



**Consultant Network Application  
Training and Technical Assistance Expert Consultant**

Thank you for your interest in applying to be a consultant with the National Human Trafficking Training and Technical Assistance Center (NHTTAC), which is administered by ICF on behalf of the U.S. Department of Health and Human Services, Administration for Children and Families, Office on Trafficking in Persons (OTIP). Please complete the Consultant Network Training and Technical Assistance Expert Application as accurately as possible, as this information will be used to match your experience with specific requests for speakers or impact statements. This application will take you approximately 15 minutes to complete. You will then be asked to submit supporting documents via email, including your resume, CV, publications, biographical sketch, and other sample materials such as recordings of presentations, media interviews, PowerPoint presentations, etc. You will be able to save your progress, exit the document, and return to it as needed.

If you need assistance completing this form, or have specific questions, please contact NHTTAC at [svega@nhttac.org](mailto:svega@nhttac.org).

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



**Before proceeding with this application:**

Anyone can experience vicarious trauma, compassion fatigue, and burnout at any time, which can disrupt their ability to work in the anti-trafficking field. As a consultant, you may experience situations that can be triggering. Please consider your well-being before submitting the application.

If you feel you are not ready to enroll as a consultant or have questions or concerns about working as a consultant, please contact NHTTAC prior to completing this application. NHTTAC is invested in supporting your professional development and can provide you with alternative resources to help you continue your work in the anti-trafficking field.

Please think carefully about your decision to enroll, and consider talking with your support system before you make your decision. You may also consider measuring your current professional quality of care by using the Professional Quality of Life Scale (PROQOL): [http://www.proqol.org/ProQol\\_Test.html](http://www.proqol.org/ProQol_Test.html).

- I confirm that I have considered my role as a consultant, and I feel comfortable completing this application.
- I am not interested in enrolling as a consultant at this time; however, I would like to be contacted by a training and technical assistance specialist.

In order to be an OTIP consultant, you must be a U.S. citizen or eligible to work in the United States. If you have any questions, please contact NHTTAC at [info@nhttac.org](mailto:info@nhttac.org).

- Are you a U.S. citizen?       Yes       No
- If NO, are you eligible to work in the United States?       Yes       No
- Are you an employee of the federal government?       Yes       No

**CONTACT INFORMATION**

|   |              |             |                         |
|---|--------------|-------------|-------------------------|
| This section includes your contact information and preferences. |              |             |                         |
| <b>* Denotes a required field</b>                               |              |             |                         |
| Prefix (Mr., Ms., Dr., etc.):                                   | First Name:* | Last Name:* | Suffix (Jr., Sr., etc.) |

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



|  |  |  |            |
|--|--|--|------------|
| Title:   |  |  |            |
| Organization:  |  |  |            |
| Preferred Address:* (FedEx and other couriers will not deliver to a P.O. box address.)   |  |  |            |
| Preferred Address 2:   |  |  |            |
| City:*   |  | State/<br>Territory:*  | Zip Code:* |
|  |  |  | Country:*  |
| Business Phone:  |  | Business Email:  |            |
| Home Phone:  |  | Home Email:  |            |
| Cell Phone:  |  | Fax:   |            |
| Preference for phone contact:<br><input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business   |  | Preference for email contact:<br><input type="checkbox"/> Home <input type="checkbox"/> Business |            |
| Will you be speaking, training, or providing technical assistance independently or on behalf of your agency?<br><input type="checkbox"/> Individual/Independent<br><input type="checkbox"/> Organization/Agency (If organization, please list the Federal ID#): _____  |  |  |            |
| If enrolled as a consultant, portions of the NHTTAC consultant information (e.g., name, contact information, areas of expertise, and biographical sketch) may be made available to organizations requesting speakers, training, or technical assistance.<br>Does NHTTAC have permission to give out your contact information and biographical sketch, if requested?*(Note: <b>Only</b> your name and your preferred phone and email will be provided.)<br><input type="checkbox"/> Yes, please share my contact information for speaking, training, and/or technical assistance purposes.<br><input type="checkbox"/> No, please do not release my contact information without speaking to me first. |  |  |            |

