

# 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.

The screenshot displays the HRSA Electronic Handbooks for Reviewers Grant Reviewer Recruitment Form (OMB NO. 0915-0295). The page includes a navigation menu on the left, a status overview section, and public burden and privacy act statements.

**Application Tracking # 00013464**

**STATUS OVERVIEW**

**SUGGESTED NEXT STEP**  
Complete the Application

Section	Status	Action
Profile Information		
Personal	COMPLETE	<a href="#">Update</a>
Work	COMPLETE	<a href="#">Update</a>
Relevant Expertise		
Background Information	COMPLETE	<a href="#">Update</a>
Reviewer Experience	COMPLETE	<a href="#">Update</a>
Resume/CV	NOT COMPLETE	<a href="#">Update</a>

Total attachments for this application are : 1

**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 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, Rockville, 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 HRSA reviewer. Furnishing this data is voluntary.

[Acceptable Use Policy](#)

## Section # 2: Personal Information



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

PERSONAL INFORMATION		Status: COMPLETE
<b>Applicant Information</b>		
*Salutation	Dr.	
*First Name	cecil	
Middle Initial		
*Last Name	soman	
Maiden Name		
*Date of Birth	( MM / DD / YYYY ) 05 / 01 / 1974	
*Social Security Number (Last 4 digits)	4343	
*Gender (Select one)	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Ethnicity (Select one)		
Race (Select one or more) (To select multiple, hold the control key and select from the drop down list.)	American Indian or Alaska Native Asian Black or African American	
<b>Nomination Information</b>		
Have you been nominated by any HRSA Bureau? (Select one)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes to the above question, indicate		
Referral Number <a href="#">More Information</a>		
Referral Confirmation Number <a href="#">More Information</a>		
<b>*Home Mailing Address (Required) <a href="#">More Information</a></b>		
Mailstop Code (Internal Routing)		
Division / Department Name		
Select an option (Street Address or PO Box Only or Rural Route)		
<input checked="" type="radio"/> *Street Address	Number *Name 166 Laurel Way Select one Number APT 2A	
<input type="radio"/> *PO Box Only	Number	
<input type="radio"/> *Rural Route	*Type *Number *Box	
*City	Herndon (Required if Zip is not specified)	
Urbanization	(Used only for Puerto Rico(PR))	
*State	VA (Required if City is specified)	
*Zip Code <a href="#">Lookup</a>	20170 -4429 (Required if City is not specified)	
<b>Contact Information</b>		
*Email Address	csoman@eisys.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

