### **Grant Reviewer Application Forms**

#### **Purpose**

The document has screenshots capturing the Application forms that an applicant has to fill out in order to become a Grant Reviewer.

#### Section # 1: Status Overview

This is the first page/section of the application and provides the applicant the completeness status for each of the application forms. Information on Public Burden Statement and Privacy Act Statement are also shown on this section.

U.S. Department of Health and Human Services A Comparison of Health and Human Services Health Resources and Services Administration	HRSA Electronic Handbooks for Reviewers Grant Reviewer Recruitment Form (OMB NO, 0915-0295)				
Application Tracking # 00013464 Application Process	Welcome cecil soman (Last login date and time 6/23/2011 6:41:00 PM) Status <u>home   logout   contact us   glossary   help   questions/comments</u> The table below shows the Status of the application. The application is currently Incom	plete.			
Overview	STATUS OVERVIEW				
Status     Profile Information     - Personal     - Work	SUGGESTED NEXT STEP Complete the Application				
Relevant Expertise					
Background	APPLICATION FORMS STATUS				
Information	Section	Status	Action		
_Reviewer Experience	Profile Information				
-Resume/CV	Personal	COMPLETE	Update		
Review And	Work	COMPLETE	Update		
Submission Review	Relevant Expertise				
- Submit	Background Information	COMPLETE	Update		
	Reviewer Experience	COMPLETE	Update		
Logout	Resume/CV	NOT COMPLETE	Update		
	Total attachments for this application are : $\underline{1}$				

runn: ourgen 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 0915-0295. Public reporting burden for this collection of information is estimated to average 45 minutes for a new reviewer and 30 minutes for an existing reviewer for the time for reviewing instructions, searching existing data sources, 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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rochville, Maryland, 20857.

Privacy Act Statement Following information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants, screen and select them to be IRSA reviewer. Turnishing this data is voluntary.

### Section # 2: Personal Information

In this section applicants provide their personal information, home address, contact information and nomination related information

IRSA			onic Handbooks for Revie cruitment Form (OMB NO		
Application	Welcome cecil soman (Last login date and time 6/23/2011 6:41:0 Personal				
Tracking # 00013464	home_l logout_l contact.us_l glossary_l help_l guestions/comments				
Application	Enter or update personal information using this page	e. When you are done, click on the "	Save and Continue" button	to save the information and proceed to the next section.	
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	Ethnicity (Select one)				
				*	
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	(to select multiple, now the control key and select norm of	is drop down isc.y	Black or African American	v	
	Nomination Information				
	Have you been nominated by any HRSA Bureau	? (Select one)	○ Yes ◉ No		
	If yes to the above question, indicate				
	Referral Number More Information				
	Referral Confirmation Number More Information	1			
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	Division / Department Name				
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	Contact Information				
	*Email Address	csoman@reisys.com			
	*Phone Number	(571 ) 232 - 2933 Ext:			
	Cell Phone Number				
	Fax Number				

Save Save and Continue

# Section # 3: Work Information

In this section applicants provide their employment information, work address and contact information

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Email Address     ceclins@gmail.com       Phone Number		Contact Information				
			cecilms@gmail.com			
Cell Phone Number						
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# Section # 4: Resume/CV

# In this section Applicant will upload a copy of their Resume/CV

U.S. Department of Health and Human Service U.S. Department of Health and Human Services Health Resources and Services Administration E-HANDBOOK HOME			Gran		dbooks for Reviewers : Form (OMB NO. 0915-0295)		A.
Application Tracking # 00013464 Application Process Overview	Resu home To up sectio	me/CV   logout   contact load, update or de	previous section, click on the "Go Back" button. 1	ile", "Update" or "Delete" This section will become	button respectively. When you are done, click on the "Sa omplete only when "Save and Continue" Button is clicked	ive and Continue" button to go to the next d.	mur
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Logout							

## Section # 5: Review Page

This is the review page of the application which provides a consolidated (read-only) view of all the information provided by the applicant.