**APPLICANT INFORMATION**

|  |
|--|
| This section captures professional and demographic information.  |
| <b>Language Proficiency</b>  |
| Indicate what languages other than English you can speak professionally and your level of proficiency in writing and speaking. |

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



|  |   |
|--|---|
|  | Writing: <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> Native Fluency  |
|  | Speaking: <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> Native Fluency |
|  | Writing: <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> Native Fluency  |
|  | Speaking: <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> Native Fluency |
|  | Writing: <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> Native Fluency  |
|  | Speaking: <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent <input type="checkbox"/> Native Fluency |

If applicable, please provide examples of ways in which you've applied your language(s) in a professional capacity, such as facilitating trainings or providing written materials:

Do you know how to sign?  Yes  No  
**If yes, please specify the type(s) of sign language you use:**

I am currently employed as or affiliated with (check all that apply):

Type of Organization

- Anti-trafficking organization
- Business/For-profit organization
- Coalition/Multidisciplinary team/Task force
- Faith-based organization
- Federal government
- State and local government
- Tribal government
- Nonprofit/Community-based organization
- OTIP grantee

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



- Union/Worker advocacy organization
- Victim service provider
- Survivor-led organization
- Self-employed: \_\_\_\_\_

Are you currently a member of any professional organizations (e.g., HEAL Trafficking, Toastmasters, National Association for Social Workers, National Survivor Network)? If yes, please specify:

**Race/Ethnicity and Gender (Optional)**

The list below includes federal race and ethnic classifications as defined by the U.S. Office of Management and Budget. Your voluntary cooperation in providing this information is greatly appreciated.

**Race**

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, etc.
- Black or African American. A person having origins in any of the black racial groups of Africa.
- Native Hawaii or other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- If you identify as other, please specify self-identification: \_\_\_\_\_

**Ethnicity:**

Do you identify as Hispanic or Latino (a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)?

- Yes
- No

Do you identify as Middle Eastern or North African?

- Yes
- No

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



**Gender (you may select more than one):**

Male  Female  Transgender  Other (Please specify): \_\_\_\_\_

**Disability or Special Needs (Optional)**

Do you have one of the following? (Check all that apply.)

- Visual impairments
- Physical disabilities
- Hearing impairments
- Mental, psychological, and/or personality disorders
- Other (Please specify): \_\_\_\_\_

For all NHTTAC-coordinated trainings and conferences, Americans with Disabilities Act compliance is a priority. Please let us know which of the following accommodations you will need while providing training and technical assistance for NHTTAC. (Check all that apply.)

- Personal care attendant
- Wheelchair accessibility (transportation, meeting space, lodging, etc.)  
Type of wheelchair:  Manual  Electric
- Sign language interpreter (Specify type of sign language): \_\_\_\_\_
- Accommodations for a service animal
- Convert materials into sight-assistive technology (Specify type of technology preferred): \_\_\_\_\_
- Other (Please explain): \_\_\_\_\_

**Survivor of Human Trafficking (Optional)**

NHTTAC may receive training or technical assistance requests to learn from human trafficking survivor leaders. Please indicate if you identify publicly as a survivor of human trafficking and are comfortable disclosing this information in training or technical assistance. Please note that you are not required to disclose this information in your work as a NHTTAC consultant.

Yes  No

If YES, in order to be an OTIP consultant, there must be a minimum of 3–5 years since the trafficking victimization.

I confirm that it has been at least 3–5 years since the trafficking victimization.

Paperwork Reduction Act Notice



It has not been 3–5 years since my trafficking experience; however, I would like to be contacted by a training and technical assistance specialist who can provide me with alternative resources for professional development.

Comment:

**EDUCATION HISTORY**

This section documents your academic achievements, licenses and certifications, and formal training background.

**Formal Education**

Please indicate the highest level of education received.

