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## Create an Account

**Step 1** Create Login

**Step 2** Account Information

**Step 3** Confirm

OMB No. 0930-XXXX  
 Expiration Date: XX/XX/XX  
 Fields marked with an \* are required.

### Please Enter Your Account Information

Email: d99@this.com

First Name \*

Last Name \*

Address 1 \*

Address 2

Address 3

Zip \*

City \*

State \* --Select State--

Telephone Number \*

Extension Number

Fax Number

Yes, I would like to sign up for email updates from SAMHSA to receive the latest on substance abuse and mental health resources.

Is your interest in substance abuse and mental health professional or personal?  
 --Select One--

Organization

Grantee Number

Your privacy is important to us. Please read our [Privacy Policy](#)

We are not able to accommodate international orders placed through the online shopping cart. Please call 1-877-SAMHSA-7(877-726-4727) or email your request to [SHIN@samhsa.hhs.gov](mailto:SHIN@samhsa.hhs.gov)

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Public Burden Statement: 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-xxxx. Public reporting burden for this collection of information is estimated to average 2 minutes per respondent, per year, 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, 1 Choke Cherry Road, Room 8-1099, Rockville, Maryland, 20857.