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[] \iss [X] \lo       20. If yes to question 2n, provide explanation.         [] \iss [X] \lo       2q. If yes to question 2n, provide explanation.         [] \iss [X] \lo       2q. If yes to question 2p, provide explanation.         [] \iss [X] \lo       3a. Special effiliation?         3a. Special effiliation?       3b. Occupation         3b. Special effiliation?       3b. Occupation         3c. Special effiliation?       3c. Special effiliation?         3c. Special effiliation?       3c. Special effiliation?         3c. Special effiliation?       3c. Special effiliation?         3c. Credentials (include credential type, credential description, number and issuing state)       To there specify:         3c. Degree (include field of study, degree, institution, city, state and year awarded (yyyy))       Description         Degree       Other Degree       Field of Study       Institution       City State       Year Awarded         4c. Have you previously served as HSA reviewer?       4b. Have you served	2n. 2p. 3a. f 3a. If y If y 3c.	[ ] Yes [X] No . Currently involved in a HRSA grant?	deral/VA appointment?	
2h. Currently involved in a HPSA grant?       2h. If yes to question 2h, provide explanation.         2p. Consultant in paid status for any HPSA program/Activity?       2p. If yes to question 2p, provide explanation.         3b. Secultant in paid status for any HPSA program/Activity?       2p. If yes to question 2p, provide explanation.         3b. Secultant in paid status for any HPSA program/Activity?       2p. If yes to question 2p, provide explanation.         3c. Special affiliation?       3b. Occupation         3c. Special affiliation?       3b. Occupation         3c. Special y       Adjunct Faculty: Adjunct Faculty: To the specify:         3c. Special y       3d. Setting/Work Experience         3c. Credential type, credential description, number and issuing state)       If other, specify:         3c. Degree (include field of study, degree, institution, city, state and year awarded (yvyy))       Experimence         4c. Reviewer Experience       Field of Study       Institution         4b. Have you previewed for other Degree       Field of Study       Institution         4c. Have you previewed for other Faderal agencies?       If yes, specify:         4c. Have you previewed for other Faderal agencies?       If yes, specify:         4c. Have you previewed for other Faderal agencies?       If yes, specify:         4c. Have you previewed for other Faderal agencies?       If yes, specify:         4c. Have you pre	2p. 3. E 3a. 1f y 1f o 3c. 1f o	n. Currently involved in a HRSA grant?		
I Yee [X] No       2q. If yes to question 2p, provide explanation.         2p. Consultant in paid status for any HRSA program/Activity?       2q. If yes to question 2p, provide explanation.         3b. Background Information       3b. Occupation         3c. Special affiliation?       3b. Occupation         I Yee [X] No       Adjunct Faculty: Adjunct Faculty.         I Yee [X] No       Adjunct Faculty: Adjunct Faculty.         If other, specify:       If other, specify:         If other, specify:       Area Health Education Center (AHEC)         If other, specify:       If other, Specify:         3c. Specially       Area Health Education Center (AHEC)         If other, specify:       If other, Specify:         3c. Credential type       Other Credential         Ver I Yee [X] No       Issuing State         I tother, Specify:       Issuing State         I tother, Specify:       Issuing State         I begree       Other Credential         I begree       Other Credential         I begree       Other Degree         I begree       Other Degree         I begree       Other Degree         I begree       Issuing State         I begree       Issuing State         I begree       Issuing State         I	2p. 3. E 3a. 1f y 1f o 3c. 1f o		20. If yes to question 2n provide explanation	
I Yes [X] No       3a. Special affiliation?       3b. Occupation         3a. Special affiliation?       3b. Occupation         3a. Special affiliation?       3b. Occupation         If yes [X] No       If other, specify:         If other, specify:       If other, specify:         3c. Special W       Area Health Education Center (AHEC)         If other, specify:       If other, specify:         3c. Special W       Area Health Education Center (AHEC)         If other, specify:       If other, specify:         3c. Credential Type       Other Credential         Description       Number         Issuing State       If other, specify:         I License       If other, specify:         I License       Other Credential         Degree       Other Degree         Field of Study       Institution         City       State         Yes [X] No       If yes; specify:         I yes [X] No       If ye	3. [ 3a. If y If o <b>3c.</b> If o	[ ] Yes [X] No		
