency international travel requires especially complex procedures with early, inflexible deadlines (refer to Travel section of handbook). Before you embark on international travel you must complete the required training courses. See [International Travel Training](#) section for more details.

Grant Applications

CIO EIS officers might be asked to review and score grant applications submitted to CDC. This is a permissible activity but an EISO which provides a service to the agency and therefore will count towards the Service to Agency CAL. In general, EIS officers should engage in no more than one grant review per year.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers Grant Applications

Occasionally, you might be asked by your assignment to assist in writing grant applications such as the Epi-Lab Capacity (ELC) grant which provides funding to states from CDC. The official policy from CDC's Office of General Council is that you can assist your health department by reading and reviewing sections of the grant application. You should not, however, actually write any portion of the grant application, although you may provide informal advice and input. When submitted to CDC, your name should not be on the grant application. Should you be asked to work on such a grant application, please inform your EWB supervisor.

Reports

Officers will submit several reports throughout their training. Progress reports are required and are submitted to the EIS Program every 6 months. These include the following.

- EIS CAL Activity Report
- EISO Progress Assessment
- EIS Host Site Assessment

Officers are also likely to write reports based on field investigations and other activities. These reports might include the following.

- *EPI-X* postings;
- Epi-Aid Requests and Trip Reports;
- Reports written for state and local health departments;
- *MMWR* articles; and
- Journal articles.

CAL Activity Report

The EIS Program requires a web-based **cumulative** EIS CAL Activity Report to be completed every 6 months. Each report will be cumulative from the start of EIS. The final report will cover the full two-year assignment.

Several weeks before each report is due, the EIS Program will e-mail officers and supervisors a memo with the due date and detailed instructions for completing the 6-month reports and submitting them to the EIS Program. Reports are usually due in mid-January and at the end of June each year.

The steps needed to create an EIS CAL Activity Report are located in the SharePoint, Zengine and EIS Directory online systems section.

EIS Officer Core Activities of Learning (CAL) Report Tips

Why is it important?

CAL Reports are our record of all of the important things that you do. We use CAL Report data for evaluation and reporting. For example, we use the data in the EIS Update that we distribute at the EIS Conference. Make sure we can highlight your work! We also use the data to identify officers who need assistance finding particular types of opportunities (such as opportunities for field investigations or presentations).

How can I make sure that the EIS Program can use the data in my report?

1. **Structure your report correctly. List activities, and associate CALs with activities.**

- Activities are usually things like field investigations, analytic projects, and surveillance evaluations. Think of activities as projects. Those types of activities meet a CAL themselves and often lead to completion of additional CALs. List all CALs that relate to an activity under same overall activity.
- Presentations, abstracts or publications are usually not activities on their own. They should be listed under the activity (investigation, analysis, surveillance evaluation) to which they relate. If a presentation, abstract or publication does not relate to a larger investigation, list it as a separate activity.

2. Provide complete information.

- **Include all of your major activities** (e.g., if you have already listed a field investigation and you did another one, list the second field investigation as a separate activity).
- **Provide complete information for each activity and associated CAL.**
 - Use informative activity titles. The topic of the investigation, analysis, etc. should be apparent from the activity title. If it was an Epi-Aid, also include the Epi-Aid number in the activity title. Avoid acronyms in activity titles unless they are very common acronyms (like HIV).
 - Always include location information.

3. Provide accurate information.

- If you associate an activity with a particular CAL, make sure it meets the criteria for that CAL.
- Do not list activities that you have not actually started in some way (e.g., possible activities).
- Do not list the same activity, presentation, abstract, etc. more than once.

EIS Progress Assessment and Host Site Assessment

In addition to EIS CAL Activity Reports, the EIS Program also requires that officers and their supervisors complete assessments every 6 months. The supervisor assesses the EIS officer's progress in the assignment and the EIS officer assesses their experience with their host site. Supervisors and their officers meet to discuss their assessments; this a time to exchange meaningful feedback. The assessments will be submitted electronically to the EIS Program. Instructions will be sent by the EIS Program 4–6 weeks before the assessments are due.

The EISO Progress Assessment allows primary supervisors to evaluate an EISO's performance, including the EISO's strengths, areas for improvement, and recommendations for addressing areas for improvement. Applied epidemiology skills and professionalism skills. The host site assessment allows EIS officers to comment on their experience with the host site. The assessments are used by the EIS Program to track officers' progression and to determine content for future training, ensure EIS officers are progressing in their assignments, and determine if a need exists for CAL and curriculum revisions. Assessments by EIS officers and their supervisors to be frank and objective, and not subject to social desirability responses is crucial. This is how the EIS Program and supervisors assess the need to adapt training to better meet EIS officer needs.

Provision of timely feedback to EIS officers is essential for their professional development. Assignments which fail to submit timely EIS officer Progress Assessments might not be approved to recruit a new EIS officer during future PD submission cycles.

Epi-X Postings

Epi-X is CDC's secure Web site for notifying public health personnel at CDC and in the state and local health departments of outbreaks and other important public health events. Postings on *Epi-X* describe events that are emerging public health problems (ongoing, urgent, or current) and problems for which prompt action might be necessary.

If you have been involved in an investigation suitable for posting on *Epi-X*, you might want to write a posting, or you might be asked to do so by your supervisor or by someone else at CDC.

For field officers, your local supervisor must approve any posting before you submit it to *Epi-X*. Also, notify your EWB supervisor before submission of a posting.

Epi-X postings should:

1. Include provisional or complete information describing the relevant clinical, epidemiologic, and laboratory data from the investigation;
2. Be brief (description is limited to <500 words). However, attachments containing text, figures, graphs, or pictures can be included;
3. Be filed on-line through the *Epi-X* Web site; and
4. Be updated as the investigation continues and more information is available.

Refer to **Appendix 3 — Information and Communications Technology (32A & 32B)** for more information about procedures for posting an *Epi-X* report.

Epi-Aid Requests and Trip Reports

An Epi-Aid requires two reports: an Epi-1 and an Epi-2. See the [Epi-Aid Investigations](#) section of this handbook for more information about these reports.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers Reports for State or Local Health Departments

Most investigations that Field EIS officers conduct are important to public health, but are not formal Epi-Aid investigations. Therefore, they do not require a formal Epi-Aid report. Discuss with your local supervisor the type of report, if any, expected by the state or local health department for these investigations. In addition, separate reports for the state or local health department might be required for formal Epi-Aid investigations. For Epi-Aids, the EIS Program has formal Epi-Aid reporting requirements (Epi-2 report); the supervising CIO might have requirements as well. If you are leading an Epi-Aid, please check with the Epi Aid Response Team (epiaid@cdc.gov) and the CDC supervisor for the Epi-Aid to determine requirements and report format.

Field Officers Monthly Reports

In addition to the EIS CAL Activity Report, EIS Competency Skills Assessment/Site Assessment, and EIS Assessment Report submitted every 6 months, field officers are required to submit a monthly report to summarize their work from the previous month. **The Monthly Report is due by the 5th of the month following the end of the reporting period.** For example, the August report is due no later than September 5. No report is due for the month of July for incoming EIS officers.

The monthly report should be limited to 2 pages and sent electronically as an e-mail attachment to the following.

- Your EWB supervisor
- Your field supervisor(s)
- With a copy to
 - Other EIS officers and LLS fellows in your region (see Map, **Appendix 1 — EIS Procedures(17B)**)
 - FieldSupport@cdc.gov
 - Other staff designated by your local or EWB supervisors (e.g.,; all California EIS officers should send a copy to the California state epidemiologist)

EWB saves the report electronically and places a copy into your file. We suggest you also keep a copy for your personal records and a copy for the local office files. To facilitate filing and retrieval of reports, please name your attachment/report with your last name, first initial, 4-digit year, and 2-digit month (without spaces or punctuation between the parts) as in the following examples.

For officer Jane Doe's report for September 2017: **DoeJ201709.doc**
For Officer Robert Rowe's report for October 2017: **RoweR201710.doc**

A monthly report template and sample is included in **Appendix 1 — EIS Procedures (19A)**; monthly reports should include the following information

- I. New Activities
 - a. Briefly describe any new projects or investigations
- II. Ongoing Activities
 - a. Briefly describe any ongoing projects or investigations
- III. Miscellaneous
 - a. Annual leave taken (with dates) (list *None* if none taken).
 - b. Upcoming annual leave and official travel planned (with dates) (list *None* if none taken).
 - c. Upcoming conferences (with dates and locations)
- IV. Pictures (optional)

For each project, provide the following.

1. Title or short project name
2. HSR (Human Subjects Review) tracking number, EPI-AID number, and IRB protocol number (if applicable).
3. Description of accomplishments during the month in which you are reporting. This description is **not cumulative** (unlike the 6-month EIS Activity Report).

Morbidity and Mortality Weekly Report (MMWR) Articles

The *Morbidity and Mortality Weekly Report (MMWR)* is CDC's weekly scientific publication that informs the public health community and others about important public health investigations and concerns. Officers are encouraged to submit articles to *MMWR* regarding work they are doing that might be of interest to the public health community. *MMWR*'s editorial staff gives highest priority to publishing reports of ongoing and recent outbreak investigations, surveys, and studies.

MMWR is atypical in its writing style; for instance, a very short abstract is included as the first paragraph of the background section. Pay careful attention to the requirements for each type of report. This will improve chances of acceptance and decrease time spent editing. The following types of reports are published in *MMWR* Weekly: Full Reports, Outbreak Reports, Policy Notes, Notes from the Field, Vital Signs, CDC Grand Rounds, and Announcements/Notices to Readers; links to author guidelines are available at: http://www.cdc.gov/mmwr/author_guide.html.

Full-length *MMWR* articles (full reports) consist of a report section (equivalent to condensed Introduction, Methods, and Results sections of a journal article) and an Editorial Note (equivalent to the Discussion section). If you are writing a full report, you should write both the report section and the Editorial Note; consider working with a **subject matter expert (SME)** as you draft the report. The Editorial Note (and sometimes the report section) is often modified by the *MMWR* editor and CDC's subject matter experts during the cross-clearance process and republication.

To submit a report to the *MMWR* you must do the following.

- Review the concept with your supervisors to see if it is appropriate for *MMWR*.
- Have your supervisors (field officers include your EWB supervisor), coauthors (from states or other CIOs), and their supervisors review and sign off on the work before submitting to clearance; *MMWRs* require clearance just like any other publication.

- Ask a **SME** to review the draft for subject matter content **before** you finalize and enter into eClearance. These persons will eventually need to cross-clear the material. Your supervisors can help you identify appropriate SMEs at CDC.
- Follow the Guidelines for Contributors to the *MMWR* (Weekly) available electronically at https://www.cdc.gov/mmwr/author_guide.html as well as the CDC Authorship Guidance located in **Appendix 6 — Authorship and Clearance (61B)**.
 - Submit articles using the *MMWR* Weekly Submission System (<https://mc.manuscriptcentral.com/mmwr>). Guidance is available at: <https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a9.htm>. *MMWR*'s submission checklist is available at: https://www.cdc.gov/mmwr/pdfs/author_checklist.pdf.
 - Submit a biographical form (or CV) and disclosure form as a part of the continuing education requirements once the article is accepted for publication. Details are available at: <http://www.cdc.gov/mmwr/contributors/>.

MMWR Authorship: In accordance with the International committee of Medical Journal Editors, *MMWR Weekly* recommends that authorship order, including the choice of first author, be based after the level of contribution to the article and the work underlying it. See above CDC link for authorship information.

MMWR and CDC Review: *MMWR* staff will review the manuscript. If accepted for publication, an editor will schedule the article for publication and notify you of the planned date. Before publication, the manuscript might undergo further review by CDC SMEs and the Office of the Associate Director for Science (OADS). During the week before publication, plan to be available to work on last-minute modifications and to take calls from the media.

Multiple EIS Officer Authors: Per the EIS Program, no more than 2 EIS officers can receive CAL credit for an *MMWR* submission. *MMWR* articles cannot be used to satisfy the long manuscript CAL. Both EIS officers must participate equally in writing the report and editorial note and working with *MMWR* staff the week the article runs.

Journal Articles

For information on reports that will be submitted to a peer-review journal, go to the Authorship and Clearance section. See **Appendix 6 — Authorship and Clearance (64E)** for a sample cover letter for journal submission.

Abstract, Manuscript, and Publication Charges

Some CDC programs might cover charges for submission of abstracts and manuscripts, service fees such as page charges, and charges for the minimum amount of reprints for publication of work in a scientific journal. If you plan to submit a manuscript to a journal that includes a fee, talk with your supervisors **BEFORE** submission of materials to entities with such charges. In **Appendix 6 — Authorship and Clearance (64D)** you will find a sample of journals and their fees; research your target journal ahead of time to ascertain if fees are involved in publishing.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers Publication Charges

Depending on the availability of funds, EWB might cover the publication charges for abstracts and manuscripts, service fees such as page charges, and charges for the minimum amount of reprints for publication of field work in a scientific journal, but only under the following circumstances.

- For first authorship only;
- For work performed as an EIS officer;
- If the local assignment will not (or cannot) pay;
- Up to 1 year after finishing the EIS Program; and
- Charges are approved by the EWB supervisor and determined reasonable by the EWB Deputy Branch Chief.

You **must** seek approval from EWB before submitting any abstract or manuscript that will result in a cost to the branch if accepted. We recommend this as a last resort option and will recommend that you seek other alternatives first. If you pay a publication fee before approval from EWB, you **will not** be reimbursed.

Human Subjects Review and Office of Management and Budget

This section of the handbook summarizes information from the CDC Human Research Protection Office (HRPO) (<http://intranet.cdc.gov/od/oads/osi/hrpo/>). HRPO is located within the Office of the Associate Director for Science (OADS) and is tasked with ensuring that CDC science and research activities comply with federal laws, regulations, and policies. We strongly recommend that you review this website, because it includes useful information that you will be expected to know and with which you will be expected to comply.

