



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

Ethnicity:

- Hispanic or Latino?
- Yes
- No

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:

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.