3. Background Information       3b. Occupation         3a. Special affiliation?       3b. Occupation         1 Yes [W] No       Adjunct Faculty: Adjunct Faculty: Adjunct Faculty: If other, specify:         3c. Speciality       3d. Setting/Work Experience         3c. Speciality       3d. Setting/Work Experience         3c. Credential type, credential type, credential description, number and issuing state.)       If other, Specify:         3c. Oredential Type       Other Credential         1 License       If other Specify:         3f. Degree (include field of study, degree, institution, city, state and year swarded (yyyy))       If state         4b. Have you previously served as HRSA reviewer?       4b. Have you reviewed for other DHHS health-related agencies?         1 Yes [X] No       If yes [X] No       If yes [X] No         1 Yes [X] No       If yes [X] No       If yes [X] No         1 Yes [X] No       If yes [X] No       If yes [X] No         1 Yes [X] No       If yes [X] No       If yes [X] No         1 Yes [X] No       If yes [X] No       If yes [X] No         1 Yes [X] No       If yes [X] No       If yes [X] No         1 Yes [X] No       If yes [X] No       If yes [X] No         1 Yes [X] No       If yes [X] No       If yes [X] No         1 Yes [X] No       If yes [X] No	3a. Ify Ifo <mark>3c.</mark> Ifo		2q. If yes to question 2p, provide explanation.	
Ba. special effiliation?       3b. Occupation         [] Yes [X] No       Adjunct Faculty, Adjunct Faculty         If yes, specify:       If other, specify:         Bc. Special ty       3d. Setting/Work Experience         Sc. Special ty       Adjunct Faculty, Adjunct Faculty, Idjunct Faculty         If other, specify:       3d. Setting/Work Experience         Bc. Credential type, credential description, number and issuing state)       If other, Specify:         Bc. Credential Type       Other Credential       Description         Number       Issuing State       Issuing State         If other, specify:       Degree (include field of study, degree, institution, city, state and year awarded (yyyy))       Issuing State         If other previously served as HRSA reviewer?       4b. Have you reviewed for other DHHS health-related agencies?         If Yes [X] No       If Yes [X] No       If Yes [X] No         If Yes [X] No       If Yes [X] No       If Yes [X] No         If Yes [X] No       If Yes [X] No       If Yes [X] No         If Yes [X] No       If Yes [X] No       If Yes [X] No         If Yes [X] No       If Yes [X] No       If Yes [X] No         If Yes [X] No       If Yes [X] No       If Yes [X] No         If Yes [X] No       If Yes [X] No       If Yes [X] No         If Yes	3a. Ify Ifo <mark>3c.</mark> Ifo			
If yes, specify:       If other, specify:         3G. Specialty       3d. Setting/Work Experience         3G. Specialty       Area Health Education Center (AHEC)         If other, specify:       If other, specify:         3G. Credential (include credential type, credential description, number and issuing state)       If other, Specify:         3G. Degree (include field of study, degree, institution, city, state and year awarded (yyyy))       Institution         3I. Degree (include field of study, degree, institution, city, state and year awarded (yyyy))       Institution         4. Reviewer Experience       4a. Have you reviewed for other DHHS health-related agencies?         I ) Yes [X] No       If yes, specify:         4c. Have you reviewed for other Federal agencies?       Health Have you reviewed for other DHHS health-related agencies?         I ) Yes [X] No       If yes, pecify:         4c. Have you reviewed for other Federal agencies?       Health Have you reviewed for other PHHS health-related agencies?         I ) Yes [X] No       If yes, pecify:         4c. Have you reviewed for other Federal agencies?       Health Have you reviewed for other PHHS health-related agencies?         I ) Yes [X] No       If yes, pecify:         I ( yes, pecify:       If yes, pecify:         4c. Have you reviewed for other Federal agencies?       If yes, pecify:         I ( yes, pecify:       If yes,	If o <mark>3c.</mark> If o	a. Special affiliation?	3b. Occupation	
Area Health Education Center (AHEC)       If other, specify:       3e. Credentials ( include credential type, credential description, number and issuing state )       Credential Type     Other Credential       License       3f. Degree ( include field of study, degree, institution, city, state and year awarded (yyyy))       Degree     Other Degree       Field of Study     Institution       City     State       Yea (Alaxe you previously served as HRSA reviewer?     4b. Have you reviewed for other DHHS health-related agencies?       [] Yes [X] No     [] Yes [X] No       [] Yes [X] No     [] Yes [X] No       If yes, specify:     If yes, specify:       de. Do you have any experience with faith-based organizations?     If yes, specify:       [] Yes [X] No     If yes, specify:       If yes, specify:     If yes, specify:       Jother Federal agencies?     If yes, specify:       If yes, specify:     If yes, specify:       If yes, specify:     If yes, specify:       J. Sectification     If yes, specify:       J. Sectification     If yes (S) No       If yes, specify:     If yes, specify:       J. Sectification     If yes, specify:       J. The best of my knowledge and belief, all data in this application are true and correct.     Signed by: Cr. cceil soman	If o	yes, specify:	If other, specify:	