Institutional Review Board (IRB) Review

Research versus Nonresearch

Each CIO has steps that must be followed to determine if a project is research or non-research. Field officers should read the Human Subjects Review (HSR) Tracking (Mandatory) textbox section below. All officers need to ask their supervisor what is needed **before** embarking on any study. The purpose of IRB review is to assure both the protection of human subjects and the effective practice of public health in the context of research. In deciding whether an activity is research, CDC focuses primarily on the intent of the activity. **If the primary intent is to generate or contribute to generalized knowledge, then the activity is likely to be considered research and need CDC IRB review.** CDC investigators are not allowed to participate in any research not approved by CDC.

If an activity meets the following criteria, it is likely to be considered **nonresearch** (i.e., practice of public health).

- The primary intent of the activity is to prevent and control a health problem or improve a public health program or service.
- Intended benefits of the project are primarily or exclusively for the participants (or clients) or the participants' community.
- Data collected are needed to assess or improve the program or service, the health of the participants, or the health of the participants' community.
- Project activities are not experimental.

Most activities involving immediate outbreak control, public health surveillance, and program evaluation are considered nonresearch.

CDC's Human Research Protections Office has the responsibility of protecting the rights and welfare of people who are involved in CDC-sponsored research. All CDC-conducted or supported research and clinical investigations involving human participants must comply with the HHS Policy for Protection of Human Research Subject available here: <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html>. Protocols must be submitted to HRPO for review and approval prior to the start of research. Visit HRPO's intranet site (<https://intranet.cdc.gov/os/osi/hrpo/index.html>) for resources related to determinations and IRB protocol.

Keep in mind that work that is determined to be nonresearch by a state or university might be considered research by CDC and will require IRB approval. In contrast, a state or university might determine the work to be research and require local IRB approval, but CDC might consider it to be nonresearch. Certain activities do not clearly fall into one category or another and will need to be judged on a case-by-case basis. When in doubt, talk with your supervisor. Should IRB approval be required, you will need to develop and submit a protocol to IRB. **Appendix 5 — Human Subjects Review & Institutional Review Board** provides example protocols for your reference.

How to Submit a Protocol for IRB Review

The CDC IRB has four routes for submitting new research protocol, including full review, expedited, exempt, or deferral or reliance on an outside IRB.

The **full review** route is rarely used by EIS officers. This route would be used for protocols about controversial or topic or topics of interest and for protocols that would involve greater than minimal risks to study participants. The types of studies that might require full IRB review include but are not limited to, clinical or randomized control trials.

The **expedited review** route is used for studies that pose no more than minimal risk, but do not qualify for an exemption. Discuss the protocol with your supervisor if you think that it might be in this category.

A protocol might be submitted through an IRB **exemption** route if the study “poses little or no risk to participants, involves no prisoners as subjects, and falls into one of several categories specified in the regulations at 45 CFR 46.101(b)”¹ Further restrictions on use of this category apply when children are involved. For CDC’s purposes, the primary exemptions are the following.

- Research involving surveys or focus groups where no identifiers are collected and no audio recording or video recording is involved.
- Research involving surveys or focus groups where identifiers are collected, but topics of discussion are not sensitive such that a respondent’s social standing might be affected by disclosure of the subject’s responses.
- Research involving data or specimens that exist before the research is approved, where, after approval, the investigator records information in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects; and
- Research with identifiable, publicly available data.

The **deferral or reliance** submission can be used for studies that do not involve controversial topics and the human subjects are not defined as a member of a vulnerable population. This route requires the local IRB to have reviewed and approved a research study first.

Detailed information about CDC’s IRB process, with links to versions of forms and checklist (helpful in writing any public health-related protocol), is available at: <https://intranet.cdc.gov/os/osi/hrpo/index.html> (CDC intranet). If you anticipate needing to submit a project for IRB review, familiarize yourself with the information provided, because we do not attempt to reproduce it here. Your supervisor can help you determine which forms you need and make sure to use the correct versions.

After the package is submitted to HRPO, it is assigned to an IRB, which will review your package. They might approve it with little comment, reject it, suggest relatively major or minor changes, or ask for clarification or additional information. Most protocols submitted to the CDC IRB undergo at least one round of revisions. You cannot initiate the study until you receive official approval from IRB.

An IRB protocol is approved for 1 year and must be reviewed by the CDC IRB annually until the study has been completed and the manuscript has been finalized. If you want to modify the terms of the protocol at any time after approval, you must submit a request for approval of the changes. Each year, before the anniversary date, you will be notified and asked to submit either a request for continuation or a request for closure.

¹ Human Research Protection Office Guide: Exempt Review Cycle. (June 24, 2010). Centers for Disease Control and Prevention available online at: <http://intranet.cdc.gov/od/oads/osi/hrpo/guides/2-exempt-review-cycle-v2-0.pdf>.

The time required for approval after the IRB receives your package will be as follows.

Regular full board review of new protocols: 7–10 weeks.

Expedited reviews: 5–6 weeks.

Exemptions: 2–4 weeks.

Deferral or reliance: 2–3 weeks.

Continuation: 2–3 weeks.

Amendment: 5–6 weeks.

Closure: 0

You can check the status of your submitted protocol at http://osiris.cdc.gov/pde_ciofindprotocol.aspx.

Guidance and Standardized Statements for Human Subjects Protection

When reporting the findings of projects involving human subjects, authors should indicate whether the procedures followed were in accordance with the ethics standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008. The following wording is recommended for inclusion in the Methods section of the resulting manuscript:

1. If IRB Review Was Not Required

This project was reviewed by CDC and determined to be nonresearch because it was [*insert type of nonresearch — program evaluation, public health problem evaluation/control, or public health surveillance*].

2. If IRB Approval Was Required

The protocol for this study was reviewed and approved by the Centers for Disease Control and Prevention's Institutional Review Board.

3. If IRB Approval Was Granted by Both CDC and Another Institution

The protocol for this study was reviewed and approved by the Institutional Review Boards of the Centers for Disease Control and Prevention and [*insert name of state, local, territorial, or tribal health department*].

Authors should check the target journal's guidelines to determine if additional information must be provided (e.g., a statement regarding whether or how informed consent was obtained from study participants or their parents or guardians). Note: The word *project* can be substituted with *analysis, assessment, evaluation, investigation, or study*.

Human Research Protections Training (Mandatory)

All CDC investigators must obtain basic training on human research protections before conducting research at CDC or ATSDR.

Completion of select scientific training via the Collaborative Institutional Training Initiative (CITI) website is required for all EIS officers. CDC investigators involved in the conduct of federally conducted or supported human subjects research, must complete one or both of the following courses based on the type of research on which study staff are involved (Instructions to access CITI are located below). Information on how to access this training is available here: <https://intranet.cdc.gov/os/osi/hrpo/training/CITI-Training/index.html>.

CDC investigators must also complete the Scientific Integrity and Quality Overview Course Training (SIQT). Information on how to access this training is available here: <https://intranet.cdc.gov/os/osi/siqt/index.html>. SIQT is required for all EIS officers.

Dual Use Research of Concern Training (Mandatory)

Dual use research of concern (DUR) “is a life sciences research that, based on current understanding, can reasonably be anticipated to provide knowledge, products, or technologies that could be directly misapplied by others to pose a threat to public health, agriculture, plants, animals, the environment, or materiel. Such research requires scrutiny and review for dual-use potential prior to initiation of research, ongoing monitoring during the conduct of research, and review of information products during the scientific review and publication process.” All CDC investigators (EIS officers) must take mandatory DUR training before initiating their first EIS project.

The DUR training is available through the HHS Learning Portal, and is mandatory. To take the training, go to <http://lms.learning.hhs.gov/>. At the Learning Portal, log in and search for the Dual Use Research of Concern course. The training takes approximately one hour and comprises two, short modules and posttest. After you have completed the training, print your certificate for your records (located at *Transcript* page under *Learning* tab). This training is linked to a new process in the eClearance system, so staff completing the training will no longer receive a “DUR number” upon completion. Should you have any questions, please email DURC@cdc.gov for assistance.

Office of Management and Budget

In accordance with the Paperwork Reduction Act (PRA), any federally-sponsored data collection that involves 10 or more respondents requires Office of Management and Budget (OMB) approval. Because of increasing complaints from the public about duplicate and lengthy federal government data collections, Congress passed PRA in 1980, which was reissued in 1995. More information is available at: <http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html>.

Note: The OMB PRA is different from an IRB. PRA ensures that federal agencies do not overburden the public with federally sponsored data collection; whereas, an IRB ensure that research involving human participants protects the rights and welfare of study participants and conforms to U.S. federal regulations. Your investigation might need OMB approval, but not IRB approval, or it might need both. You should always talk with your supervisor to ensure you have the correct approvals in place before starting your study or project.

All new data collection initiatives should receive a PRA determination before data collection begins. Each CIO has a PRA Contact who is responsible for making the PRA determination for data collections within their CIO. A list of PRA Contacts is available on the Information Collection Review Office (ICRO) intranet site under “PRA Resources”: <https://intranet.cdc.gov/os/osi/icro/index.html> The determination will indicate if OMB approval is needed, or if PRA does not apply to the data collection and OMB approval is not needed. If OMB approval is needed, you will need to discuss the best option for obtaining approval with your PRA contact and supervisors. Compiling and submitting an OMB package for approval generally requires 6–9 months.

Most Epi-Aid and technical assistance data collections are deemed to be “not federally sponsored” since the data are collected under the direction and authority of the requesting entity (e.g., state or country), who retains ownership of the data. If an Epi-Aid does require OMB approval, it might be eligible for OMB approval under the Emergency Epidemic Investigations (EEI) Generic Information Collection Request (ICR). As soon as you become aware of an Epi-Aid data collection that might require OMB approval, please contact the Epi-Aid Response Team right away to discuss whether it is eligible for the EEI mechanism.

More information about the EEI Generic ICR is available in the [Epi-Aid Investigations](#) section. More information about PRA and obtaining OMB approval is available on the Information Collection Review Office (ICRO) intranet page, here: <https://intranet.cdc.gov/os/osi/icro/index.html>.

Field Officers Human Subjects Review (HSR) Tracking

Requesting a Human Subjects Review (HSR) Number

As a field officer, you will conduct a number of projects and investigations. EWB staff, in conjunction with the DSEPD Deputy Associate Director for Science will determine whether your project meets the definition of research. To help us make this determination, and to keep track of activities conducted by field officers, you will be required to submit for a research determination using the HSR tracking system.

The HSR tracking system in *Epi-X* serves as the initial line of review to ensure the protection of human subjects. Most of your field investigations will not be research; in these cases, an HSR number is your proof that the activity has completed human subjects review as required by federal regulations. If you have a project or investigation that is determined to be research involving human subjects, it will need both an HSR number and review by CDC's Institutional Review Board (IRB). For EIS field officers, an HSR tracking number is required and is also needed to obtain CDC clearance for any document (e.g., abstract, report, or manuscript) based on a project or investigation. An HSR should not be confused with an *Epi-X* posting that can be seen by all *Epi-X* users.

If you are leading or participating in a response under the guidance of another CIO (such as an Epi-Aid), that CIO holds responsibility for obtaining a human subjects determination. You should be sure they have done so, and obtain a copy of the determination for your records. In this instance you will not have an HSR tracking number for clearance, but should have a research determination form from the lead CIO.

Requesting an HSR tracking number is easy and takes only a few minutes. However, because this is an official CDC document, give the same attention to spelling, grammar, and punctuation that you would for any official document. **Ask your EWB supervisor to review the draft Brief Summary and Project Description in a Word document and to provide comments BEFORE officially submitting the HSR through *Epi-X*.**

If a determination is made that your project is research and needs IRB review, you will need to work with your EWB and local supervisors to develop the package and required forms. Information on how submitting a package to IRB is available on the Human Research Protections Office intranet page here: <https://intranet.cdc.gov/os/osi/hrpo/index.html>.

Steps to Submit for an HSR Determination

- Information on getting started with using *Epi-X* is available in **Appendix 3 — Information and Communications Technology (30 — *Epi-X*)**.
 - AFTER your EWB supervisor has reviewed and commented on the HSR text in a Word document, you should enter the HSR into *Epi-X*. Consider that this will be a public document, but with limited access, and ask your local supervisors if the county or specific location should be named. Often the locality would prefer to be referenced as County X or Hospital X.
 - After accessing the *Epi-X* screen <https://epix2.cdc.gov/>, look at the left navigation bar and click on *HSR Tracking Request*. A new set of screens will come up.
 - Complete the requested information on the *Human Subjects Review Tracking Number Request* screen. Click on the blue section headings of the form to view example text. Sections include
 - Project Title
 - Date Project Began
 - Project Category (e.g., infectious, environmental, or injury)
 - Location (state)
 - Brief Summary (1 sentence that is searchable)

- Project Description (3–5 sentences; your description will be used as the basis to determine whether your investigation is research). You must include specific information regarding your activities and roles, because CDC HSR determinations are based solely on the activities of the CDC employee (EIS Officer). For example, “**The EIS Officer led** a team of state X epidemiologists to investigate disease Y among a cohort of persons attending a BBQ.” “**As a CDC assignee to state x** health department, I will lead an investigation of...”
 - You must also include information about how the results will be used by the health department; for example, “Results will be used by the health department to target interventions to improve vaccination uptake among subgroups at highest risk for illness.” “**Results will be used** by the health department to improve surveillance for Lyme disease in the state.” “**The objectives** of the investigation were to confirm the outbreak, determine the source, and to develop prevention and control interventions if needed.” See section of the handbook “What is Research?”
- For Division, select “DSEPD, EWB”
- Supervisor (your EWB supervisor)
 - Click on “Submit HSR Request.” *Epi-X* will assign the project or investigation a tentative HSR tracking number.
 - *Epi-X* will automatically e-mail your EWB supervisor to notify them of a pending HSR determination request. Your supervisor will review it (typically, within 2 business days) and might send you questions about the project or investigation for clarification; she or he might also edit it for clarity and grammar. Your EWB supervisor will assign one of the five following category codes to your project or investigation:
 - Not research — public health problem evaluation or control
 - Not research — public health surveillance
 - Not research — program evaluation
 - Research
 - Other
- Your EWB supervisor will then forward your request to the DSEPD Deputy Associate Director for Science for review and final decision whether the investigation constitutes research and needs IRB review. You and your supervisor will be notified by e-mail to check *Epi-X* when the review is complete.