High school diploma or GED

Associate’s degree

Concentration(s):

\_\_\_\_\_

Bachelor’s degree

Concentration(s):

\_\_\_\_\_

Master’s degree

Concentration(s):

\_\_\_\_\_

Doctor of Education (Ed.D.)

Concentration(s):

\_\_\_\_\_

Doctor of Philosophy (Ph.D.)

Concentration(s):

\_\_\_\_\_

Doctor of Psychology (Psy.D.)

Partial/Not complete     Degree pending

Completed/Degree received

Date received/Expected: \_\_\_\_\_

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



|   |  |
|---|--|
| <p>Concentration(s):<br/>_____</p> <p><input type="checkbox"/> Juris Doctor degree (J.D.)</p> <p>Concentration(s):<br/>_____</p> <p><input type="checkbox"/> Doctor of Dental Surgery (D.D.S.)</p> <p><input type="checkbox"/> Doctor of Dental Medicine (D.M.D.)</p> <p><input type="checkbox"/> Doctor of Medicine (M.D.)</p> <p><input type="checkbox"/> Doctor of Osteopathic Medicine (D.O.)</p> <p><input type="checkbox"/> Nurse Practitioner (N.P.)</p> <p><input type="checkbox"/> Physician Assistant (P.A.)</p> <p><input type="checkbox"/> Other (Please specify): _____</p> <p><input type="checkbox"/> None</p> |  |
|---|--|

**Licenses and Certifications**

Please list any **active** licenses or certifications received that are relevant to the work of NHTTAC (e.g., Licensed Clinical Social Worker (L.C.S.W.), Forensic Interviewer, Registered Nurse, Sexual Assault Nurse Examiner, etc.).

Title: \_\_\_\_\_ Certifying/Accrediting agency: \_\_\_\_\_ Year: \_\_\_\_\_

Title: \_\_\_\_\_ Certifying/Accrediting agency: \_\_\_\_\_ Year: \_\_\_\_\_

Title: \_\_\_\_\_ Certifying/Accrediting agency: \_\_\_\_\_ Year: \_\_\_\_\_

Title: \_\_\_\_\_ Certifying/Accrediting agency: \_\_\_\_\_ Year: \_\_\_\_\_

Title: \_\_\_\_\_ Certifying/Accrediting agency: \_\_\_\_\_ Year: \_\_\_\_\_

**TECHNICAL SKILLS AND EXPERIENCE AREAS**

This section gathers information about your general experience in speaking and in delivering training and technical assistance within certain substantive and functional skill areas. For each of the following categories, please confirm that you have 5–7 years of experience providing professional services to or within the fields below by selecting items that align with your capabilities. Be sure that for each item selected, it is reflected in your resume, CV, or other supplemental materials.

**Speaking** at conference workshops or plenary sessions.

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*





- Designing and delivering training** is the planning, development, delivery, and evaluation of activities designed to achieve specific learning objectives for individuals, groups, or organizations. Learning objectives may be achieved using a variety or combination of instructional strategies, and training may include onsite instruction, classroom training, distance learning, self-directed learning, and workshops.
- Developing materials and writing** specific to the broader human trafficking field.
- Providing capacity building technical assistance** refers to professional development skills that enhance a service provider's ability to support survivors or those at risk of human trafficking through targeted support or intervention to address a developmental need, resolve a problem, or create an innovative approach to an emerging complex issue. Technical assistance may be delivered in many different ways and to varying extents.
- Program management**
  - Board development
  - Collaboration and coalition building/Coordinated community response
  - Cultural competency
  - Fiscal management/Funding strategies
  - Grants management
  - Mentorship
  - Program development
  - Program evaluation
  - Staff and recruiting
  - Strategic planning
  - Transition management
  - Trauma informed programs
  - Volunteer recruitment and retention
  - Other (Please specify): \_\_\_\_\_

#### SUBJECT MATTER EXPERTISE AREAS

Please confirm you have a minimum of 7 years of experience either working within OR providing training and technical assistance to the professional categories listed below. Be sure each item selected is reflected in your resume, CV, or other supplemental materials.