If other, specify:       [f other, specify:         3e. Credentials (include redential type, credential description, number and issuing state) <ul> <li>Credentials (include redential type)</li> <li>Other Credential</li> <li>Description</li> <li>Number</li> <li>Issuing State</li> </ul> 3f. Degree (include field of study, degree, institution, city, state and year awarded (yyyy))         Degree       Other Degree       Field of Study       Institution       City       State       Year Awarded         4a. Reviewer Experience       4a. Have you reviewed for other DHHS health-related agencies?       I yea; K  No       If yea; pecify:         4c. Have you reviewed for other Federal agencies?       4d. Have you served as a chairperson?       I yea; K  No         If yea; Specify:       If yea; Specify:       If yea; Specify:       If yea; Specify:         4e. Do you have any experience with faith-based organizations?       I yea; K  No       If yea; Specify:       If yea; Specify:         4e. Do you have any experience with faith-based organizations?       I yea; K  No       If yea; Specify:       If other rederal :: Other Non Federal:         4e. Do you have any experience with faith-based organizations?       I yea; K  No       If yea; Specify:       If other 's specify:         5. Certification       If other is specify:       If other is specify:       If other 's specify: <td< td=""><td></td><td>2. Specialty</td><td></td><td></td></td<>		2. Specialty		
Credential Type     Other Credential     Description     Number     Issuing State       3f. Degree (include field of study, degree, institution, city, state and year awarded (yyyy))	<del>3e</del> .		If other, Specify:	
License       Image: Construction of the second secon	I			
Degree       Other Degree       Field of Study       Institution       City       State       Year Awarded         4. Reviewer Experience       4. Have you previously served as HRSA reviewer?       4b. Have you reviewed for other DHHS health-related agencies?       1/ Yes [X] No			Description Number	Issuing State
4. Reviewer Experience         4a. Have you previously served as HRSA reviewer?         4b. Have you reviewed for other DHHS health-related agencies?         []] Yes [X] No         I] Yes [X] No         I[] Yes [X] No         I] Yes [X] No         I] Yes [X] No         I[] Yes [X] No         I] Yes [X] No	3f.		Tractitudian Oth Col	a Managaka at
4a. Have you previously served as HRSA reviewer?     4b. Have you reviewed for other DHHS health-related agencies?       [] Yes [X] No     [] Yes [X] No       4c. Have you reviewed for other Federal agencies?     4d. Have you served as a chairperson?       [] Yes [X] No     [] Yes [X] No       4e. Do you have any experience with faith-based organizations?     [] Yes [X] No       [] Yes [X] No     [] Yes [X] No       [] To ther, specify:     [] Yes [X] No       [] To the rest of my knowledge and belief, all data in this application are true and correct. <td></td> <td>Degree Other Degree Field of Study</td> <td>Institution Uity Stat</td> <td>e Year Awarded</td>		Degree Other Degree Field of Study	Institution Uity Stat	e Year Awarded
[] Yes [X] No       [] Yes [X] No         4c. Have you reviewed for other Federal agencies?       4d. Have you served as a dairperson?         4c. Have you reviewed for other Federal agencies?       4d. Have you served as a dairperson?         [] Yes [X] No       [] Yes [X] No         4e. Do you have any experience with faith-based organizations?       [] Yes [X] No         [] Yes [X] No       [] Yes [X] No				
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4c. Have you reviewed for other Federal agencies?       4d. Have you served as a hairperson?         [] Yes [X] No       [] Yes [X] No         If yes, specify:       [] Yes [X] No         4e. Do you have any experience with faith-based organizations?       [] Yes [X] No         [] Yes [X] No       [] Yes [X] No         If yes, specify:       [] Other Federal :         (] Yes [X] No       [] Yes [X] No         [] Yes [X] No       [] Yes [X] No			If yes, specify:	
If yes, specify:     If yes, specify:       de. Do you have any experience with faith-based organizations?     Other Non Federal:       de. Do you have any experience with faith-based organizations?     If yes, specify:       If yes, specify:     If yes, specify:       If other, specify:     If yes, specify:       S. Certification     If add to this application are true and correct.       To the best of my knowledge and belief, all data in this application are true and correct.     Date signed:	4 <u>c</u> .		4d. Have you served as a chairperson?	
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S. Certification To the best of my knowledge and belief, all data in this application are true and correct. Signed by: Dr. cecil soman Date signed:	Ifv	L J Yes LX J No yes, specify:		
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Signed by: Dr. cecil soman Date signed:				
			Date signed:	
				OMB Approval No. [0915-0295] Expires [02/29/2008