Example HSR Requests

Request 1

Brief Summary of Activity: Two customer complaints received by the regulatory agency overseeing nail salon activities reporting MRSA infection with suspected link to manicures at a single nail salon.

Location: Colorado

Project Description: Colorado’s Department of Regulatory Agencies (DORA), Office of Barber and Cosmetology Licensure received two complaints with concerns about the lack of sanitary and hygienic practices in one Denver metro area nail salon. Both complainants received manicures and reported to have developed MRSA infections on the hands and fingers shortly after the manicures were performed. Preliminary investigative efforts by the EIS officer are limited to communication with DORA officials with request for complaints, inspection reports, and supporting documentation provided by complainants along with the identification of complainants. After received, the EIS officer will conduct interviews with these two persons. Potential site investigation by the EIS officer and DORA of the implicated salon, and active case finding efforts, are likely if complaints are substantiated and MRSA infections verified. Investigation goals are to verify MRSA reports, determine magnitude and source of MRSA, and eliminate any common source of MRSA exposure.

Request 2

Brief Summary of Activity: Evaluation of association between insurance status and readmissions for acute coronary heart disease after first myocardial infarction.

Location: Nebraska

Project Description: The Nebraska state health department has developed a new surveillance system which uses an extraction program to receive real-time discharge data from all CHD admissions at a local hospital. As an assignee to the Nebraska state health department and at the request of the state epidemiologist, I will evaluate Nebraska's pilot acute coronary heart disease surveillance system to identify strengths and weaknesses of the system. The primary purpose of this evaluation is to provide results that will be used by the state epidemiologist to decide whether to expand surveillance to other Nebraska hospitals.

Note: When a rapid response to a public health problem is warranted, you should NOT delay your public-health response to request an HSR number! Conversely, when contemplating a planned study or for international work, please request an HSR number early on, because if it is deemed human subjects research you will have enough time for IRB review.

Authorship and Clearance

Authorship and Lead Investigator Role

Every EIS officer is expected to participate in several investigations and to write one or more manuscripts for submission to a peer-reviewed journal. Because field epidemiology is usually a team effort, concerns about roles and responsibilities regarding authorship can arise. To avoid problems, the designation of lead investigator, coinvestigators, first author, and coauthors should ideally be addressed at the beginning of an investigation and documented in writing. Roles can change as an investigation progresses, so the concerns about roles and credit can be revisited and discussed throughout investigation, analysis, and manuscript writing process.

CDC publishes authorship guidelines, available at: <http://www.cdc.gov/maso/Policy/Authorship.pdf> to assist in making authorship decisions that conform to ethical standards. These guidelines are consistent with the standards of the International Committee of Medical Journal Editors and *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*, available at: <http://www.icmje.org>. In the event a coinvestigator wants a role or credit that is inconsistent with HHS or CDC policy, the CDC authorship guidelines can be used to explain what contributions are expected to qualify for authorship.

Appendix 6 — Authorship and Clearance (61, 63, and 64) provides additional information, policies, and sample cover letters.

The minimum criteria for being considered a coauthor on a scientific manuscript include participation in all of the following.

1. The conception and design of work, data collection, or data analysis and interpretation.
2. Drafting the manuscript or reviewing and revising crucial sections.
3. Assuming responsibility for the final version of the manuscript.

Those who make substantial contributions to the work, but do not fulfill the criteria of authorship or do not want to be coauthors, can be recognized in the acknowledgments. Persons who are acknowledged must have provided written permission for the author to include their names in the acknowledgement section.

Coauthors who fulfill the criteria above, including laboratory scientists, other EIS officers, or scientific experts are typically listed in order of the level of their contribution. The order should be a joint decision of the coauthors and include a rationale for that order.

No person should be listed as coauthor of a manuscript merely by virtue of his or her position in a participating organization, although in some situations flexibility regarding this principle is required.

Good scientific writing is clear and concise. To assist you in the writing process, you should refer to the *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals*, 2015, available at: <http://www.icmje.org> and the *AMA Manual of Style*, available at: <http://www.amamanualofstyle.com/>. In addition, for tips on avoiding problematic words and phrases in scientific writing, see the Editorial Assistance folder of **Appendix 6 — Authorship and Clearance (63)**.

Clearance Process

As an employee of CDC, you must abide by CDC's policies for reviewing and approving (clearance) any abstract or manuscript you intend to submit for presentation at an outside meeting or for publication. **The requirement for CDC clearance exists whether you are the first author or coauthor of the product.** This includes all work conducted during your EIS experience, although the work might not be completed (and the

manuscript or abstract submitted) until months or years after your time as an EIS officer is finished. The purpose of clearance is to ensure that EIS work meets the following criteria.

- Manuscript is scientifically correct;
- Work was conducted ethically and with integrity;
- Work is clearly and concisely presented;
- Conclusions are supported by the findings; and
- Conclusions and recommendations do not conflict with official Public Health Service or CDC policy.

Additional information regarding clearance is available at:

http://intranet.cdc.gov/od/oads/osq/science_review/policy_guidance/index.htm#1.

Although CDC's clearance procedures might seem protracted, cumbersome, and bureaucratic, these procedures protect the author, because they provide a form of official agency approval. Moreover, editorial services and review comments from CDC subject matter experts can improve information products substantially, increasing the chances of acceptance to conferences or journals.

What does or does not need clearance?

Clearance is required for a journal article, editorial, letter to the editor, book or software review; book or book chapter; manual, pamphlet, brochure; published abstract of a presentation; speech, report, Dear Colleague letter, or correspondence with an elected or other high ranking government official.

Clearance is not required for work completed before CDC employment (unless CDC coauthors are included). Note: Any revision of pre-EIS work products should be done on personal time and CDC affiliation should not be listed.

When an abstract for a national meeting has been cleared, the slides or poster presentation to be given at the meeting typically does not need to be cleared. In some national responses, such as the 2014–2015 Ebola response, or the post-9/11 anthrax response, clearance is required for the final presentation. When in doubt, ask your supervisor!

Previously cleared abstracts might or might not need to be cleared again before submission to a different meeting; this depends on whether and to what extent the abstract has changed from the originally cleared version. The degree of review and time required might be different, depending on numerous factors, and requirements for clearing abstracts for multiple conferences might change. You should consult your supervisor **early** if considering submitting a previously cleared abstract to another conference.

eClearance

The author initiates the official clearance process by submitting a document into the eClearance system using the website <https://publishing.cdc.gov/>, CDC's electronic clearance program. eClearance is only available inside the CDC firewall. You should receive training or assistance to navigate eClearance from your assignment. More information regarding eClearance is available at: <http://intranet.cdc.gov/od/oads/osq/>. Step-by-step instructions on how to use the CDC e-Clearance system can be found in **Appendix 6 — Authorship and Clearance (62A1)**.

If, during the course of clearance, your document becomes stuck because of major concerns by one or more clearing reviewers or you find that you need additional time to respond to comments made by a reviewer, you should withdraw the document from eClearance until all concerns are resolved and the document can be returned to the workflow to be cleared in a timely fashion. You should be available to quickly address any comments or concerns during this process. If the document sits in your eClearance box without being worked on for an extended period, it will be withdrawn from the clearance process. Do not submit a product for clearance, and then be unavailable to address reviewer concerns for reasons such as international deployment or maternity or paternity leave. If you believe you will be unable to respond to address comments

quickly, wait to submit the document until you return to the office. Your division or branch clearance coordinator should be able to assist you with using eClearance.

Clearance — The Steps

Each CIO has a clearance matrix that outlines the levels of clearance required for certain documents. Ask your supervisor for a copy and keep it handy. Below we outline some general steps of clearance, but you should familiarize yourself with the steps required by your CIO.

- 2. Preclearance review.** Before a document can be submitted for clearance, it must represent the best effort of the author, coauthors, and supervisors. The document being submitted should be reviewed by all of these key persons and their comments satisfactorily incorporated **BEFORE** entering clearance. If working with CDC coauthors, emphasize that they should obtain preclearance approval from their supervisor if needed. The supervisor will not necessarily be given the opportunity to review the document during the official clearance process (see **Cross-clearance**).
- 3. Coauthor approvals.** When submitting the document to eClearance, you will be asked to provide an e-mail approval from each coauthor that gives the author's name and states that he or she has reviewed the draft and agrees to its submission to CDC clearance. You must enter these into eClearance or the product will be returned to you. This e-mail should read as follows: "I, (enter coauthor's name), approve being listed as a coauthor and approve submission to CDC clearance for the information product, (enter title of the information product)." The coauthor's name must also appear in the e-mail signature. Also, be sure to copy and include the author's e-mail heading with the e-mail address. You must remember to allow time for obtaining all of the required e-mail approvals, especially if many coauthors are included.

Although not required to complete the CDC clearance process, you should obtain permission from persons you acknowledge in your manuscript. This is so they are aware of the manuscript and will accept having their name appearing in the acknowledgment. You should keep a record of these permissions.

When you have a working group as a coauthor, the lead of the working group should provide the coauthor approval for the working group. The e-mail should read as follows: "I, [insert working group lead name] approve being listed as a coauthor for the [name of the working group] and approve submission to CDC clearance for the information product, "[insert title of information product]. The names and affiliations of the working group are listed in the information product."

When working with non CDC coauthors, please send the "Letter of outside CDC authors" along with your request for approval. Letter is located on the Science Office SharePoint at the following link: https://esp.cdc.gov/sites/csels/dsepd3/od/science/Clearance/Authorship_and_Policy/External%20clearance%20letter_Sept2018.pdf.

- 4. Cross-clearance.** When a document crosses the subject matter expertise of several CDC CIOs, it must be reviewed and approved by each CIO. This process ensures review by appropriate subject matter experts and a CIO will be ready to respond if called by reporters when the manuscript is published. The document will typically start clearance in the first author's CIO, but will be sent to the other CIOs for cross-clearance as part of the original CIOs clearance process. If a document needs cross-clearance by multiple CIOs, it will go to all CIOs concurrently, rather than sequentially. Often, though not always, the CIO affiliation of CDC coauthors is an indicator for which CIOs must provide cross-clearance.

After cross-clearance is requested, it becomes the responsibility of the cross-clearing CIO's ADS. The CIO ADS might handle clearance review personally, delegate it to a division ADS, or send it to an individual subject matter expert. This process is handled differently by different CIOs. If review by a

particular supervisor or branch is required, this should be obtained during the preclearance process and noted in the eClearance system.

The cross-clearing CIO might simply review and approve the manuscript with or without marginal comments. Alternatively, the CIO might raise difficult questions or serious objections. If necessary, your supervisor will help you reach consensus between CIOs of differing opinions. The product is not officially cleared until all cross-clearing CIOs have approved and the originating CIO issues formal approval. Clearance must be completed before an abstract can be submitted to a conference or a manuscript can be submitted to a journal.

One example would be an *MMWR* detailing an influenza outbreak in a hospital that was investigated by officers in NCEZID's DHPQ division (the division overseeing hospital infections). The Influenza Division, even if not involved in this investigation, would need to cross clear the *MMWR* because they hold subject matter expertise in influenza. Your supervisor or division level Associate Director for Science can also assist in making this determination, with final cross-clearance determination made by the Associate Director for Science for your CIO. See [Guidance and a list of cross-clearance topics by centers](https://esp.cdc.gov/sites/csels/dsepd3/od/science/default.aspx) located on the Science Office SharePoint site <https://esp.cdc.gov/sites/csels/dsepd3/od/science/default.aspx>

Sometimes the CDC Office of the Associate Director for Science (OADS) will review products. These tend to be articles headed for high-impact journals (e.g., *NEJM*, *JAMA*, or *Lancet*), or concerning controversial topics. More information is available at: http://intranet.cdc.gov/od/oads/osq/science_review/idclearproducts.htm.

5. **Correct routing.** If your product is intended for publication, mark the appropriate boxes and indicate the proposed journal, book, etc. If your product is for presentation, indicate the conference(s). Correct indication for intended use is necessary to ensure the correct clearance routing. Products are most commonly misrouted when they are not conference abstracts or manuscripts intended for a peer-reviewed journal.
6. **Naming convention.** Before uploading into eClearance, name your document to something informative. Ask if your CIO has a preferred convention; field officers see the supplemental information box below.
7. **Research concerns.** If your product is Dual Use Research of Concern or was determined to be Human Subjects Research, you will need to check the appropriate boxes and add your DUR or SEV numbers. HSR numbers (or some identification as provided by your CIO) must also be entered.
8. **Comments.** Before pressing the final button to start the clearance workflow, be sure to enter into the comments box the conference submission deadline for the abstract (or issue submission deadline for the journal, if applicable), as well as any special instructions or author availability information.
9. **Cleared document.** The cleared document with cross-clearance comments and edits will be returned directly to the officer through eClearance. Sometimes these comments are difficult to locate, so be sure to familiarize yourself with the system and if in doubt, ask your supervisor. The officer is responsible for addressing any comments and edits and enter the revised version into eClearance. After all approvals have been obtained, addressing all comments, and entering a clean copy (no comments or questions) of the document into eClearance is the clearance process complete.

During the clearance process a manuscript might be approved and forwarded to the next level with few or no comments or suggestions. However, at other times, a manuscript might be returned to the author several times for modification before it is forwarded to the next level. The author is expected to revise the document appropriately and in a timely fashion. You should share comments with your supervisor throughout the process; you are not expected to revise the manuscript to reflect each and

every comment, especially when you receive contradictory comments. Your supervisor can help you determine which comments to address and how to respond.

The clearance process will change a document, sometimes substantially. The document sent for cross-clearance will have changed from the original preclearance version. Cross-clearance comments can also result in changes. Your supervisor can help you determine at which points during the clearance and revision process coauthors should be consulted. Ultimately, it will be necessary for all coauthors to review and accept the final version.

The Publication/Presentation Clearance Form is the proof you will need that your information product completed clearance. If needed, you can print a copy of the Publication/Presentation Clearance form by selecting the document in eClearance, selecting the *Edit Clearance* box in Clearance Info, and selecting the *PRINT* box in the upper right corner.

