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Become a CES4Health.info Reviewer

Apply now to become a CES4Health.info peer reviewer and help us create a diverse peer-reviewer team. To begin the application process and to help us to better match reviewers with submitted products, please complete the form below. Once we have received your completed application form, we will be in touch with you by email within two weeks with a decision on your application. Prior to assigning you a product to review, we will conduct a one hour training by phone. If you have any questions, please contact the CES4Health.info editor at editor@ces4health.info.

When completing your application, please pay attention to formatting, since your application will be available to CES4Health.info associate editors and the editor.

To download a copy of the application to help you in preparing your answers for the online form, [click here](#).

(*) denotes required field

CONTACT INFORMATION

First Name:*	Middle Initial:
<input type="text"/>	<input type="text"/>
Last Name:*	Job Title:*
<input type="text"/>	<input type="text"/>
Department or Unit (if applicable):	College or School (if applicable):
<input type="text"/>	<input type="text"/>
Institution/Organization:*	Mailing Address Line 1:*
<input type="text"/>	<input type="text"/>
Mailing Address Line 2:	Mailing Address Line 3:
<input type="text"/>	<input type="text"/>
City:*	State or Province:*
<input type="text"/>	Select a State <input type="text"/>
Country:*	Zip or Postal Code:*
Select a Country <input type="text"/>	<input type="text"/>

If you already have a CES4Health.info user account, simply enter the email address and password for that account below. If you're not sure you have a user account, you can look it up by [clicking here](#). If you don't have a CES4Health.info user account, enter your email address and the password you wish to use for your new account below.

Email (This will be the primary way CES4Health.info communicates with you):*	Confirm your Email Address:*
<input type="text"/>	<input type="text"/>
If accepted, what would you like your password to be for your login?*	Confirm Password:*
<input type="text"/>	<input type="text"/>
Phone:*	Fax:
<input type="text"/>	<input type="text"/>
Skype Address:	Website:
<input type="text"/>	<input type="text"/>
	http://

DEMOGRAPHIC INFORMATION

Please indicate your gender.

- Male
- Female

Are you Latino or Hispanic?

- Yes

No

How would you identify your race? (Check all that apply)

- White or Caucasian
- Black or African American
- American Indian
- Alaska Native
- Asian
- Native Hawaiian
- Other Pacific Islander
- Middle Eastern
- Aboriginal/Indigenous (not all from US)
- Mixed race
- Other _____

if other, please specify:

APPLICATION QUESTIONS

1. Do you work at an institution of higher education?*

- Yes (continue with question 2)
- No (skip to question 8)

2. Do you hold an academic appointment at your higher educational institution?*

- Yes (continue with question 3)
- No (skip to question 5)

3. What is your faculty rank?*

- Instructor
- Lecturer
- Assistant Professor
- Associate Professor
- Professor
- Professor Emeritus
- Other

if other, please specify: _____

4. What is your tenure status at this institution?*

- Tenured
- On tenure track, but not tenured
- Not on tenure track, but institution has tenure
- Not applicable; institution has no tenure system

5. Please select the institutional unit in which you primarily work.*

Allied Health Other, please specify: _____

6. Please indicate the nature of your higher education institution. (Check all that apply)*

- Public University
- Private University
- Free-standing Medical School
- Free-standing Health Science University
- Faith-based
- Historically Black
- Hispanic-Serving
- Tribal-Controlled
- Community College
- Other

if other, please specify: _____

7. Please indicate your degree(s), if applicable (Check all that apply).

- DC
- MOT

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> DDS | <input type="checkbox"/> MPA |
| <input type="checkbox"/> DMD | <input type="checkbox"/> MPH |
| <input type="checkbox"/> DO | <input type="checkbox"/> MPharm |
| <input type="checkbox"/> DPM | <input type="checkbox"/> MPP |
| <input type="checkbox"/> DPT | <input type="checkbox"/> MPT |
| <input type="checkbox"/> DrPH | <input type="checkbox"/> MS |
| <input type="checkbox"/> DSW | <input type="checkbox"/> MSN |
| <input type="checkbox"/> DVM | <input type="checkbox"/> MSW |
| <input type="checkbox"/> EdD | <input type="checkbox"/> ND |
| <input type="checkbox"/> JD | <input type="checkbox"/> OD |
| <input type="checkbox"/> MA | <input type="checkbox"/> PharmD |
| <input type="checkbox"/> MBA | <input type="checkbox"/> PhD |
| <input type="checkbox"/> MD | <input type="checkbox"/> PsyD |
| <input type="checkbox"/> MEd | <input type="checkbox"/> ScD |
| <input type="checkbox"/> MHA | <input type="checkbox"/> Other |

if other, please specify:

8. What is your organizational affiliation? (Check all that apply)*

- Government agency
- Community-based nonprofit – health related
- Community-based nonprofit – not health related
- Faith-based organization
- Hospital or health care system
- Community or migrant health center
- Foundation/philanthropy
- Human services organization
- None (unaffiliated, independent consultant, community organizer, etc.)
- Other

if other, please specify:

Questions 9-12 ask about your areas of experience and expertise. We will attempt to send you submitted products that match your areas of experience and expertise. Please only check those you feel qualified to review.

