

Form Approved
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REVIEWER CONTACT INFORMATION

Preferred FedEx Mailing Location: Home Work Alternate

Preferred Daytime Contact Number: Home Work Alternate

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

Education Level (Select one)

- High School
- Some College
- College
- Some Graduate School
- Master's Degree
- Ph.D.

Professional Affiliation (Select one)

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

Other Consumer
 Family Member of Consumer

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

- Substance Abuse Prevention
- Substance Abuse Treatment
- Mental Health

Expertise -- Please choose no more than 4 areas that best describe your specific 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 Mentally ill Adults
- Violence
- Counseling
- Coalition Building/Collaboration
- Families
- Homelessness
- Residency Training (Medical)
- Suicide Prevention
- Training/Technical Assistance
- Veterans Substance Abuse/Mental Health Issues
- Veterans Family Members
- Consumer (have experienced treatment and recovery)
- Consumer supporter (provide support in a nonprofessional capacity)
- Consumer AND consumer supporter
- 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
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Room 3-1053
Rockville, Maryland 20857