Clearance When the CDC Author Is Not First Author

If the first author is not from CDC, the manuscript will still be subject to the same clearance process described above. Because this process can be time-consuming, the officer should warn the lead author by describing the process. CDC clearance will be initiated in the CIO of the CDC author first in authorship order or the CIO with SME if there is a co-author from that Division.

Approval Times for Manuscripts and Abstracts

Most CIOs attempt to approve well-prepared manuscripts (those that do not need to be sent back to the author for major clarifications or revisions) in about 15 business days. Per CDC policy, cross-clearing CIOs are allowed 10 working days for review. How quickly your product moves through often depends on how quickly you respond to the requests for changes. You can track the progress of your manuscript through eClearance, but after it starts cross-clearance review you will not know exactly who has your manuscript. If you have any questions about the comments that come back, or how to move a manuscript through eClearance, your supervisor can help you navigate the appropriate channels.

Except in special circumstances, abstracts should be submitted to clearance at least 3 weeks (preferably longer) in advance of the abstract deadline; this means drafts should be shared with your supervisors and coauthors **at least 4 weeks in advance of the deadline**. Special deadlines will be required for EIS conference abstracts. Your CIO will share internal deadlines for any conferences with you, so be sure to pay attention to those deadlines. Clearance can be expedited (see below), but waiting until the deadline to submit for clearance does NOT constitute the need for an urgent review.

It can be tricky to find the comments when the document comes back to you. Please see the screen shot below to help you navigate the system.

Cross Clearance

If your document went to another division or center for their comments and edits ("cross-clearance"), here is how to find the cross-clearer's comments and edits.

1. In eClearance, click on your document.
2. Mid-screen, there's a horizontal row of tabs. Click the "Comments" tab.
3. Your own division's comments appear there under a [horizontal sky-blue bar](#) saying "Originating CIO Review Comments." If you need to see a particular reviewer's edits, you can click in the right-hand "Product" column on "View Version."
4. To find comments from OUTSIDE YOUR DIVISION, look at the [green and yellow boxes](#) above the sky-blue bar on the screenshot below. If the green box appears, your document was reviewed by

another division within your CIO. If the yellow box appears, your document was reviewed by a center other than your Center. (Boxes could be other colors indicating other special reviewers.)



5. You can click on the colored box to see the comments from cross clearing reviewers
6. There, beneath the comments from your own division, you will see a wide green box and/or yellow box (see screenshot below), depending on who was asked to review the document. Below that wide colored box, you can click "View" under "Content Version" for edits and click "View" under "Comments During Review" for comments from that cross-clearance reviewer.



Expedited Clearance

In true emergency situations, authors might ask that clearance of their abstract or manuscript be expedited. However, in fairness to other authors, do not request such expedited treatment unless you are faced with an unexpected deadline. If expedited clearance is requested, you must provide a justification for this request in the e-Clearance comments section. For example, an *MMWR* dispatch on the first case of person-to-person Zika transmission in the continental U.S. would be grounds for expedited clearance. A reason such as, "I forgot the conference deadline is next week" is not grounds for expedited clearance!

When a Document Is Not Cleared

When a document submitted for clearance is returned Not Cleared, make the requested changes in consultation with your supervisor. Resubmit the revised version through eClearance or as advised by your supervisor. Having a phone call with the person or center who did not approve the document is often the easiest way to resolve the differences.

Authorship Citation

The EIS Program requires that when you list yourself or your EIS colleagues as authors for work done during time as an EIS officer, **you should include affiliation with the EIS Program**. The affiliation with EIS should be included even if the manuscript is published after the author has completed the program.

Example 1

Jane Doe¹ (your name on the author line with superscript noting affiliation).

(1) Epidemic Intelligence Service assigned to <insert CIO or Health Department>, Centers for Disease Control and Prevention, Atlanta, GA 30333.

Example 2

Jane Doe^{1,2} (your name on the author line with superscript noting affiliation).

(1) Epidemic Intelligence Service, Centers for Disease Control and Prevention, Atlanta, GA 30333.

(2) XXX State Health Department (only for field officers).

Requirement for Disclaimers on Publications and Presentations

In December 2004, the federal Office of Management and Budget (OMB) issued a directive that federal agencies must have their “important scientific information” undergo peer review before dissemination. The OMB distinguishes between information disseminated as an official position of the agency and information disseminated by government scientists as part of their normal duties. Most publications and presentations by EIS officers will fall into this latter category and might be exempted from this new peer review requirement by inclusion of disclaimers. Your supervisor can help you decide whether your work requires that a disclaimer be added or whether it requires a full peer review instead. When your work does require peer review, they will help set-up the process. See Guidance on Disclaimers for CDC Scientific Publications and Presentations, updated October 20, 2010 for more information and available at: http://intranet.cdc.gov/od/oas/osq/science_review/pdf/disclaimers-guidance.pdf.

Journal publications prepared as part of normal duties of CDC staff should use the following disclaimer: “The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.”

When submitting an abstract to a meeting, you are not required to insert the disclaimer (this would not be feasible in most cases given word limitations), nor are published abstracts required to include the disclaimer. However, you must include the disclaimer (usually on your final slide) when you do the actual presentation. Use the same disclaimer text as for journal publications.

Standardized Statements for Human Subjects Protection

When reporting the findings of studies involving human subjects, authors should indicate whether the procedures followed were in accordance with the ethics standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008. Suggested wording is covered under the [Human Subjects](#) sections of this document.

Author's Responsibilities After Clearance

After a manuscript has been cleared, the author has several important responsibilities.

1. The author must review all reviewers' comments, questions, and suggestions, including scientific, grammatical, statistical, policy and revise the manuscript as necessary. Although certain comments might offer alternative phrasing that the author is free to use or ignore, most comments should be addressed, and all comments related to CDC policy **MUST** be addressed. If you disagree with such comments, contact your supervisor, who can arrange further discussion with the appropriate Associate Director for Science. The final version must be shared with and approved by all coauthors before journal submission.
2. The author must review the requirements of the journal and must ensure that the manuscript meets those requirements (e.g., format of cover page, structure or number of words in abstract, total word count, margins and spacing, and number of copies). This should have been done **BEFORE** the manuscript was submitted for clearance, and should be verified after clearance, because the changes that occur during that process might have affected your word count or figure count.
3. The author should prepare and submit to the journal a cover submission letter; **see Appendix 6 — Authorship and Clearance (64E)**. Note: journals will ask you for a signed transfer of copyright agreement before publication; however, because you are federal employees and your work is in the public domain, no transfer of copyright is needed. Most journals will accept this and not require this transfer. Your non-federal coauthors might still be required to provide a transfer of copyright. A copyright form on CDC letterhead is provided in appendices **Appendix 6 - Authorship and Clearance (64A)**.
4. When you submit the manuscript or abstract, you should also send a copy of the submission letter and the manuscript to each coauthor. Keep your coauthors apprised of the process as you receive peer review comments and decisions from the journal or conference. (Some journals and conference websites will automatically e-mail all coauthors.)
- 5A. If the manuscript is accepted, you should discuss the journal reviewers' comments and recommendations for revisions with your coauthors and supervisors. You must address the comments either by modifying the manuscript as suggested or stating in a resubmission cover letter why the suggested change is not appropriate. If significant changes are made, especially if related to policies or recommendations, the necessity might exist to resubmit for clearance; check with your supervisor.

You should send the following.

1. The resubmission cover letter and revised manuscript back to the journal; and
2. Copy of reviewers' comments, resubmission letter, and revised draft to each coauthor.

5B. If the manuscript is rejected, you should discuss the journal reviewers' comments with your supervisors and with coauthors. With appropriate input, you must decide whether and how to modify the manuscript, and whether to submit it to a different journal.

If the manuscript is rewritten with substantial modifications, it might need to be resubmitted for clearance again before being submitted to another journal. If the manuscript is submitted to a second journal with limited changes, the supervisor will likely waive the requirement for resubmission to clearance.

You must check with your supervisor (for field officers, this means your EWB supervisor) if any charges associated with the publication of your manuscript are required. The EIS Program does not cover these charges for HQ officers, and has limited funds available to cover publication costs for field officers.

After the manuscript is cleared and revised according to the comments received, you need to elevate it to cleared status in eClearance and save the final version. After it is published, you need to follow the steps outlined in <http://intranetwp.cdc.gov/publishingassistant/> to ensure your document is submitted to NIH for Open Access by the public.

Plain Language Training

The Plain Writing Act of 2010 requires all federal agencies to use plain language when they communicate with the public. All CDC-produced documents for public use must be written in language that the intended audience (e.g., the public, scientists, public health, or healthcare professionals) can understand the first time they hear, see, or read it. CDC offers staff in-person and online training to meet this requirement.

If your CDC CIO or field office does not provide you with plain language training, DSEPD recommends the National Institute of Health's (NIH) online plain language course as an option to complete this requirement. To take the NIH course, do the following.

1. Go to <http://plainlanguage.nih.gov/CBTs/PlainLanguage/login.asp>.
2. Log in with your first and last name and e-mail address.
3. Send a copy of your NIH certificate of completion to fellowships@cdc.gov, Attn: Cindy Alvarez by August 31 of your first year of EIS. Cindy Alvarez is the DSEPD Health Literacy POC.

You can learn more about using plain language to communicate clearly at the following sites.

4. Health Literacy: <http://www.cdc.gov/healthliteracy/gettraining.html>;
5. Health Literacy and Clear Communication: <http://intranet.cdc.gov/od/oc/subTopic/health.htm>;
6. Plain Writing Act of 2010: Use plain language: http://intranet.cdc.gov/od/oc/subTopic/plain_language.html; and
7. Plain Language: <http://www.plainlanguage.gov/index.cfm>.

Work Done Before EIS

Clearance does not apply to work completed outside of federal government, before you started EIS, as long as the work does not involve CDC data. If, for example, you have manuscripts being published from your time at a university completing your dissertation, those manuscripts do not need to be cleared by CDC. However, you should make your supervisor aware of them. If you are publishing a manuscript concerning work completed at CDC before EIS, you should talk with the supervisor of that project regarding how to submit to clearance.

You should always make your local and EWB supervisors aware of any such pending publications and ask for advice should the publication of said manuscripts lead to media interest and interview requests.

FIELD OFFICERS: SUPPLEMENTAL INFORMATION

Field Officers Authorship

In certain instances it will be appropriate to list your local supervisor, EWB supervisor, or EWB statistician as a coauthor. You should consider the contributions of your supervisors and statistical support relative to the contributions of other collaborators when determining authorship. However, they should not be listed as coauthors simply by virtue of their position. Authorship depends on whether they truly meet the authorship criteria. Clearance is typically not required for a written piece in a field officer's state or local health department bulletin, **unless the piece is intended to fulfill the Concise Public Health Update CAL.**

Field officers should involve both their local and EWB supervisors in decisions whenever the designations of investigator roles and credit are not completely clear. This is true whether coinvestigators and collaborators are from within CDC, state or local health departments, or academic centers or other institutions. Your local and EWB supervisors can be instrumental in avoiding or mediating misunderstandings about authorship.

Cross-clearance is needed for most manuscripts and abstracts originating from field officers; your EWB supervisor can help you identify the relevant CIO(s) for cross-clearance.

Field Officers Clearance

Special considerations for field officers whose work will go through DSEPD clearance can be found in **Appendix 6 — Authorship and Clearance (62B1)**. Ultimately, the document will be reviewed and approved by the following.

- EIS officer's EWB supervisor
- DSEPD technical editors
- DSEPD Associate Director for Science (ADS)
- CSELS Associate Director for Science (ADS)
- Other centers, offices, or groups within CDC that have responsibility for the subject area (i.e., cross-clearance)

Because your abstracts all require cross clearance, you should plan to start clearance (i.e., submitting to eClearance) a minimum of 4-6 weeks in advance of the deadline. Plan to allow even more time for manuscripts. The steps for a field officer to submit a product for clearance through the CSELS clearance chain are outlined below. Alternatively, if the product includes a CIO SME co-author, the product can be routed through the SME CIO clearance chain. For more information on that option, see the section below titled "When a CDC SME is a Co-Author."

1. Preclearance review. The abstract and manuscript must be reviewed and approved by coauthors, plus local and EWB supervisors. Comments must be satisfactorily incorporated before a document enters scientific clearance. If working with CDC coauthors in other CIOs, emphasize that they should obtain preclearance approval from their supervisor. The supervisor will not necessarily be given the opportunity to review the document during the official clearance process.

The document must be precleared with your EWB supervisor before you submit to eClearance. If it is entered into eClearance before it is precleared, your EWB supervisor will ask you to withdraw it and then resubmit after preclearance review is complete. The first time your EWB supervisor sees the product should not be when it comes to him or her through eClearance!

2. Local approval and submission of packet to eClearance. CSELS requires that all products submitted by field officers receive SME review prior to submission into eClearance. If there is an SME co-author, this review will occur during the co-author review and approval process. If an SME is not a co-author, talk to your EWB supervisor about possible options for obtaining SME review. SMEs can be CDC or non-CDC, as long as they have expertise in the topic of the product. To validate that authors have followed these guidelines and expedite clearance review, authors should include the following information in the Author Comments section when entering their product into eClearance:

- Name of EWB supervisor and date when document was approved during eClearance
- Name(s) of SME(s) and dates(s) when document was reviewed during preclearance
- Names and dates of others who reviewed document during eClearance (if needed)
- Word count and any other special formatting requirements that it would be helpful for eClearance reviewers to know about

After the author, coauthors, local and EWB supervisors all reach agreement on the draft document, the author submits it for CDC clearance using eClearance. Your EWB supervisor must agree that the document is ready to submit to clearance; submission of a document that is not ready will delay the approval process

If your local primary supervisor is not a coauthor, either paste his or her e-mail approval into the Comments box in eClearance or forward his or her e-mail to your EWB supervisor.

If your investigation had an HSR designation made by EWB, ensure the **HSR number** is entered into eClearance at the appropriate location. (This will be found in the *Edit Document Description & Regulatory Information* box under *select the following regulatory and policy items that related to this document*. When you checkmark the box next to *Reports on an activity that involves human data or specimens* a window will open for adding the HSR number that was assigned to the investigation.) If your investigation was led by a CIO, they likely had responsibility for obtaining the human subjects review and you should ask them for a copy.

