

SAMHSA, Division of Grant Review 5600 Fishers Lane Rockville, Maryland USA 20852

Reviewer Contact Information

Pato		
Date:		
First Name.	─ Organization:	
First Name:		
Last Name:	Title:	
Home Address:	Work Address:	
City:	City:	
State:	State:	
Zip Code:	Zip Code:	
Home Phone: Cell		
Phone: Home	Work	
Email: Microsoft	Phone:	
Email:	Work Email:	
	Work Email.	
Preferred Mailing Address:		
Preferred Contact Number: ☐ Home ☐ Work ☐ Cel	I	
Preferred Email:	crosoft	
Past or Current Affiliation:	Gender:	Race/Ethnicity:
Community Based Organization	Systems Other	Male Female
☐ Consultant		Transgender
☐ Consumer		
☐ Direct Treatment for Mental Health or Substance		Highest Education Level:
Abuse Faith Based Organization	П	High School
☐ Family Member of Consumer		Bachelor's Degree Master's
Federal, State, and County Government		Degree Doctorate
Substance Abuse Prevention		203.00 200101410
Tribal Government	_	
Research		
University, Colleges, and Other Higher Education		

African American			
Alaska Native/Ame	rican Indian		
	> Tribal Affiliation		
Asian Caucasian/Wh	hite Hispanic/Latino		
Native Hawaiian/Pa	acific Islander Other		
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Primary Expertise:		
☐ Drug-Free Communities Reviewer		
☐ Substance Abuse Prevention		
☐ Substance Abuse Treatment		
Mental Health		
	ximum of 5 boxes from Sections A thr	ough C):
A. Target Population:	B. Substance Abuse and Clinical	C. Other Expertise:
Adolescents/High-Risk Youth	Issues:	☐ Counseling
☐ Consumer/Consumer	Alcohol	☐ Drug Courts
Supporter Disabled	Antisocial Behavior	☐ Criminal Justice Programs
Families	Crack/Cocaine	☐ Faith Based
☐ Infants and	Children's Mental Health	Community
☐ Children Homeless	Co-Occurring Substance	ApproachesWorkplace Programs
Military	Abuse and Mental Health	Coalition
Women	☐ Depression/Manic Depression	☐ Building/Collaboration Health
Seriously Mentally III	☐ Eating Disorders	☐ Information Technology
Adults Veterans	☐ Ecstasy	_
☐ Other	☐ Fetal Alcohol Syndrome	☐ Program Planning Management☐ Research/Evaluation
	Heroin	
	☐ HIV/AIDS	☐ Residency Training (Medical)☐ Training/Technical Assistance
	\square Inhalants	State Systems
		☐ Violence Prevention Programs
	☐ Medical Treatment	☐ Integrated Care
	☐ Methamphetamine Methadone	☐ Other
	☐ Treatment Obsessive	
	Compulsive Disorder	
	Personality Disorders	
	Post-traumatic Stress	
	☐ Prescription Drugs	
	Psychotic Disorders	
	☐ Suicide Prevention	

Grant Review Experience - provide specific information about your review history in the box(es) below:	
Experienced SAMHSA Reviewer (Dates/No. of Reviews Completed)	
Experienced Federal Reviewer (Dates/Agency/No. of Reviews Completed)	
Experienced Non-Federal Reviewer (Dates/Agency/No. of Reviews Completed)	
☐ No Review Experience	
Include a brief paragraph summarizing your general substance abuse prevention, and mental health.	expertise in relation to substance abuse treatment,