http://www.imls.gov/reviewers/museum.aspx

How to Become a Reviewer

- Apply to Become a Museum Reviewer
- Apply to Become a Library Reviewer

For Museum Professionals

Thank you for your interest in serving as a peer reviewer for IMLS. Please provide the information requested below, upload a copy of your resume, and click "Submit Form" at the bottom of the page.

Contact Information

Title:	×
First Name:	×
Middle Name:	×
Last Name:	×
Institution:	×
Job Title:	×
Mailing Address:	×
City:	×
State:	×
Zip:	×
Work Phone:	XXX
Mobile Phone:	XXX
E-mail:	×

Training

Highest Academic Degree:

Major Field of Study:

Years of Relevant Professional Experience:

	X	
	X	
1		
	X	

Experience and Expertise







If you have expertise in collections care/conservation, please identify the materials with which you have the most working experience:

× Animals, living

Photographic Materials
Plants, living



Institution/organization type(s) with which you have significant professional experience and expertise:



Institutional Operating budget(s) with which you have significant experience:



In the box below, please provide any additional information you wish about your expertise and

interest in being an IMLS reviewer: \times

Select the grant program(s) for which you are interested in serving as a peer reviewer.

Museum Grants for African American History and Culture

× Museums for America

× National Leadership Grants for Museums

Native American/Native Hawaiian Museum

Sparks! Ignition Grants for Museums

For more information about each program, please click on the following links:

Museum Grants for African American History and Culture Museums for America National Leadership Grants for Museums Native American/Native Hawaiian Museum Services Sparks! Ignition Grants for Museums

Please upload a copy of your resume.

Resume:

If you have any questions, please call the IMLS Office of Museum Services at (202) 653-4789.

TTY for hearing impaired: (202) 653-4614. Or email us at <u>museumreviewers@imls.gov</u>.

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For Library Professionals

Please fill out the contact information and experience portion below.

Contact / Experience Information

Title:

1	X

First Name:	×
Middle Name:	×
Last Name:	X
Institution:	×
Job Title:	×
Mailing Address:	×
City:	×
State:	×
Zip:	××
Shipping Address:	X
City:	×
State:	×
Zip:	XX

Work Phone:			
×	×	×	



E-mail:

Fax:

Highest Academic Degree:

Field of Study:

X

×

Years of **teaching** experience in library/information

science: X

Years of **professional** experience in library/information science: ×

Types of experience in the past five years: (Please check all that apply)

Arts/humanities
Community/civic engagement
Continuing education/professional development
Digital - Curation

Digital - Platform
Digital - Preservation/repositories
Digital - Tool building
Early learning
Early learning - Family engagement/literacy
Economic development
Evaluation
Health
Information policy
Instructional design/curriculum development
Learning spaces - Learning assessment
Learning spaces - Pedagogy
LIS Education - Master's level
LIS Education - Doctoral level
Literacy - information/digital
Research - Basic
Research - Applied
STEM - Science
STEM - Technology
STEM - Engineering
STEM - Math
Workforce development
\times Other (please specify) \times

Please provide any additional information you would like about your expertise and interest in being an IMLS reviewer.

X

Resume:



If you have any questions, please call the IMLS Office of Library Services

at (202) 653-4700.

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