Documents submitted into eClearance without this information will be returned to you by DSEPD editors!

Correctly assign cross-clearance (clearance by the CIO(s) with programmatic responsibility). Cross-clearance is needed for the majority of manuscripts and abstracts from field officers. Your EWB supervisor can help you identify the relevant CIO(s) for cross-clearance. An up-to-date list is also available at: <http://aops-mas-iis.od.cdc.gov/Policy/Doc/policy66.htm>. Final cross-clearance determination is made by the DSEPD Science Office. However, for tasks requiring cross-clearance, the CSELS ADS can change which CIOs are necessary for cross-clearance.

Before uploading into eClearance, rename your document to something that makes sense. Consider this file naming convention: **Lastname_Short Title_Target conference or journal.doc**. Do not change the name of the document as it works through the system.

For example:

Smith_varicella epidemiology_EISConf.doc or Smith_varicella epidemiology_MMWR.doc

Example for packages, where the manuscript, figures, and tables are uploaded as separate documents into one package:

Burrer_NHAnthrax_MMWR_ms.doc

Burrer_NHAnthrax_MMWR_fig.ppt (or .doc)

Burrer_NHAnthrax_MMWR_tables.doc

Before pressing the final button to start the clearance workflow, be sure to enter into the comments box the **conference submission deadline** for the abstract (or submission deadline for the journal, if applicable), as well as any special instructions or author availability information.

Although clearance of presentations or posters is not typically required, a good practice is to share the product with the CDC subject matter experts for the topic. They can help strengthen the product and can ensure information is correct.

3. EWB supervisor review and approval. The EWB supervisor will review the clearance information and the document in eClearance. The EWB supervisor will return the document to the author if one or more problems are identified; however, this should rarely occur if the author **properly precleared the document**. After the EWB supervisor approves the document, it will be forwarded to the next reviewer. The EWB supervisor will also determine whether a review by the Branch statistician is warranted.

4. Editorial review and approval. An experienced writer and editor will review the document for grammar, spelling, clarity of writing, and conformity to scientific style. The writer and editor will make editorial recommendations and forward the manuscript to the DSEPD Deputy ADS for review.

5. DSEPD Deputy ADS review, decision regarding cross-clearance, and approval. The DSEPD Deputy ADS or designee will review the document partially from a scientific perspective and partially from a policy perspective. In some cases the product might have to be reviewed by the DSEPD, CSELS, and CDC policy offices. If the Deputy ADS has substantive concerns, he or she might contact the author directly, or return the document to the EWB supervisor for discussion with the author or modification by the author. The document with the accumulated DSEPD comments and edits will be returned directly to the author through eClearance. The author should discuss comments and edits with the EWB supervisor. After approval, a **clean, revised version with no comments or edits**, that addresses DSEPD comments will then be entered into eClearance by the author before the next review

6. CSELS review, approval and cross-clearance. After DSEPD review, the information product is reviewed by the CSELS Associate Director for Science.

7. Cross Clearance The vast majority of manuscripts and abstracts submitted by field officers are sent for cross-clearance to the CIO with subject matter responsibility.

8. Cleared. After being cleared, follow the instructions outlined above in Author's Responsibilities after Clearance.

9. Publication. When the manuscript is published, send an electronic copy (PDF file) to EWB. This is an important step to follow, because we maintain a database of all published manuscripts by field officers.

Note: If getting a document cleared, either through CSELS or cross-clearance, you need to make your EWB supervisor aware. Sometimes setting up a telephone call is the easiest way to resolve concerns and disagreements that can arise during clearance.

When Field Officer is Not First Author

If the first author is not from CDC, the manuscript will nonetheless be subject to the same clearance process described above. Because this process can be time-consuming, the field officer should warn the lead author by describing the process.

When the lead author is not a field officer, but an EIS officer or staff member of a different CIO, CDC clearance will be initiated in the CIO of the first listed CDC author. Typically, DSEPD cross-clearance is NOT required in this instance, but we will receive an informational copy from the originating CIO. Only documents addressing public health workforce training, education, or career development concerns are cross-cleared by DSEPD.

If the first author is your local supervisor, or someone else in the state or local health department, you will enter the document into clearance as described under [Clearance When the CDC Author Is Not First Author](#) above.

When a CDC SME is a Co-Author

When a CDC SME is a co-author, CSELS allows for an option to initiate eClearance in the SME's clearance chain rather than initiating it in CSELS. To exercise this option, the CDC SME must agree to serve as the eClearance Point of Contact and the EIS officer will retain ultimate responsibility for addressing clearance comments and ensuring the product reaches a cleared status before submission. More details on this option are available in **Appendix 6 — Authorship and Clearance (62B2)**. In this option, the product will first be approved by your EWB supervisor and reviewed by the DSEPD editor and ADS. The product will not come to CSELS during clearance unless the topic is related to public health workforce training, education, or career development; laboratory services; or surveillance.

Guidelines for Scientific Presentations

Oral Presentations

Scientific presentations at national conferences are usually based on acceptance of submitted abstracts. See other sections of this handbook for information on conferences, abstract submission dates, authorship guidance, and CDC clearance. Abstract writing is an art unto itself; good abstracts are clear, logical, and succinct. Do not reinvent the wheel; find good examples of abstracts that describe investigations similar to yours and model your abstract after these examples. Look at EIS Conference program books from recent years; they include all accepted EIS abstracts and are a good place to start. More information on how to develop both an oral presentation and a poster presentation can be found in **Appendix 8 — Guidelines for Presentations (80A–80L, 81–85)**.

How an Oral Presentation is Different from a Manuscript

An oral scientific presentation is an exercise in communication. In most cases, you are presenting an investigation that you conducted, whether an outbreak or a planned study. An oral presentation is different from a peer-reviewed manuscript on the same investigation, although both contain the same scientific information and use same basic format of Background, Methods, Results, and Discussion.

An oral presentation of an investigation is most engaging when you tell the story of how the problem declared itself, what you wanted to find out, how you set out to do that, what you found, and what you conclude from your findings. We recommend this approach especially for EIS Conference and TMS, but it should work well for most conferences with a substantial epidemiologic audience.

Telling the story means doing these things . . .

. . . **setting the stage.** For example, start by describing the call that brought the outbreak to public health attention, or if a planned study, start by describing what prompted your attention to this research question.

. . . **preserving the element of mystery.** For example, was the cause of the outbreak unknown at the time you started your investigation? Then do not reveal the ultimate etiology in the background or title!

. . . **presenting the questions you wanted to answer.** Questions are more engaging than dry objectives. For example “How did this patient acquire babesiosis?” rather than “Determine mode of transmission.”

. . . **showing how epidemiologic judgment and decision making influenced the investigation as it unfolded.** For example, did the results of an initial component of your investigation affect later parts of the investigation (e.g., initial case finding and descriptive epidemiology results led you to focus your case-control study on a particular group)? Then present the methods and results of the initial component first, then the methods and results of the second component to show the process of epidemiologic judgment, rather than presenting all the methods together and then all of the results together as if the investigation had been preordained to occur the way it did.

. . . **still presenting good science!**

Key Messages

Simplicity is Good: We are bombarded by data and information in our daily lives. Because we are already overloaded, presentations need to be simple and to the point.

Preparation is Essential: Knowing your key messages and what you are trying to achieve is important for a well-structured presentation.

Design Needs to be Purposeful: Design should relate to the key messages. Any audiovisual materials should contribute something to the presentation. A presentation that is sophisticated with lots of text, fancy animation, and complicated graphs is easy to think will be powerful. However, starting with the basics and adding from that point is better. Too much information on slides can distract the audience from listening to you.

Delivery Needs to be Engaging: An effective speaker conveys credibility and energy, is aware of his or her audience, and reaches out to connect with them.

EIS Conference Presentation

EIS Conference oral presentations, except for late breakers, are 10-minute talks. A similar time frame is used at many conferences. Your presentation can only cover the most important findings of your study. You do not have time to tell everything you did or everything you found out. Typically, other types of oral presentations (e.g., 30-minute TMS presentations or 5-minute EIS late-breaking reports) also follow the same format as a 10-minute presentation, but the time allotted to each component is adjusted to fit the overall length of the talk.

Surveillance System Evaluation Presentation (Fall Course)

The surveillance presentation has a different format than the standard 10-minute EIS Conference presentation, but the principles of effective presentation still apply. Guidelines and examples for preparing your surveillance presentation will be sent to you by the EIS Program before the Fall Course.

Tuesday Monthly Seminar Presentation

TMSs are longer seminar presentations of approximately 30 minutes and offer more flexibility and depth than a strictly timed 10-minute presentation at EIS Conference or most national scientific meetings. Refer to the section on EIS Competencies and CALs for more information on TMS presentations.

Example Presentations: Do Not Reinvent the Wheel!

In **Example Presentations (Appendix 8 — Guidelines for Presentations (82))** we are providing examples of past successful EIS officer presentations, including EIS Conference (10-minute oral presentations and 5-minute late breakers), TMS (approximately 30 minutes), and poster presentations. Get ideas from these examples.

EIS Presentation Checklist

This checklist is included as a self-assessment tool, but you might also find it useful to ask your colleagues to critique your presentation using the outline below.

Background

- Did you capture the interest of the audience?
- Were the public health concerns clearly identified?
- Did you provide only the essential information for the audience to understand what follows?
- Did you provide the rationale for the investigation or study?
- Were the objectives clear?

Methods

- Was the study design described?

- Was the case definition clear and appropriate?
- How were the cases identified?
- How were the control subjects selected?
- Were laboratory and environmental methods described, if applicable?
- Were analytic methods clearly described?

Results

- Were findings ordered logically (e.g., clinical, epidemiologic, laboratory, or environmental)?
- Were descriptive data presented clearly (e.g., person, place, and time)?
- Were the correct measures of association and tests of statistical significance used?
- Did stated results logically follow the methods?

Discussion

- Were the findings interpreted and put into context with the literature, not just repeated?
- Were the most important limitations addressed (but not the insignificant ones)?
- Were the objectives met?
- Were the conclusions stated clearly and ordered logically (from most to least important)?
- Were the conclusions consistent with the data presented?
- Did the recommendations follow logically from the data (and conclusions) presented?

Questions and Answers

- Were the questions answered fully and appropriately?
- Did answers indicate knowledge of the subject?

Style Concerns

- Did you stay within allotted time?
- Was the talk well rehearsed so you didn't appear to be reading?
- Did you speak clearly, with adequate volume and moderate pace?
- Did you establish and maintain good eye contact with the audience?
- Did script text match slide text?
- Were the abbreviations clear?

Graphics Support

You are expected to prepare routine graphics (slides) yourself for oral presentations.

CDC's OADC Creative services can complete your poster for you, if desired. More information about Creative Services is available on the intranet at <http://intranet.cdc.gov/oadc/create-it/>.

The EIS Program will not reimburse you for the cost of printing your poster at an outside vendor (e.g., FedEx Office or similar company).

Visuals are essential for creating content that is understandable, engaging, and memorable!

Need visuals for an abstract, presentation, report or other document? Check out **Appendix 8 - Guidelines for Presentations (80L)** for two great options accessing graphics, stock photos, icons, and illustrations.

Field Officers Scientific Presentations

The handbook covers development of scientific oral presentations and posters in detail. Formal [clearance](#) of the actual poster or slides is not required; however, you can request editorial review from the DSEPD editor, if desired. Field EIS officers should **use the templates for CSELS** (Center for Surveillance, Epidemiology, and Laboratory Services).

CSELS Slide Templates

http://brandidentitystandards.cdc.gov/Center_and_Program_Brand_Identity_Standards/CSELS_-_Center_for_Surveillance%2c_Epidemiology_and_Laboratory_Services/CSELS_PowerPoint_Templates

CSELS Poster Templates

http://brandidentitystandards.cdc.gov/Center_and_Program_Brand_Identity_Standards/CSELS_-_Center_for_Surveillance%2c_Epidemiology_and_Laboratory_Services/CSELS_Scientific_Poster_Templates

Field Officers Poster Options

1. Create and print your poster at your field assignment

If you have a poster presentation in which you represent CDC, use one of the approved CDC CSELS-specific poster templates. Add your state or local health department logo to the Acknowledgments section and put “Division of Scientific Education and Professional Development” in the second line under “Center for Surveillance, Epidemiology, and Laboratory Services” next to the HHS/CDC logo. **Note: EWB will not reimburse you for the cost of printing your poster at an outside vendor (e.g., FedEx Office or similar company).**

Check with Division of Creative Services and the EIS Program to see if we already have a high-quality logo for your state or local health department in our logo library. If we do not, please provide an ai file (adobe illustrator file), tiff file, or .jpeg file of the logo at the highest quality available. This logo will go in the Acknowledgments section.

2. Work with CDC’s OADC Creative Services

Creative Services can design your poster for you, assist with design, or merely print your poster. Please see the handbook for additional information. More information about Creative Services is available on the intranet at <http://intranet.cdc.gov/oadc/create-it/>.

For EIS Conference **only**, EWB will deliver your poster to the hotel conference site; **for all other Conferences it is up to you to get your poster to the conference.** We recommend enlisting the help of an Atlanta-based EIS officer to help with the logistics. If the poster is brought to EWB, and time permits, EWB staff can FedEx the poster to your conference hotel.

