## **Reviewer Interest Form - TIP Directorate**

The primary purpose of the Reviewer Interest Form is to provide a platform for the National Science Foundation (NSF)'s Directorate for Technology, Innovation and Partnerships (TIP) to engage and recruit suitable individuals as proposal reviewers. Programs within NSF rely on the expertise and judgement of reviewers in evaluating proposals submitted to these highly competitive programs. In addition to providing valuable inputs to NSF, reviewers report that they, too, benefit professionally from serving on NSF review panels—ranging from engaging with other like-minded individuals in intellectual discussions, to enriching their technical knowledge and understandings in cross-cutting research, and growing their professional networks.

Thank you for your interest and support!

The information requested on this form is pursuant to the National Science Foundation Act of 1950, as amended. All information you provide is protected under the NSF Act and the Privacy Act of 1974, and will be used only to identify and recruit prospective panelists and reviewers for the specialized and specific programs within the NSF TIP Directorate. Except for these purposes, this information will not be disclosed except as part of statistical reports or in a form that would not allow identification of individuals. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the federal information systems that transmit your data. Your response is voluntary and failure to provide some or all of the requested information will not in any way adversely affect you. Persons who send in the Reviewer Information Form may not be invited to review immediately, but this information is retained for future reference in selecting reviewers.

The time needed to complete this form varies according to individual circumstances, but the average time is estimated to be 5-15 minutes, including the time for reviewing instructions. If you have comments regarding this time estimate, you may write to the National Science Foundation, 2415 Eisenhower Avenue, Alexandria, VA 22314, Attention: NSF Reports Clearance Officer. A federal agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 3145-XXXX.

## **Contact Information**

- 1. \*Name
  - Last Name:
  - First Name:
  - Middle Initial:
- 2. \*Email address:
- 3. Phone Number:
  - \*Primary:
  - Mobile:
- 4. Is your primary domicile located within the United States?
  - Yes
  - No (please specify)

## **Employment Information**

- 5. \*Employment/Job Title:
- 6. \*Employing Institution or Organization:
- 7. \*Employing Institution or Organization Location
  - City:
  - State:
  - Country:
- 8. \*Type(s) of Employing Institution: Select all that apply
  - Public University/College
  - Private University/College
  - K-12 School or School System
  - Federal Government Agency
  - State/Local Government Agency
  - Venture Capital (VC) Firm, or Venture Studio
  - For profit organization (excluding VC Firm, Venture Studio, Incubator, and Accelerator)
  - Non-profit organization (excluding Incubator and Accelerator)
  - Startup company
  - Self-employed
  - Incubator/Accelerator
  - Other (please specify)

- If selected `Public University/College` or `Private University/College` from the previous question, has the selected university/college been identified as: Select all that apply
  - Minority Serving Institution (this includes Historically Black College or University (HBCU), Hispanic Serving Institution (HSI), and Native American-Serving Non-Tribal Institutions (NASNTIs))
  - Primary Undergraduate Institution
  - Technical College
  - Tribal University/College
  - Other (please specify)
  - None of the above

## **Domain Expertise/Professional Interests**

- 10. \*Highest Degree obtained:
  - Bachelor of Science (or equivalent)
  - Master of Science (or equivalent)
  - Doctor of Philosophy (or equivalent)
  - Professional Degree (M.D., J.D., D.D.S, or equivalent)
  - Other (please specify)

## 11. Year (YYYY) in which the highest degree was conferred:

## 12. \*Areas of Expertise (provide at least one, and up to 8).

(Areas of expertise can be grouped by scientific/industry topic areas (e.g. Artificial Intelligence, Quantum Computing, Semiconductor, etc.) as well as categorized into Functional Expertise (Economic Development, Research Development, Workforce Development), with both drop-down options and/or free text provided for the respondent to select and fill in.)

# 13. Professional and/or LinkedIn web page(s) that provides more information on your skills and/or professional interests:

- Professional webpage URL:
- LinkedIn webpage URL:

#### 14. Are you an Angel, Venture Capital, and/or Institutional investor?

- Yes
- No

## **Previous Reviewer Experience**

- 15. Have you served as an NSF reviewer before?
  - Yes
  - No

- 16. If `Yes` to the last question, when was the most recent review?
  - MM/YYYY

## Demographics

17. What sex were you assigned at birth, on your birth certificate?

Select one.

- Male
- Female
- Don't know
- Do not wish to provide

#### 18. What is your current gender?

Select one.

- Male
- Female
- Transgender
- I use a different term [please specify]
- Don't know
- Do not wish to provide

#### 19. What is your race?

Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other [please specify]
- Do not wish to provide

20. Are you of Hispanic or Latino origin?

Select one.

- Yes
- No
- Don't know
- Do not wish to provide
- 21. Under the conceptual framework of disability described by the Institute of Medicine (IOM) and the International Classification of Functioning, Disability, and Health (ICF), disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play.

Please select whether you have difficulty in one or more of the six disability types as identified under the IOM and ICF framework:

Select all that apply.

- Hearing difficulty
- Vision difficulty
- Cognitive difficulty
- Ambulatory difficulty
- Self-care difficulty
- Independent living difficulty
- None
- Don't know
- Do not wish to provide

## Make your pitch!

The NSF/TIP Directorate would like to bring in reviewers with new voices and diverse, cross-sector perspectives.

Please share with us why would you like to be a NSF reviewer? Feel free to include your previous work or volunteer experience that is relevant to or aligned with the goals and mission of the TIP programs in which you are interested in serving as a reviewer. You could also include any previous work you have done in a certain topic area, technology, geographical region, and/or community.