



SAMHSA, Division of Grant Review  
5600 Fishers Lane  
Rockville, Maryland  
USA  
20857

# Reviewer Contact Information

Date:

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Contact Phone:

Alternate Phone:

Contact Email:

## Past or Current Affiliation:

- Community Based Organization
- Consultant
- Direct Treatment for Mental Health or SUD
- Faith Based Organization
- Federal, State, and County Government
- SUD Prevention
- Tribal Government
- Research
- University, Colleges, and Other Higher Education
- Systems Other:

## Gender:

- Male
- Female
- Transgender
- None of These

## Education:

- Associates' Degree
- Bachelor's Degree
- Master's Degree
- Ph.D
- M.D.
- Other:  
Degree Concentration:

## License (Enter type of license):

Professional License in Mental Health or  
Substance Use Disorders:

License #:

License State:

License Expiration Date:

**Ethnicity:**

Hispanic or Latino?

- Yes
- No

**Race: (Mark all that apply):**

African American

  

Alaska Native/American Indian

Tribal Affiliation:

Asian

White

Native Hawaiian/Pacific Islander

**Primary Expertise:**

- Drug-Free Communities Reviewer
- SUD Prevention
- SUD Treatment
- Mental Health

**Secondary Expertise (Choose a maximum of 5 boxes from Sections A through C):**

**A. Target Population:**

- Adolescents/High-Risk Youth
- Consumer/Consumer Supporter
- Family Member of Consumer
- Disabled
- Families
- Homeless
- Infants and Children
- LGBTQ
- Military and Veterans
- Minorities (African American, Hispanic or Latino, etc.)
- Seriously Mentally Ill Adults
- Tribes or Tribal Organizations
- Women

Other:

**B. SUD and Clinical Issues:**

- Alcohol
- Antisocial Behavior
  - Crack/Cocaine
- Children's Mental Health
- Co-Occurring SUD and Mental Health
- Eating Disorders
- Emergency Treatment
- Heroin
- HIV/AIDS
- Inhalants
- Marijuana
- Medical Treatment
- Medication Assisted Treatment
- Methamphetamine
- Methadone Treatment
- Opioid Use Disorders
- Post-traumatic Stress
- Prescription Drugs
- Psychotic Disorders
- Suicide Prevention

**C. Other Expertise:**

- Counseling
- Criminal Justice Programs
- Behavioral Health
- Workplace Programs
- Coalition Building/Collaboration
- Health Information Technology
- Program Planning Management
- Recovery Support Services
- Research/Evaluation
- Residency Training (Medical)
- Rural Communities
- Training/Technical Assistance
- State Systems
- Integrated Care

Other:

**Grant Review Experience**

**Provide specific information about your review history in the checkbox(es) below:**

Experienced SAMHSA Grant Reviewer

Reviewer Training Completed, Date:

No SAMHSA Grant Review Experience

Reviewer Training Completed if applicable, Date:

Experienced Federal Grant Reviewer

Experienced Non-Federal Grant Reviewer

*Include a brief paragraph summarizing your general expertise in relation to prevention and/or treatment of mental and substance use disorders.*

Burden Statement: This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) in the planning of the SAMHSA Peer Grant Reviewers Program. This voluntary information collected will be used at an aggregate level to determine the reach, consistency, and quality of the Program. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 Office of Management and Budget (OMB) control number. The OMB control number for this project is 0930-0255. Public reporting burden for this collection of information is estimated to average 1.5 hours per encounter, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 SAMHSA Reports Clearance Officer, 5600 Fishers Ln, Room 15E57B, Rockville, MD 20857.