Graduation Criteria

To be considered a graduate of the EIS fellowship, EIS officers must complete both the training and service requirements of EIS, as defined by the following program elements:

- CALs: Each CAL must be completed at least once.
- Required Trainings and Conferences: EIS officers must adhere to the attendance requirements for the required trainings and courses, including:
 - First- and Second-Year Summer Courses
 - Tuesday Monthly Seminars (TMS)
 - Monthly Tuesday Training Seminars
 - Annual EIS Conference During First- and Second-Year
 - First-Year Fall Course
- Time-in-Service: EIS officers are required to fulfill their time-in-service commitment to their host site by remaining in their assignment for the entire fellowship period, which formally ends on **30 June** of their second year. To allow some flexibility in start dates with new jobs, EIS officers will receive full time-in-service credit as long as they remain with their host site through their second year EIS Conference.
- Completion of the EIS Exit Survey

EIS officers who meet the EIS graduation criteria will receive:

- a certificate of completion
- a letter from the EIS Program indicating their status as a successful graduate of the program, to include the beginning and end dates of their EIS Fellowship term – **EIS Graduate Letter (Appendix 1 – 20 EIS Fellowship Status Letters (20A))**

EIS officers who do not meet the EIS graduation criteria will receive:

- a letter from the EIS Program indicating their status as a participant in, but not a graduate of, the EIS fellowship, to include the beginning and ending participation fellowship dates – **EIS Participant Letter (Appendix 1 – 20 EIS Fellowship Status Letters (20B))**

Transitioning to a new position prior to the end of EIS

EIS officers are expected to fulfill their time-in-service commitment to their position and the program. Positions are discouraged from recruiting, hiring, and having a start date before the end of the EIS officer's 2-year time commitment to their EIS position. Programs that seek to hire EIS officers and have them start a staff position prior to the end of EIS might be prohibited from matching with EIS officers in the future. The exception to this is when host sites wish to convert their current EIS officer into a permanent position. Host sites in this scenario are permitted to convert their current EIS officer at any point during the 2-year fellowship, as long as the EIS officer can meet the following criteria:

- Continues to work on projects appropriate for an EIS officer (e.g., assigned epidemiology-related activities as opposed to strictly programmatic activities), with a focus on completing CALs
- Continues to attend all required trainings and conferences
- Is available for deployment at any time at the request of the EIS Program
- Does not undertake supervisory responsibilities

In this case, even after the EIS officer is hired by the host site, the fellow maintains their title and status as a

current EIS officer but their position converts from a non-sponsored EIS assignment (i.e., paid for by the EIS program) to a sponsored EIS assignment (i.e., paid for by the host site). It is expected that the EISO's supervision would remain the same; any changes must be pre-approved by the EIS program. As long as the criteria above are met, the EIS officer will receive full time-in-service credit and be eligible to graduate from EIS.

To convert a current EIS officer into a permanent position, the host site must:

- Secure an FTE and Salary & Benefits
- Submit a conversion request to the Chief and Deputy Branch Chief of the Epidemiology Workforce Branch. EWB will not accept requests directly from the officer.
- Complete and submit a conversion memo to the EIS program. – **Template Conversion to Sponsored Position Memo (Appendix 1 – EIS Procedures, Assignments, & Contact Information – 11 Assignment Agreement Letters (11C))**
- Submit a hiring package through the host site's HR channels (see specific guidance below). EWB can send the host site the officer's previous HR package as an example.

Hiring Graduating EIS Officers

To hire a graduating EIS officer the CIO will need to provide both the FTE and Salary & Benefits. The CIO will be responsible for submitting the hiring package through the CIO's HR channels (see specific guidance below). EWB can send the CIO the officer's previous HR package as an example. EWB will not accept hiring requests directly from the officer – all requests should come from the requesting CIO to Eric Pevzner and Beth Lee for coordination. The start date for the new position should be June 1 or later of the EIS officer's second year to allow them to fulfill their time-in-service commitment to EIS; however, start dates any time after the second year EIS Conference will be permitted.

Specific Guidance for Hiring Graduating EIS Officers

Commissioned Corps

Commissioned Corps Officers may be permanently transferred to a CIO position if the CIO has the FTE and funding. Commissioned Corps Officer can transfer to a non-permanent position in a CDC up to 1-year if they are in their 3-year probationary period. At the end of the 3rd year the officer would have to find a permanent position or decommission. The hiring CIO should work with the Commissioned Corps Activity CCAIEIS@CEC.GOV to submit a 1662 personnel action to transfer the officer to the new position.

Title 42 Fellows

Fellows who are currently under a Title 42 Fellowship have several different hiring options. These options are not considered a 3rd year of EIS, but rather a new T-42 fellowship appointment with the CIO.

Title 42 Fellowship

- The CIO* can work through their HR channels to submit a Title 42 fellowship package to hire a graduating EIS/LLS in the 601 or 602 Series.
- GS-12/3 Title 42 Fellowships do not require additional clearances.
- GS-12/4 Title 42 Fellowships require a justification for a two-step increase.
- GS-13/1 Title 42 Fellowships must go through the CIOs Peer Review Board.
- MD's will not receive the \$20,000 Medical Special Pay Bonus. MSP is approved at the GS-13 level and above through the CIOs Peer Review Board using the 2018 Physicians Comparability Stipend Chart (Appendix 9 – Graduation (91))

Title 5 Appointment

- Graduating EIS/LLS must apply through external announcements in USA Jobs to be hired via Title 5.
- Medical Doctors can apply to CDC's Direct Hire Open Continuous Announcement, and the CIO can submit an HR action to request a certificate from the open continuous announcement where the MD will be referred for hire. <https://www.usajobs.gov/GetJob/ViewDetails/487115400>
- Review the two guidance presentations in the 2018 2nd Year fall course folder.
 1. Navigating USA Jobs
 2. preparing a federal resume

\\cdc.gov\project\OWCD_CCD_EISB\EIS Training Courses and TMS\Fall Course\FC2017\Second Year Fall Course\Friday Jobs .

International Fellows

Since International EIS Officers do not require an FTE, the EIS program will allow the CIO to submit a Title 42 personnel action to extend the officer an additional year. The CIO must have the funding, and this is not considered a third year of EIS, but is a mechanism for the fellow to maintain their J-1 visa status. The fellow may also elect to apply for an H1B visa which is a longer approval process.

CIOs who elect to keep their international fellow an additional year will submit the T42 Fellowship package through their HR channels using their funding. EWB will continue to process the stipend payment and insurance reimbursement for the fellowship.

It is strongly recommended that both the fellow and the CIO consult with the CDC immigration office when exploring hiring options and visa status at CDCimmigration@cdc.gov.

Relocations

When leaving CDC fellows have up to one year to claim relocation after their fellowship. If a CIO hires a graduating field fellow it is the responsibility of the CIO to pay for the relocation. EWB is no longer responsible for an exiting relocation if a field officer transfers to a CIO position and then leaves CDC. Fellows may contact the Bureau of Fiscal Services CDPCSTravel@fiscal.treasury.gov to initiate their relocation.

Second-Year EIS Officer End of Fellowship To-Do List

24-Month EIS CAL Activity Report

- Due before the end of your 2nd EIS year: June 30, 2018 or 2019.
- Update and complete your final 6-month EIS CAL Activity report in eFMS <https://webportalapp.com/sp/login/eis-fellow-activities> Send a PDF of the completed Activity Report by e-mail (not paper) to EIS@cdc.gov. Make sure that old pending items, such as those listed as in progress are updated accordingly. The EIS activity report is proof of your CAL completion and without it you **will not receive your EIS diploma**.
- Your manuscript (CAL 6) must at least be **submitted to clearance by June 30**; you have until December 31 of the year you complete EIS to submit it to a journal. If you have not completed your manuscript CAL by June 30, notify the EIS program when it is complete so your CAL report can be updated. Until then, you will not receive your EIS diploma.

EIS Host Site Assessment

- Complete the EIS Host Site Assessment with your supervisor, according to the instructions sent by e-memo.

Final Versions of Presentations and Posters Saved on the EIS Fellowship MUST Drive

- If you have not already done so, upload your oral and poster presentations to your folder on the MUST drive.

Clearance of Pending and Future Manuscripts or Abstracts

- In the future, should you want to publish a manuscript (or *MMWR*) or present an abstract at a conference based on work you did during EIS, you must obtain clearance from supervisors and CIO before submitting to the conference or journal. Questions regarding what needs to be submitted can be directed to your supervisor.
- If you have anything pending promotion to Cleared Status in eClearance, complete this step before you leave your duty station.
- If you have items in clearance and are leaving CDC, you need to **maintain CDC Affiliate status**.
- If you are staying with CDC but changing branches and enter a product into eClearance from outside of the CIO where you completed EIS, it will route to the wrong reviewers. If you are a CIO officer, your primary supervisor should serve as POC and enter the product into eClearance. If you are a field officers, your EWB supervisor should serve as POC and enter the product into eClearance.

Publication of Manuscripts

- Do not forget that we need a copy of your published work! Yes, it might not be published for a few years, but we still require a copy. E-mail the PDF or the citation to us at: EIS@cdc.gov.

EIS Exit Survey

- You will receive an e-mail from Survey Monkey with a unique link to complete your EIS Exit Survey. Your opinions are an invaluable piece of program evaluation and the results from this survey will help to shape future classes. Completion of this survey should be done by **June 30**.

EIS Out-Processing Checklist

All EIS fellows must complete the Out Processing Checklist, return all property, CDC smart card, and travel card BEFORE leaving CDC. After the fellow completes Sections I–III, they should send the form to their EWB supervisor.

If an EIS officer (employee) is transferring to another CIO within CDC, the employee is not required to surrender these items but should work with their new CIO to coordinate transfers. The EIS officer's (employee's) new CIO will need to update People Processing, Concur, Property Custodian and Travel Card to reflect the correct CIO. All outstanding activities must be completed and property returned before leaving CDC.

The EIS Out-Processing Checklist located in **Appendix 9 — Graduation (92)**.

In addition to the out processing activity topics below, travel voucher, relocation and letter of resignation guidance is provided in the checklist.

You also should have cleaned your office and left details concerning your databases and data dictionaries with your supervisors.

Equipment

- If you are staying at CDC: Your equipment (laptop, docking station, power supply, mouse, computer bag, and key fob), smart card, and travel card will be transferred to your new position; you need to notify your new CDC property custodian and request they complete the transfer by July 1.
- If you are leaving CDC: All equipment (laptop, docking station, power supply, mouse, and computer bag), smart card, and travel card should be sent to Bill Knoll using Federal Express Account # 4332-1234-7.

Bill Knoll
CSELS/DSEPD/EWB
Room 5501.05
2400 Century Center Parkway
Atlanta, GA 30345-3114
ipa9@cdc.gov
678-735-0850

Access to CDC Systems and Facilities

- If you are staying at CDC: Your new office should transfer and update your information in all CDC systems to your new administrative code (e.g., People Processing, Concur travel system) to reflect your new position; you need to notify your new administrative staff to officially transfer you in these systems.
- If you are leaving CDC: You will be deactivated from CDC systems. You can request CDC affiliate status to maintain your access for up to 6 months (see below).

Requesting CDC Affiliate Status (only applies to EIS officers leaving CDC)

- If you have any pending work to complete related to your CALs, you must maintain your CDC computer access. Officers can request CDC affiliate status (up to 6-months) so that you can access CDC e-mail, files, eClearance, and library services. Extensions beyond the 6 months can be granted with additional justification. To maintain access you should do the following
 1. Notify your primary EIS supervisor (or EWB supervisor for field officers) of your need for CDC affiliate status.
 2. Complete the annual Security Awareness Training (SAT) <http://sat.cdc.gov/>.
 3. Request that your current primary EIS supervisor (EWB Supervisor for field officers) submit the request for affiliate status through their CIO approval chain.

While on affiliate status, you will access to the CDC network via CITGO using a **key fob**. To obtain a keyfob, submits a request using the ITSO keyfob request tool <http://itsotools.cdc.gov/RSA SecurID/>. The request will be routed to your primary EIS supervisor (EWB supervisor for field officers) for approval.

E-mails

- To keep your e-mails, forward them to another e-mail address. Reference the HHS Policy for Records Management for additional guidance at <https://www.archives.gov/files/records-mgmt/resources/hhs-2018-inspection.pdf>.

IRB Protocols

- Make sure that you appropriately renew or terminate any IRB protocols. This includes exemptions.

Photos

- If you have any EIS action photos that you have not already uploaded, save them to the EIS Fellowship MUST Drive (\\cdc.gov\project\OWCD_CCD_EISB\EIS Action Photos) in a folder with your name. **Label your photos with who, what, and where** so we know something about them, or include a Word document with explanations.

Commissioned Corps

- If you are staying in the Commissioned Corps, you should draft an Achievement Medal for the body of your work as an EIS officer. This can be done in the 13 months post-EIS; the CDC Awards Boards meets three times per year and usually requires numerous rewrites. .
- COER information is updated annually and available on the PHS (https://dcp.psc.gov/ccmis/COER/COER_Index_m.aspx) websites. As a reminder, your EIS supervisor and new position supervisor will need your input when completing the Transfer COER.
- Consider completing a transfer COER at the end of EIS, especially if moving to a job in a different CIO or agency.
- For more information; please visit websites:
 - CDC Commissioned Corps Activity (CCA) - <http://intranet.cdc.gov/hro/commissioned-corps/index.html>
 - PHS - <https://usphs.gov/>

Keep in Touch!

- We will undoubtedly be in contact during the next several months as you finish up EIS work. Please update your contact information in ReADI to include your personal e-mail. Best wishes and much happiness and success to each of you as you continue your careers!

Supervisor Roles and Responsibilities

EIS officers are expected to spend the majority of their time working on projects with an epidemiologic focus. Supervisors are expected to shield their EIS officers from administrative and other responsibilities that detract from their full engagement in applied epidemiology.

In keeping with the service and applied or field orientation of EIS and CDC, EIS officers are expected to participate in Epi-Aids and other field investigations as a first priority. Supervisors should understand that EIS officers might be assigned to temporary duty with other Branches or CIOs, if such an assignment meets agency needs.

Essential Elements of a Successful Assignment Include

1. **Breadth of opportunity within the assignment.** This is one of the strongest features of good assignments. We encourage supervisors to promote this breadth by collaborating with other epidemiologists in the training of EIS officers and by enabling officers to pursue investigations in a range of subject or geographic areas.
2. **A stimulating learning environment.** An EIS officer will have good epidemiologist role models and guides as she or he begins an epidemiology and public health career.
3. **A good understanding by supervisors of the EIS Program CALs.** For example, participation in bioterrorism planning might only meet the Service to the Agency CAL, but working on a bioterrorism surveillance system might address more than one CAL.
4. **Well-defined, appropriate, ready-to-go epidemiologic projects that officers can start as soon as they arrive.** Assignments start in August and officers can submit as an EIS Conference abstracts in December.
5. **Assignment of secretarial support; individual office or cubicle space; statistical support as needed.** Financial support for a presentation at a national meeting is encouraged.
6. **Computer hardware, software, and telecommunications capacity needed for investigations, analyses, word processing, and graphics production.** Appropriate statistical and epidemiologic software are crucial for a strong EIS assignment.