		HRSAs Electronic Handbooks for Reviewers Grant Reviewer Recruitment Form (OMB NO. 0915-0295)																						
Welcome cecil soman (Last login date and time 6/23/2011 6:41:00 PM)																								
<b>Work</b> <a href="#">home</a>   <a href="#">logout</a>   <a href="#">contact us</a>   <a href="#">glossary</a>   <a href="#">help</a>   <a href="#">questions/comments</a>																								
Work information can be entered or updated using this section. When you are done, click on the "Save and Continue" button to save the information and proceed to the next section. To go to the previous section, click on the "Go Back" button.																								
Please note that the data is populated from the user profile section. If you have made any changes to the address or contact information in this page, please also update the user profile section to reflect the same.																								
Fields marked with an asterisk(*) are required.																								
<b>WORK INFORMATION</b>				Status: COMPLETE																				
<table border="1"> <tr> <td colspan="2"> <b>Employment Information</b> </td> </tr> <tr> <td>*Employment Status (Select one)</td> <td> <input checked="" type="radio"/> Currently Employed      <input type="radio"/> Self Employed  <input type="radio"/> Retired                      <input type="radio"/> Unemployed                 </td> </tr> <tr> <td>*Current/Last Organization Name (If Self Employed enter "Self Employed")</td> <td>4324234</td> </tr> <tr> <td>Work Title</td> <td>23434</td> </tr> <tr> <td>Employment Date</td> <td>                     From: MM/YYYY                      To: MM/YYYY (Not Required If Currently Employed)                 </td> </tr> <tr> <td>*Are you currently a Federal Employee, an active member of the US Military, holding a joint non-Federal/VA appointment? (Select one)</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td>*Involved in current HRSA grant? (Select one)</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td>If yes to above question, explain the involvement.</td> <td></td> </tr> <tr> <td>*Consultant in paid status for any HRSA program/Activity? (Select one)</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td>If yes to above question, explain.</td> <td></td> </tr> </table>					<b>Employment Information</b>		*Employment Status (Select one)	<input checked="" type="radio"/> Currently Employed <input type="radio"/> Self Employed <input type="radio"/> Retired <input type="radio"/> Unemployed	*Current/Last Organization Name (If Self Employed enter "Self Employed")	4324234	Work Title	23434	Employment Date	From: MM/YYYY To: MM/YYYY (Not Required If Currently Employed)	*Are you currently a Federal Employee, an active member of the US Military, holding a joint non-Federal/VA appointment? (Select one)	<input type="radio"/> Yes <input checked="" type="radio"/> No	*Involved in current HRSA grant? (Select one)	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes to above question, explain the involvement.		*Consultant in paid status for any HRSA program/Activity? (Select one)	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes to above question, explain.	
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*Consultant in paid status for any HRSA program/Activity? (Select one)	<input type="radio"/> Yes <input checked="" type="radio"/> No																							
If yes to above question, explain.																								
Please fill out the address information below, if you want to save/update mailing address. You may leave it blank, if you do not want to save the mailing address.																								
<b>Work Mailing Address (Optional)</b> <a href="#">More Information</a>																								
Mailstop Code (Internal Routing)																								
Division / Department Name																								
Select an option (Street Address or PO Box Only or Rural Route)																								
<input type="radio"/> *Street Address      Number *Name Select one Number																								
<input type="radio"/> *PO Box Only      Number																								
<input type="radio"/> *Rural Route      *Type      *Number      *Box																								
*City (Required if Zip is not specified)																								
Urbanization (Used only for Puerto Rico(PR))																								
*State (Required if City is specified)																								
*Zip Code <a href="#">Lookup</a> (Required if City is not specified)																								
<b>Contact Information</b>																								
Email Address: cecilms@gmail.com																								
Phone Number: ( ) - - Ext:																								
Cell Phone Number: ( ) - -																								
Fax Number: ( ) - -																								

[Go Back](#)

[Save](#)    [Save and Continue](#)

## Section # 4: Resume/CV

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

U.S. Department of Health and Human Services  
**HRSA**  
HUMAN RESOURCES & SUPPORT ACTIVITIES

HRSA Electronic Handbooks for Reviewers  
Grant Reviewer Recruitment Form (OMB NO. 0915-0295)

Welcome cecil soman (Last login date and time 6/23/2011 6:41:00 PM)

**Resume/CV**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

To upload, update or delete an existing Resume/CV click on the "Attach File", "Update" or "Delete" button respectively. When you are done, click on the "Save and Continue" button to go to the next section. To return to the previous section, click on the "Go Back" button. This section will become complete only when "Save and Continue" Button is clicked.

Fields marked with an asterisk(\*) are required.

RESUME/CV					Status: NOT COMPLETE
Current Attachment (Maximum one attachment)					
Select	File Name	File Size	Upload Time	Description	
<input checked="" type="radio"/>	normalization.doc	40.5KB	6/20/2011 10:14:09 AM		
		<input type="button" value="Update"/>	<input type="button" value="Delete"/>		

[Acceptable Use Policy](#)

Application Tracking # 00013464


Application Process

- Overview
- Status
- Profile Information
  - Personal
  - Work
- Relevant Expertise
  - Background Information
  - Reviewer Experience
  - ▶ Resume/CV
- Review And Submission
  - Review
  - Submit

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.



U.S. Department of Health and Human Services  
**HRSA**  
HUMAN RESOURCES SERVICES ADMINISTRATION  
E-HANDBOOK HOME

HRSA Electronic Handbooks for Reviewers  
Grant Reviewer Recruitment Form (OMB NO. 0915-0295)



Welcome cecil soman (Last login date and time 6/23/2011 6:41:00 PM)

[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

The following is the Review page of the Application. Click on "Print" button for a printable version of this page. For a printable version of the entire application, click on the "Print All Application Forms" button.