9. Please indicate if you have experience and/or expertise in the following topics (Check all that apply. If this question is not applicable, please check "other" and type "NA" in the entry field).*

- | | |
|---|--|
| <input type="checkbox"/> Access to health care | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Immigrant/refugee health |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Injury prevention |
| <input type="checkbox"/> Biostatistics | <input type="checkbox"/> Institutional change |
| <input type="checkbox"/> Built environment | <input type="checkbox"/> Interdisciplinary collaboration |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Leadership development |
| <input type="checkbox"/> Chronic disease | <input type="checkbox"/> Maternal/child health |
| <input type="checkbox"/> Communicable diseases | <input type="checkbox"/> Men's health |
| <input type="checkbox"/> Community assessment | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Community coalition | <input type="checkbox"/> Minority health |
| <input type="checkbox"/> Community development | <input type="checkbox"/> Nutrition/food security |
| <input type="checkbox"/> Community engagement | <input type="checkbox"/> Occupational health |
| <input type="checkbox"/> Community health | <input type="checkbox"/> Oral health |
| <input type="checkbox"/> Community organizing | <input type="checkbox"/> Overweight/obesity |
| <input type="checkbox"/> Community-based clinical care | <input type="checkbox"/> Partnership building |
| <input type="checkbox"/> Community-based education | <input type="checkbox"/> Physical activity/exercise |
| <input type="checkbox"/> Community-based participatory research | <input type="checkbox"/> Policy analysis |
| <input type="checkbox"/> Cultural competency | <input type="checkbox"/> Policy development |
| <input type="checkbox"/> Curriculum development | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Primary care |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Prison health |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Economic development | <input type="checkbox"/> Program management |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public & media relations |

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Race & health |
| <input type="checkbox"/> Environmental justice | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Environmental health | <input type="checkbox"/> Research ethics |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Rural health |
| <input type="checkbox"/> Faculty development | <input type="checkbox"/> School health |
| <input type="checkbox"/> Global health | <input type="checkbox"/> School-higher education partnerships |
| <input type="checkbox"/> Health behavior | <input type="checkbox"/> Service-learning |
| <input type="checkbox"/> Health care ethics | <input type="checkbox"/> Sexual health |
| <input type="checkbox"/> Health care quality | <input type="checkbox"/> Social determinants of health |
| <input type="checkbox"/> Health disparities | <input type="checkbox"/> Social marketing |
| <input type="checkbox"/> Health education | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Health equity | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Health law | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Health policy | <input type="checkbox"/> Urban health |
| <input type="checkbox"/> Health services research | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Workforce development |
| <input type="checkbox"/> Homeless health | <input type="checkbox"/> Other |

if other, please specify: |

10. Please indicate if you have experience and/or expertise in the following methodological approaches (Check all that apply. If this question is not applicable, please check "other" and type "NA" in the entry field.).*

- | | |
|---|---|
| <input type="checkbox"/> Arts-informed methodologies | <input type="checkbox"/> Participatory evaluation |
| <input type="checkbox"/> Asset-mapping | <input type="checkbox"/> Photovoice |
| <input type="checkbox"/> Case study | <input type="checkbox"/> Policy analysis |
| <input type="checkbox"/> Case-based learning | <input type="checkbox"/> Problem-based learning |
| <input type="checkbox"/> Community needs assessment | <input type="checkbox"/> Qualitative research |
| <input type="checkbox"/> Community-academic partnership | <input type="checkbox"/> Quantitative research |
| <input type="checkbox"/> Community-based participatory research | <input type="checkbox"/> Randomized trial |
| <input type="checkbox"/> Focus group | <input type="checkbox"/> Service-learning |
| <input type="checkbox"/> Interview | <input type="checkbox"/> Standardized patient |
| <input type="checkbox"/> Meta-analysis | <input type="checkbox"/> Survey |
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Videovoice |
| <input type="checkbox"/> Participant observation | <input type="checkbox"/> Other |

if other, please specify: |

11. Please indicate if you have experience and/or expertise working with any of the specific populations listed below (Check all that apply. If this question is not applicable, please check "other" and type "NA" in the entry field.).*

- | | |
|--|--|
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Men |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Children | <input type="checkbox"/> Prisoners |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Immigrant | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Indigenous/Aboriginal | <input type="checkbox"/> Women |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Other |
| <input type="checkbox"/> LGBTQ | |

if other, please specify: |

12. Please indicate reviewer roles you have played in the past (Check all that apply):*

- Reviewed manuscripts for journal publications or other scholarly products
- Reviewed abstracts for conference presentations

- Reviewed research proposals submitted to an Institutional Review Board/Research Ethics Board
- Reviewed nominations for awards
- Reviewed applications for scholarships or fellowships
- Reviewed grant proposals for funding
- Reviewed faculty members at my institution for promotion and/or tenure
- Reviewed faculty members at other institutions for promotion and/or tenure

13. Please provide a 1-2 paragraph biographical sketch, emphasizing areas of relevant expertise and accomplishments **(2000 characters)***

14. Please indicate the number of peer reviews you could complete annually:*

1

15. Please attach as a PDF file the most current copy of your curriculum vita or resume. *

or provide a URL to your curriculum vita:

http://

Please review your application before pressing the submit button below. Once submitted, your application can not be updated.