

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0255); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0255.

REVIEWER CONTACT INFORMATION

First Name: _____ Last Name: _____

Home Street
Address: _____

Home City: _____ Home State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Home Email: _____

Home Fax: (____) _____ - _____

Organization: _____

Title (If Applicable): _____

Work Street Address: _____

Work City: _____ Work State: _____ Zip Code _____

Work Phone: (____) _____ - _____ Work Email: _____

Work Fax: (____) _____ - _____

Additional Contact Number (cell phone): (____) _____ - _____

Preferred Contact Method: _____ Phone _____ Email

Preferred Contact Location: _____ Home _____ Work _____ Alternate

REVIEWER INFORMATION AND EXPERTISE

Ethnicity Hispanic/Latino
 Not Hispanic/Latino

Race (Select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Gender Male
 Female

Professional Affiliation (Select one)

- Community Based organization
- Consultant
- Consumer
- Faith Based organization
- Government
- Research
- Service Delivery
- University
- Other _____(Specify)

Level 1 General Expertise -- Please select the one area that best describes your general expertise

- Substance Abuse Prevention
- Substance Abuse Treatment
- Mental Health

Level 2 Expertise -- Please choose no more than 4 areas that describe your specific level of expertise

- State systems
- Research/Evaluation
- Criminal Justice
- Faith based and community approaches
- Program planning/management
- HIV/AIDS
- Adolescents
- Alcohol
- Fetal Alcohol Syndrome
- Crack/Cocaine
- Ecstasy
- Heroin
- Marijuana
- Methadone Treatment
- Methamphetamine
- OxyContin
- Co-occurring Substance Abuse and Mental Health
- Children's Mental Health
- Traumatic Stress
- Seriously Mental Ill Adults
- Violence
- Counseling
- Other _____(Specify)

Grant Reviewing Experience (Select one)

- Experienced SAMHSA reviewer
- Experienced Federal reviewer
- Experienced Non-Federal reviewer
- Limited/No review history

Please describe your experience in grant reviewing, listed from most recent to least recent. Please include dates, location, agency and topic.

Remember to also send your resume by:

Email to: reviewer@samhsa.hhs.gov OR

Regular mail to: SAMHSA REVIEWER OPPORTUNITIES
Office of Review
1 Choke Cherry Road
Room 3-1053
Rockville, Maryland 20857