**GRANT REVIEWER RECRUITMENT FORM** Grant Reviewer Recruitment Form

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration <b>GRANT REVIEWER RECRUITMENT FORM</b>		Date Submitted Application Number 00013464
1. Nomination Type If program Nominated then, Nominated by (Name/Bureau)		Self Nominated

**2. Applicant Information**

2a. Legal Name (Salutation, First Name, Middle Initial, Last Name) <b>Dr. cecil soman</b>	2b. Maiden Name
2c. Last 4 Digits of Social Security Number 4343	2d. Date of Birth (mm/dd/yyyy) 05 / 01 / 1974
2e. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	2f. Ethnicity
2g. Race	2i. Work Title 23434
2h. Current/Last Employment Information Current/Last Organization Name: 4324234 Employment Date (mm-yyyy): From: - To: - Employment Status: <b>Currently Employed</b>	
2j. Mailing Address (Street address or PO box or rural route) Home Address: <b>166 Laurel Way APT 2A Herndon VA 20170-4429</b>	
2k. Contact Address (home) Phone: (571)292-2933 Fax: Cell: Email: <b>csoman@reitsys.com</b>	
2l. Contact Address (work) Phone: Fax: Cell: Email: <b>cecilms@gmail.com</b>	
2m. Currently a Federal employee, an active member of the US Military, holding a joint non-Federal/VA appointment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2n. Currently involved in a HRSA grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2o. If yes to question 2n, provide explanation.
2p. Consultant in paid status for any HRSA program/Activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2q. If yes to question 2p, provide explanation.

**3. Background Information**

3a. Special affiliation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify: If other, specify:	3b. Occupation <b>Adjunct Faculty; Adjunct Faculty</b> If other, specify:														
3c. Specialty If other, specify:	3d. Setting/Work Experience <b>Area Health Education Center (AHEC)</b> If other, Specify:														
3e. Credentials ( include credential type, credential description, number and issuing state )															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Credential Type</th> <th>Other Credential</th> <th>Description</th> <th>Number</th> <th>Issuing State</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">License</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Credential Type	Other Credential	Description	Number	Issuing State	License									
Credential Type	Other Credential	Description	Number	Issuing State											
License															
3f. Degree ( include field of study, degree, institution, city, state and year awarded (yyyy) )															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Degree</th> <th>Other Degree</th> <th>Field of Study</th> <th>Institution</th> <th>City</th> <th>State</th> <th>Year Awarded</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Degree	Other Degree	Field of Study	Institution	City	State	Year Awarded								
Degree	Other Degree	Field of Study	Institution	City	State	Year Awarded									

**4. Reviewer Experience**

4a. Have you previously served as HRSA reviewer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Have you reviewed for other DHHS health-related agencies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify:
4c. Have you reviewed for other Federal agencies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify:	4d. Have you served as a chairperson? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify: Other Federal : Other Non Federal:
4e. Do you have any experience with faith-based organizations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify: If other, specify:	

**5. 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:

OMB Approval No.[0915-0295] Expires [02/29/2008]

[Acceptable Use Policy](#)

Application Tracking # 00013464

Application Process

- Overview
- Status
- Profile Information
- Personal
- Work
- Relevant Expertise
- Background Information
- Reviewer Experience
- Resume/CV
- Review And Submission
- Review
- Submit

[Logout](#)

## 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**  
Health Resources and Services Administration  
E-HANDBOOK HOME

Application Tracking # 00013464

Application Process

- Overview
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  - Review
  - ▶ Submit

Logout

HRSA Electronic Handbooks for Reviewers  
Grant Reviewer Recruitment Form (OMB NO. 0915-0295)

Welcome cecil soman (Last login date and time 6/23/2011 6:41:00 PM)

**Submit**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/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](#)

APPLICATION FORMS STATUS			
	Section	Status	Action
Profile Information			
	Personal	COMPLETE	<a href="#">Update</a>
	Work	COMPLETE	<a href="#">Update</a>
Relevant Expertise			
	Background Information	COMPLETE	<a href="#">Update</a>
	Reviewer Experience	COMPLETE	<a href="#">Update</a>
	Resume/CV	COMPLETE	<a href="#">Update</a>

[Submit To HRSA](#)

Total attachments for this application are : 1

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