OMB No. 0930-0255
Expiration Date: 09/30/2025

SAMHSA
Substance Abuse and Mental Health Services Administration

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
- ☐ Federally Qualified Health Centers
- ☐ Technical Training Centers
- ☐ Certified Community Behavioral Health Clinics
- ☐ University, Colleges, and Other Higher Education Systems

Other: ☐

Sex:

- ☐ Male
- ☐ Female

Education:

- ☐ High School
- ☐ Certificate
- ☐ Associates' Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Ph.D
- ☐ M.D.

Other: ☐

Degree Concentration: ☐

Race/Ethnicity:

- ☐ American Indian or Alaska Native

Tribal Affiliation: ☐

- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

Primary Expertise:

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

License (Enter type of License):

Professional License in Mental Health or Substance Use Disorders: _____

License #: _____

License State: _____

License Expiration Date: _____

☐ No License

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

A. Target Population:

- ☐ Adolescents/High-Risk Youth
- ☐ Consumer/Consumer Support
- ☐ Family Member of Consumer
- ☐ Disabled
- ☐ Families
- ☐ Homeless
- ☐ Infants and Children
- ☐ Military and Veterans
- ☐ Seriously Mentally Ill Adults
- ☐ Tribes or Tribal Organizations
- ☐ Tribal Health System
- ☐ 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
- ☐ Screening/Prevention/ Emergency Preparedness

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
- ☐ Peer Experience/Lived Experience

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

☐ Junior Reviewers

☐ Community Reviewers

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

RESET FORM

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.