Thank you for your interest in being a peer reviewer for the Department of Education, Office of Special Education and Rehabilitative Services (OSERS). By responding to the following questions you can assist us in making appropriate selections for equitable peer review panels. Send the completed form and current resume to OSERS Peer Reviewer email address at: [OSERSPRS@ed.gov](mailto:OSERSPRS@ed.gov). We appreciate your time in completing this form.

First Submission

Update to Previous Submission

(Complete section 1 plus any section needing updates)

1. **Mr.** **Mrs.** **M**s.

First Name

Middle Initial

Last Name

Suffix (i.e. Jr., III)

2. **Gender:**  Male  Female

3. **Home Address:**

P.O. Box

Street

City, State & Zip Code

Phone Number

TDD Number

Fax Number

E-mail Address

**Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference the OMB Control Number 1820-0583. Note: Please do not return the completed OSERS Peer Reviewer Data Form to this address.

4. **Work/Alternate Address:**

Employer

Department

Position Title

P.O. Box

Street

City, State & Zip Code

Phone Number

TDD Number

Fax Number

E-mail Address

5. **List Educational Degrees and Areas of Expertise, including any experience reviewing Federal discretionary grant applications**:

Please check **one** address (home or work/alternate) for each type of correspondence.

|  |  |  |
| --- | --- | --- |
| **Financial Address** | Address where financial documents (e.g., 1099’s, honorarium and per diem checks) will be sent. | Home  Work/Alt. |
| **FedEx**  **Address** | Address where confirmation packets, applications, and airline tickets will be sent. Must include a street (i.e., cannot be a P.O. Box). | Home  Work/Alt. |
| **Roster**  **Address** | Address that will appear on the panel roster for dissemination to other peer reviewers. | Home  Work/Alt. |

6. **Ethnicity:** Are you (select only one)

Hispanic or Latino

Not Hispanic or Latino

**Race:** Are you (select one or more)

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Asian

Black or African American

White

7. **Disability:** Please select any that apply:

Individual with a Disability

Spouse/Partner of an Individual with a Disability

Parent of an Individual with a Disability

Birth date of your youngest Child with a Disability

Sibling of an Individual with a Disability

**Any reasonable accommodation required by reviewers will be provided.**