Introduction to Supervising EIS Officers

The single most important factor in a successful EIS assignment is the supervisor. All potential supervisors should recognize that supervision of an EIS officer requires a substantial commitment of their time, energy, and intellect. Supervising an EIS officer requires a commitment of at least 10 percent of the supervisor's time, i.e., at least 1/2 day per week for two full years. In addition, more of the supervisor's time is required at the beginning of an assignment. To facilitate a good start to the assignment, supervisors should not plan vacations for the first few weeks your officer is in the office (i.e., August).

Each EIS officer is expected to have a variety of experiential learning opportunities in which to participate while on the job, including some of the following.

1. Service to CDC and partners (especially state and local health departments).
2. Investigate outbreaks.
3. Conduct epidemiologic investigations.
4. Conduct epidemiologic analysis.
5. Conduct and evaluate public health surveillance.
6. Study infectious or chronic diseases, environmental or occupational health, injuries, or birth defects and developmental disabilities.

The EIS officer should be able to provide epidemiologic expertise, including analysis of large datasets, evaluation of surveillance systems, publication and presentation of scientific manuscripts, oral presentations, and response to public health activities related to CDC's mission. Your job as a supervisor is to be aware of those opportunities and guide your officer as to the best way to participate in them.

Responsibilities of the EIS officer during their training years can include consulting and assisting local, state, federal, and international agencies relating to his or her area of competence or interest as opportunities arise. EIS officers should never be assigned routine supervisory tasks. As a supervisor, your role is to provide guidance to your officer regarding how they can best participate in these activities.

During the first week your officer is in the assignment, you should meet to review the **Letter of Agreement** (LOA for field officers) or **Memorandum of Assignment** (MOA, for headquarters-based officers) (**Appendix 1 — EIS Procedures [11A and 11B]**). Ensure everyone agrees with the content and the officer knows who will be providing support in the various areas. After you have reviewed the LOA or MOA, sign and return it to the EIS Program as instructed in the document.

What Makes a Good Supervisor?

Supervision is a crucial ingredient for success in all areas of work. However, the method and amount of supervisory work required will vary, depending on the situation. Supervision should always enhance the officer's knowledge and skills, while maintaining a high standard for task completion and professionalism. EIS officers spend about 10% of their time in formal training provided by the EIS Program, and the remaining 90% of that time is spent in on-the-job training in their assignment, making your job crucially important in the development of these officers.

Good supervisors communicate well, value employees, lead by example, maintain a positive attitude, and provide constructive feedback to their supervisees. We encourage supervisors to host regular (weekly, biweekly or monthly) meetings with your officers to provide real time feedback on their progress. Use this time to help the officer identify areas of weakness and what can be done to improve their skillset. **Appendix 4 — Supervisor Resources (40B–40D)** provides resources for reading or coursework that supervisors might find helpful.

Roles

Supervising is a managerial relationship in which a skilled professional defines, manages, and assesses the work of an officer. Supervisors provide the discipline-specific support and training to help EIS officers accomplish agency and EIS Program goals.

EIS supervisors are public health leaders who enhance and facilitate the officer's involvement in opportunities. Supervisors play an integral role in helping define and finalize the officer's work activities. The supervisor and EIS officer should work as a team to ensure that the officer's work activities are useful to their assignment site, while helping to achieve EIS Program competencies.

Mentoring is developmental relationship in which an experienced professional guides a less experienced professional to develop perspective, knowledge, expertise, and experience. Mentors provide career development, organizational integration, and professionalism that helps EIS officers accomplish unique professional goals.

In some situations, the supervisor can be a mentor. Success for both the supervising and mentoring relationship require clear communication of the roles of each before the process and any communication begins. The fundamental aspect to remember is that “the supervisor is responsible for managing on-the-job performance and has a degree of authority; the mentor, in turn, is “neither involved in performance assessments nor appraisals.”² The mentor is available to guide and to suggest.

Supervisor Responsibilities

The criteria and roles of the EIS officers primary and secondary supervisor are outlined in **EWB EIS Officer Supervision (Appendix 4 – Supervisor Resources (40E))**. In addition, the primary supervisor is expected to:

1. **Anticipate the arrival of your EIS officer.** Supervisors should announce the officer’s arrival through their division newsletter or local health bulletin. Supervisors should not plan vacation for the first two weeks their officer will be in the office, because this is important bonding time with your officer!
2. **Line up investigations and work projects for new officers.** If supervisors have planned work assignments, new EIS officers will not have to sit and wait for opportunities. Early immersion into work is the best form of orientation for new officers.
3. **Allocate substantial time to supervise new officers.** New supervisors should expect to spend as much as 75% of their time with their officer the first week on the job. This time should be spent as orientation and getting acquainted with the five or six principals in the office. (No 6-week orientations; one week is enough.) The rest of the staff can be introduced during the course of routine work. The rest of the first month, supervisors should plan to allot up to 50% of their time to their officers; throughout the rest of the first quarter, 25%; and for the rest of the assignment, 10%. Some officers require more time than others and much depends on the levels of confidence and ability of the officers as well as on the availability of competent, supportive people in the office.
4. **Assist new officers in getting started.** Remember that a busy officer is a happy officer. The best supervisors keep officers 125% busy, but not 200% busy or 75% busy. If the work is of value and if officers see that their colleagues are also working hard, they will perform. When projects and investigations are completed and the ensuing reports are edited, new projects are needed. On average, officers can each keep about three projects going at a time and need to be encouraged to do so.
5. **Communication is the Key to Success.** HQ supervisors are encouraged to speak to their EAC representative and CIO liaison regarding any concerns they have about their officer’s performance or opportunities. Officers are encouraged to do the same.

² The Growth Connection. The Role of Mentor versus Supervisor. Sydney, Australia: The Growth Connection Pty. Ltd. Available at: <http://www.growconnect.com.au/articles/default.html>. Accessed October 17, 2017.

FIELD SUPERVISORS: SUPPLEMENTAL INFORMATION

Each field officer will be assigned an EWB supervisor to help navigate the CDC system and ensure a good experience. Field supervisors should interact with the officer and the EWB supervisor frequently to assure the quality of the experience.

Field supervisors should reach out to their EWB supervisor or the field support coordinator regarding any concerns they have about their officer's performance or opportunities.

6. **Schedule regular reviews of officer's work.** The most effective supervisors find the time to review officer's work quickly (e.g., within a few days, if possible, or ask a secondary supervisor to review it first) after it is received so timely feedback can be provided. Officers are required to submit CAL Activity Reports tracking completion of their CALs at months 6, 12, 18 and 24. Supervisors should review these reports with their officers and help the officer plan the next 6 months at each juncture. Additionally, supervisors and officers are required to submit an EIS Progress Assessment, which allows primary supervisors to evaluate officer strengths, areas for growth, and achievement (see [Reports Section](#)).

Below is a more detailed list of supervisory responsibilities.

1. Before Arrival
<ul style="list-style-type: none"> • Prepare for arrival of the EIS officer. • Create a work environment that fosters professional development and learning.
2. Orientation
<ul style="list-style-type: none"> • Orient the EIS officer to the new position. • Introduce the EIS officer to program area staff, including other EIS officers. • Meet with the EIS officer to establish expectations. • Review performance criteria with the EIS officer.
3. Administration
<ul style="list-style-type: none"> • Initiate personnel actions in a timely manner. • Provide training and necessary resources to fulfill work tasks. • Ensure completion of fellowship program reports and documents.
4. Program Guidance
<ul style="list-style-type: none"> • Monitor progress on work assignments and provide constructive feedback as necessary. • Guide the EIS officer through completion of fellowship requirements. • Guide and assist the officer in identifying on-site assignments that help officers complete on-the-job learning experience requirements.
5. Coaching
<ul style="list-style-type: none"> • Coach EIS officer to improve job performance.
6. Teaching
<ul style="list-style-type: none"> • Provide on-the-job training opportunities.

<ul style="list-style-type: none"> • Provide officer with an opportunity to practice and receive feedback before formal presentations. • Provide opportunities for the officer to develop leadership skills.
7. Communication
<ul style="list-style-type: none"> • Inform the EIS officer of work assignments, timelines, and deadlines. • Ensure the officer submits appropriate reports and communications as outlined in the EIS Handbook. • Communicate to the EIS Program any concerns about the assignment or officer.
8. Work Management
<ul style="list-style-type: none"> • Assign, plan, organize, and coordinate the EIS officer's work activities. • Monitor the officer's progress on successfully completing their CALs, individual development plans (IDPs), rubrics, and periodic evaluations for EIS. • Assist the EIS officer in setting priorities for assigned work. • Provide the EIS officer with leadership, guidance, and direction. • Explain how the EIS officer's work advances the agency's mission, goals, and objectives. • Provide the EIS officer with technical support and oversight of day-to-day responsibilities. • Provide timely, regular, and constructive feedback on the EIS officer's performance. • Assess the EIS officer's progress and adjust assignment tasks and responsibilities as necessary. • Support the EIS officer in completing all fellowship performance requirements and CALs. • Ensure the EIS officer's work activities are meaningful and aligned with the fellowship's competencies. • Ensure any new data collection receives PRA and research determinations and then complies with requirements of the determination (i.e., obtains OMB or IRB approval for the data collection if required).
9. Performance Assessment
<ul style="list-style-type: none"> • Assess the EIS officer's work performance and provide real-time and constructive feedback. • Provide the fellowship with feedback concerning the EIS officer's performance as requested every 6 months or when concerns arise.
10. Professional Networking
<ul style="list-style-type: none"> • Provide opportunities for the EIS officer to collaborate with staff or persons in partner organizations. • Support the officer's participation in service to the agency outside of your own epidemiological expertise (e.g., technical assistance, field investigation, or emergency response).
11. Career Development
<ul style="list-style-type: none"> • Support the EIS officer's completion of professional development activities. • Allow time for the EIS officer to attend required education and training. • Assist the officer in identifying potential career paths, particularly those in CDC, academia, and private practice.

Office Support

Immediately after the officer's arrival to their headquarters (HQ) duty station, your administrative staff should take the following actions.

1. Change the administrative code for the officer to the assigned CIO or division as needed in their CGE profile or People Processing.
2. Move the officer within People Processing to the correct CIO.
3. Transfer the officer's Concur Government Edition (CGE) profile.

The CIO is also responsible for providing appropriate office space, telephone with voicemail, office furniture and supplies, access to a fax machine, and administrative support as necessary. At the end of their 2-year assignment, if the EIS officer is leaving CDC, the host CIO can grant affiliate status if needed for the graduating officer to complete any outstanding analyses or projects.

Computer Support

The EIS Program provides all EIS officers with a laptop computer and a smart card (PIV). CIOs can request a USB smart card reader for remote access for their officers through ITSO.

FIELD SUPERVISORS: SUPPLEMENTAL INFORMATION

1. Field officers are assigned to CSELS as an administrative function and no further action needs to be taken by their local supervisors.
2. Local supervisors should help EIS officers get access to any local IT networks and e-mail. Officers need to be able to access CITGO (CDC remote access) from their state or local workstation.
3. Officers are required to either check their CDC e-mail twice daily or arrange to have it forwarded to their local e-mail address. Supervisors should consult their local information technology resource early to prevent or quickly resolve any CITGO and e-mail connectivity problems the EIS officer might experience.

Program Activities

The two components of the EIS Program include the following.

1. CALs which are applied on-the-job experiences which all officers must complete during their 2-year assignment; and
2. Didactic learning activities organized and offered by the EIS Program at certain points during the training.

The below table outlines supervisory responsibilities for helping officers complete their CALs. Also review the EIS Competencies and CALs section of this handbook (including the CAL Implementation Guide) for more detailed information.

Officer Activity	Supervisor Responsibility
<p style="text-align: center;">Field Investigation CAL</p> <p>Conduct or participate in a field investigation of a potentially serious public health problem that requires a timely response.</p> <ul style="list-style-type: none"> • Collect original data (e.g. interviews or chart reviews). • Work with state, local, tribal, international, or nongovernmental organization (NGO) partners. • Commit at least 10 working days to the project, which includes planning, data analysis, and follow-up. 	<p><i>Before officer goes to the field</i></p> <ul style="list-style-type: none"> • Confirm officer’s roles and responsibilities in the investigation. Review officer’s preparation for initiating the investigation. • If officer is conducting Epi-Aid with another CIO, ensure they are getting needed supervision and support. <p><i>During the investigation</i></p> <ul style="list-style-type: none"> • If under your supervision, review questionnaire or data collection plan and recommendations for public health action arising from the investigation. • If under your supervision, conduct regular check-in meetings with field team (daily calls are recommended). <p><i>After the investigation</i></p> <ul style="list-style-type: none"> • If under your supervision, ensure appropriate reports are completed and make decisions on need for additional studies.
<p style="text-align: center;">Epidemiologic Analysis CAL</p> <p>Design, conduct, and interpret an epidemiological analysis.</p> <ul style="list-style-type: none"> • Develop a data analysis plan. • Use software to manage data. • Use epidemiologic methods that account for study design, sample size, bias, power, confounding, and effect modification as appropriate. • Interpret the analyses and make public health recommendations or describe potential implications. 	<ul style="list-style-type: none"> • Assist in identifying data that meets the needs of the CAL and provides an opportunity for robust analyses. • Review data analysis plan and timeline. • Ensure officer has access to statistical software and support. • Review analysis and conclusions. • Assist in identifying appropriate public health literature to support findings. • Review officer’s report and recommendations for public health action.

