NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

Principal Form

A single individual must be designated as the Principal for each intervention reviewed by NREPP. This individual must have the authority to fulfill the following responsibilities:

- Serve as NREPP's main point of contact during the review.
- Coordinate efforts for gathering appropriate review materials. This includes gathering all research and implementation materials required for review and identifying key intervention staff who are knowledgeable about the materials to be reviewed and who can participate in the kick-off call.
- Work with NREPP staff to decide the studies and outcomes to be reviewed. This may include soliciting input from other staff or researchers involved with the studies, if appropriate.
- Coordinate the review and comment process for the intervention summary. This includes soliciting and combining feedback from other staff or researchers, if necessary, and submitting one response to NREPP.
- **Approve the final intervention summary for posting on the NREPP Web site.**

This form is to be completed by the Principal.

Please identify one person to serve as the Principal for the NREPP review of this intervention:

Name of the Intervention: _____

Name of the Principal: _____

Position/Title: _____ Organization: _____

Phone: _____ Fax: _____ Email: _____

Please provide the name, role, organization, and contact information for each person, other than yourself, who was instrumental in developing the intervention, creating implementation components, or researching or evaluating the intervention. (Note: This list should include any co-principal investigators for single-site or multisite trials.)

_____
_____
_____
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(Attach another page if more space is needed.)

In addition, please provide documentation in writing (email or hard copy) from each individual named above confirming that you are the appropriate person to serve as the Principal for the NREPP review of this intervention.

Please fax the signed form and documentation to 1-866-269-9459. You also may scan the signed form and documentation and email them to nrepp@samhsa.hhs.gov.

I have received permission from all individuals listed above to serve as the Principal for this NREPP review. I attest that the above statements are true to the best of my knowledge, and I agree to notify MANILA Consulting Group, Inc., if any change occurs regarding my role as the Principal for this NREPP review.

_____ _____
Principal's Signature Date

_____ _____
Reviewed by/Title Date