## Section # 5: Submission Page

This is the page from which the applicant after completing all the sections can submit their application to HRSA for review.

U.S. Department of Health and Human Services	HRSA Electronic Handbooks for Reviewers Grant Reviewer Recruitment Form (OMB NO. 0915-0295)				
Application Tracking # 00013464 Application Process Overview - Status Profile Information - Personal - Work	Welcome cecil soman (Last login date and time 6/23/2011 6:41:00 PM)         Submit         home.   logout.  contact us.  glossary.  help.  guestions/comments         The table below shows the Status of the application. The application is currently Complete.         STATUS OVERVIEW         SUGGESTED NEXT STEP         Submit the Application to HRSA				
Relevant Expertise Background	APPLICATION FORMS STATUS				
Information	Section	Status	Action		
_Reviewer Experience	Profile Information				
- Resume/CV	Personal	COMPLETE	Update		
Review And Submission	Work	COMPLETE	Update		
- Review	Relevant Expertise				
Submit	Background Information	COMPLETE	Update		
Logout	Reviewer Experience	COMPLETE	Update		
Logout	Resume/CV	COMPLETE	Update		
	Total attachments for this application are : <u>1</u> Public Burden Statement An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unles this collection of information is estimated to average 45 minutes for a new reviewer and 30 minutes for an existing information. Surface comments regarding this burden estimate or any other aspect of this collection of finomation.	eviewer for the time for reviewing instructions, searching existing data sou	rces, and completing and reviewing the collection of		

Privacy Act Statement
Following information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants, screen and select them to be
HRSA reviewer. Furnishing this data is voluntary.