Officer Activity	Supervisor Responsibility
<p style="text-align: center;">Surveillance Evaluation CAL</p> <p>Evaluate a public health surveillance system.</p> <ul style="list-style-type: none"> • Conduct an original evaluation that contributes to the assessment of a surveillance system of local, state, national, NGO, or international significance. • Adhere to guidance provided by <i>MMWR</i> and Chapter 8 of <i>Principles and Practice of Public Health Surveillance</i> (3rd Ed) and any additional required guidance sent by the EIS Program. • Submit initial surveillance evaluation report and follow-up surveillance report to the EIS Program by the prescribed deadlines. • Give an oral presentation during the Fall Course. • Communicate plan to stakeholders. • Include public health recommendations or potential implications. • Communicate plan to stakeholders and follow-up to assess use of evaluation findings. 	<ul style="list-style-type: none"> • Assist in identifying an appropriate surveillance project and securing access to the system and data. • Review plan of action, timeline, and written proposal for conducting the evaluation. • Facilitate communication with stakeholders. • Review analysis of collected data. • Assist in identifying appropriate public health literature to support recommendations. • Review recommendations for public health action.
<p style="text-align: center;">Long Presentation CAL</p> <p>Deliver a public health talk on the officer's original work or in their field of study to a scientific, medical, or public health audience beyond the officer's branch or team.</p> <ul style="list-style-type: none"> • Give a formal presentation lasting ≥30 minutes. • Answer questions not known in advance (question and answer session). • Provide public health recommendations or potential implications of work. • Invite a minimum of 25 attendees. 	<ul style="list-style-type: none"> • Assist in identifying opportunity to deliver public health talk. • Assist in selecting appropriate topic. • Review content and format before presentation. • Provide opportunity to practice and receive feedback, as well as practice Q and A before formal delivery. • Provide officer with feedback and discuss lessons learned after the talk.

Officer Activity	Supervisor Responsibility
<p style="text-align: center;">Short Presentation CAL</p> <p>Deliver a focused presentation on an original work conducted during the 2-year EIS assignment (e.g. data analysis or field investigation).</p> <ul style="list-style-type: none"> • Give a 5–15 minute oral presentation to a scientific, medical, or public health audience beyond the officer’s branch or team. • Provide information about background, methods, results, and public health recommendations or potential implications of work. • Answer questions not known in advance (question and answer section) 	<ul style="list-style-type: none"> • Assist in selecting appropriate topic. • Review content and format before the presentation and ensure appropriate visuals graphics are used. • Provide opportunity to practice and receive feedback, as well as practice questions and answers before formal delivery. • Provide officer with feedback and discuss lessons learned after the presentation.
<p style="text-align: center;">Peer-reviewed Manuscript CAL</p> <p>Write and submit as first author, a scientific manuscript for a peer-reviewed journal.</p> <ul style="list-style-type: none"> • Present officer’s original work conducted during the 2-year EIS assignment (e.g. data analysis or field investigation). • Include language corresponding to background or introduction, methods, results, and discussion sections. • Include public health recommendations or potential implications of findings. • Submit manuscript to CDC clearance before completing 2-year EIS assignment. • Undergo CDC editorial review. • Submit manuscript to journal by June 30 of the year after officer completes his or her EIS assignment. 	<ul style="list-style-type: none"> • Assist in selecting appropriate topic. • Assist in identifying appropriate journals for submission (note MMWR is not appropriate for this CAL). • Assist in navigating the authorship process and communication with coauthors. • Review planned outline. • Review selection of public health literature to support background, discussion, recommendations, and conclusions. • Assist officer with setting deadlines; might want to recommend the officer complete a section at a time (e.g., Methods), and reviewing that section while officer works on the next section (e.g., Results). • Ensure appropriate use of graphics, tables, or visual aids. • Review officer’s draft manuscript, provide suggestions for improvement, and help respond to comments received during clearance. • Review officer’s final manuscript.

Officer Activity	Supervisor Responsibility
<p style="text-align: center;">Concise Public Health Update CAL</p> <p>Write and submit, as the first author, a concise public health update communicating timely information.</p> <ul style="list-style-type: none"> • Write a brief public health update with no more than 1,400 words for an external scientific, medical, or public health audience based on original work conducted during the 2-year EIS assignment. • Include text describing background or introduction, methods, results, and discussion. • Include public health recommendations or potential implications of findings. • Submit to CDC clearance before completing 2-year EIS assignment. • Submit cleared communication to a publication before December 31 of the year you complete your 2-year EIS assignment. 	<ul style="list-style-type: none"> • Assist in selecting appropriate topic. • Assist in identifying appropriate publication venue (e.g., <i>MMWR</i>, state health department bulletin, WHO weekly epidemiological record, <i>APA Monitor</i>, <i>AMA</i> newsletter, <i>JAMA</i>'s brief reports, <i>EID</i> dispatch, <i>AJPH</i> field action report) for submission. • Review drafts, provide suggestions for improvement, and help respond to comments received during clearance. • Review final product.
<p style="text-align: center;">Abstract CAL</p> <p>Write a scientific abstract.</p> <ul style="list-style-type: none"> • Write and submit an abstract based on the officers' original work conducted during the 2-year EIS assignment (e.g. data analysis or field investigation). • Undergo CDC clearance, including editorial clearance. 	<ul style="list-style-type: none"> • Assist in selecting appropriate topic. • Assist in identifying appropriate conferences for submission. • Assist in navigating the authorship process and communication with coauthors. • Review planned outline. • Assist officer with setting deadlines. • Review officer's draft abstract, provide suggestions for improvement, and help respond to comments received during clearance. • Review officer's final abstract.

Officer Activity	Supervisor Responsibility
<p style="text-align: center;">Lay Audience CAL</p> <ul style="list-style-type: none"> • Develop written or oral presentation material. • Communicate message with the appropriate reading level and style (written documents at an 8th grade reading level). • Disseminate message to the public, media, or congressional audience. 	<ul style="list-style-type: none"> • Assist in selecting an appropriate topic, audience, and format for the material. • Review draft and final content. • Provide multiple opportunities to practice and receive feedback for oral presentation. • Provide opportunities for practice on question and answer sessions if relevant to presentation format.
<p style="text-align: center;">Service to the Agency CAL</p> <ul style="list-style-type: none"> • Provide service activities for approximately 5% of time during the 2-year EIS assignment (i.e., approximately 2 weeks). • Options to fulfill include <ul style="list-style-type: none"> ○ EIS Program recruiter; ○ EIS Summer Course lecturer or leader (e.g., case study or experiential exercise facilitator, panelist); ○ EOC activities (that do not fulfill other CALS); ○ Grant reviewer or prepare grant proposal; ○ Manuscript reviewer; ○ Public health committee member (e.g., EAC reps or IRB); ○ Short-term student mentor; or ○ Other activities that might be approved in advance by EIS Program office. 	<ul style="list-style-type: none"> • Identify appropriate activities for officer to provide service to the agency. • Provide officer with feedback and discuss lessons learned after completing activities.

As a supervisor your role is to help the officer complete all 10 CALs during the 2-year fellowship. Officers are required to achieve each CAL only once, however they are encouraged to complete each CAL as many times as possible to ensure a strong EIS experience. Many times a single activity can be used to fulfill multiple CALs (unless otherwise noted). These CALs are a guide to ensure that each officer has an appropriately diverse experience in EIS, but are not considered *check boxes* that define proficiency. A good supervisor uses these CALs as a tool to assure they are providing ongoing applied epidemiology training in a variety of competencies that are important to public health and CDC. EIS officers are required to report to the EIS Program their activities and progress related to the CALs at 6-month intervals. Submission of this report by an EIS officer, with concurrence of their primary supervisor, is the official documentation of CAL completion. Irrespective of the CALs, an officer requires two years of quality on-the-job mentorship (defined further below) to learn the fundamentals of applied epidemiology from their supervisors.

Although the EIS Program is not requiring the use of rubrics, you are strongly encouraged to review these rubrics with your officers and use them as guidance tools as they work on their projects to ensure officers are on the right track with their work. Rubrics can be found in **Appendix 7 — CALs & Competency Evaluation (70C–70L)**.

Clearance, IRB, and OMB

Supervisors will need to help their officers adjust to working in the federal government. As a supervisor, you have a responsibility to ensure the officer undertakes the correct steps to obtain the appropriate human subjects approvals before undertaking any project.

As such, officers need to learn about clearance, IRB and Human Subjects Research, and OMB's Paperwork Reduction Act.

Clearance

CDC clearance must be obtained before any abstract or manuscript is submitted for consideration. Each CIO has their own processes for clearance; supervisors should be sure your officers are familiar with the requirements for your CIO and they are placed into the correct clearance chain within eClearance. The EIS officer's affiliation should identify him or her as an Epidemic Intelligence Service officer with CDC.

Help your officers in planning clearance timelines, because those are important reminders needed to meet EIS graduation criteria; the peer-reviewed manuscript and concise public health update must be submitted to eClearance no later than June 30 of their second year.

FIELD SUPERVISORS: SUPPLEMENTAL INFORMATION

Field Officer Scientific Presentations

Clearance

CDC clearance is processed by eClearance through the CDC intranet. The EIS officer should allow CDC 3–4 weeks, at minimum, to edit and clear an abstract, and longer for a manuscript. Expedited clearance is difficult to obtain and should only be requested when the investigation is late-breaking or another compelling reason for delay exists. Most presentations do not require clearance unless they contain material on a large EOC coordinated response such as Ebola or Zika.

Abstracts

All Field EIS officers are expected to submit at least one abstract for EIS Conference each year, reflecting work performed while an EIS officer. Ideally, you will have a project that could turn into an abstract ready for the officer to start when they arrive to the assignment in early on August 1.

Short reports and *Epi-X* Postings

Officers are encouraged to participate in the preparation of articles for the *Morbidity and Mortality Weekly Report (MMWR)*, which should undergo CDC clearance in the same fashion as abstracts and manuscripts.

Officers are also encouraged to make postings of breaking public health news to *Epi-X*, CDC's web-based communications network. *Epi-X* postings need only to be approved by the EIS officer's **local** supervisor before submission. Likewise, articles written only for dissemination in state or local health department newsletters do not require CDC clearance unless the officer wants to use it for CAL credit

Change of EIS Supervisor

When a supervisor change is necessary, the following steps must be taken.

1. Supervisor should discuss with their EAC representative(s) and CIO liaison or EWB supervisor why the change is necessary and the proposed solution.
2. Supervisor should discuss the proposed solution with their EIS officer.
3. A call should be scheduled between the old and new supervisors (when possible, but at minimum the new supervisor), the EAC representative(s), and the EIS officer to ensure all concerns or questions have been addressed and the new supervisor is okay with the required responsibilities. Ideally, the exiting supervisor will schedule this meeting.
4. After all parties are in agreement, the EIS Supervisor Change Memo (**Appendix 4 — Supervisor Resources [40A]**) should be completed, signed, scanned, and sent to the EIS mailbox (EIS@cdc.gov) with a cc to the EIS officer, the new and old supervisor, the EAC representative(s), and the CIO liaison or EWB supervisor.

Frequently Asked Questions

Student Loan Deferment, Forgiveness or Repayment

Q: Does being an EIS officer qualify me for Student Loan Deferment, Forgiveness or Repayment?

A: EIS officers are not eligible for [CDC Student Loan Repayment \(Form 537-1\)](#). Most do not meet the requirement for [Federal Student Aid Public Service Forgiveness Program](#). However, you might qualify for [Student loan deferment or forbearance](#). Work with your loan servicer to get the forms. Submit form to EIS@cdc.gov to obtain an authorized EIS Fellowship Program signature.

Acronyms

ADS Associate Director for Science
AJPH *American Journal of Public Health*
AO approving officials
APHA American Public Health Association
ATSDR Agency for Toxic Substances and Disease Registry
CAL core activities of learning
CAN common accounting number
CBA centrally billed account
CCAP CSLES Conference Approval Portal
CCHQ Commissioned Corps headquarter
CDC FCU CDC Federal Credit Union
CGE concur government edition
CIO chief information officer
CITI collaborative IRB training initiative
COER commissioned officer effectiveness report
CONUS contiguous United States
CSELS Center for Surveillance, Epidemiology, and Laboratory Services
CSIRT Computer Security Incident Response Team
CSTE Council of State and Territorial Epidemiologists
CTT compensatory travel time
DCCPR Division of Commissioned Corps Personnel and Readiness
DEO Department of Emergency Operations
DHHS Department of Health and Human Services
DoS Department of State
DSEPD Division of Scientific Education and Professional Development
DUR dual use research
EAC EIS action council
EAP employee assistance program
eCORPS electronic commissioned officer resources processing system
EEI emergency epidemic investigation
EID *Emerging Infectious Diseases*
EIS Epidemic Intelligence Officer
ELC epi-lab capacity
EOC Emergency Operations Center
EPATS ethics program activity tracking system
Epi-X *Epidemic Information Exchange*
EWB Epidemiology Workforce Branch
FACT foreign affairs counter threat
FATA Federal Agency Travel Administrator
eFMS Electronic Fellowship Management System
FOH federal occupational health
FTE full-time employee
GOVCC government travel charge card
GTO Global Travel Office
HHS Health and Human Services
HQ headquarters
HRPO human research protection officer
HSR human subjects review
HTSOS high threat security overseas seminar
ICAP integrated conference approval portal

ICR information collection request
IRB Institutional Review Board
ITSO Information Technology Services Office
JAMA *Journal of the American Medical Association*
LOA Letter of Assignment
LOI Letter of Invitation
M.I.&E meals and incidental expenses
MMWR *Morbidity and Mortality Weekly Report*
MOA Memorandum of Assignment
MUST multi-user share tool
NCHS National Center for Health Statistics
NGO nongovernmental organization
NIOH National Institute for Occupational Safety and Health
NLM National Library of Medicine
OCFO Office of Chief Financial Officer
OCONUS outside of contiguous United States
OMB Office of Management and Budget
OSSAM Office of Safety, Security and Asset Management
PCS permanent change of service
PDS permanent duty station
PIV personal identification verification
POC point of contact
POV privately owned vehicle
PRA Paperwork Reduction Act
ReADI response and deployment information
RFSS remote field support services
SMART specific measurable attainable relevant time-based
SAMS secure access management services
SAS statistical analytical system
SEV scientific ethics verification
SHARE services to help all regular employees
SOCO single overriding communication objective
TASNet time and attendance system
TDY temporary duty
TMS Tuesday Morning Seminar
VPN virtual private network
WHO WER World Health Organization Weekly Epidemiologic Report