- Behavioral health professionals (e.g., psychologists, psychiatrists, mental health/substance use counselors)
  - Family therapy
  - Group treatment/Support group
  - Individual counseling
  - Peer to peer

#### Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



- Substance use
- Culturally specific (Please specify): \_\_\_\_\_
- Other (Please specify): \_\_\_\_\_
- Child welfare
  - Adoption/Postadoption services
  - Child abuse and neglect prevention
  - Family strengthening/Family preservation/In-home services
  - Family reunification
  - Investigations
  - Out of home/Foster care/Kinship care
  - Youth in transition/Independent living/Transition planning
- Corrections-based services
- Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)
- Educator (e.g., teacher, professor, school administrator)
  - K-8
  - High school
  - University
  - Alternative school for at-risk students
  - Youth in custody
- Health care (e.g., physician, physician assistant, nurse practitioners, dentist, nurse, pharmacist)
  - Community-based or mobile clinic
  - Dental assistance
  - Emergency response (emergency department, first responder)
  - Hospital
  - Private practice
  - Urgent care
- Housing (e.g., case workers, shelter directors, public housing authority agencies)
  - Drop-in center
  - Safe house
  - Transitional housing
  - Long-term housing
- Legal (e.g., civil and/or rights-based attorney and/or paralegal, clinic)
  - Employment
  - Expungement/Vacatur
  - Immigration
  - Housing
  - Family
  - Other (Please specify): \_\_\_\_\_
- Public health (e.g., licensure board, health department staff, health care executives, community health workers)

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



- Social worker (e.g., case manager, school counselor, supervisor, administrator)
- Survivor empowerment, mentoring, or peer to peer
- Trauma-informed services
- Other (Please specify): \_\_\_\_\_

**Vulnerable populations** refers to specific or diverse populations that you have experience and expertise working with. This is important to note because not all populations are affected by crime the same way.

Please confirm you have a minimum of 7 years of experience providing professional services to or within the fields listed below. Be sure each item selected is reflected in your resume, CV, or other supplemental materials.

- Human trafficking
  - Commercial sexual exploitation of children
  - Sex trafficking
    - Adults
    - Minors
  - Labor trafficking
    - Adults
    - Minors
  - Other (Please specify): \_\_\_\_\_
- Children/youth
  - Out of home/Foster care/Kinship care
  - Juvenile justice
  - Runaway/Homeless youth
  - Other (Please specify): \_\_\_\_\_
- Gender
  - Male
  - Female
  - Transgender
  - Other (Please specify): \_\_\_\_\_
- People with disabilities
- Deaf/Hearing impaired
- Elderly
- Lesbian, gay, bisexual, and questioning

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



Foreign nationals (migrant workers, undocumented immigrants, refugees)  
 People with low incomes  
 Racial and ethnic minorities
 

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino ethnicity
- Middle Eastern or North African
- Native Hawaii or other Pacific Islander

 History of substance use  
 Intimate partner violence (e.g., dating, domestic violence)  
 Gang-related crime  
 Sexual abuse/Violence  
 Other (Please specify): \_\_\_\_\_

Do you have location-specific experience?

Urban  
 Rural  
 American Indian/Alaska Native reservation  
 U.S. territories (Please specify): \_\_\_\_\_

**REFERENCES**

Please provide two professional references. Each reference should be able to verify your expertise and experience. Statements made on this Consultant Network Application are subject to confirmation by NHTTAC.

- List only professional contacts such as current or former employers, colleagues, or peers who are familiar with your work.

**\* Denotes a required field**

| Reference 1*            |              |             |                         |
|-------------------------|--------------|-------------|-------------------------|
| Prefix (Mr., Ms., Dr.): | First Name:* | Last Name:* | Suffix (Jr., Sr., etc.) |

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



|                                    |              |                      |            |                         |
|------------------------------------|--------------|----------------------|------------|-------------------------|
| Title:                             |              | Relationship to You: |            |                         |
| Preferred Address:*                |              |                      |            |                         |
| City:*                             |              | State:*              | ZIP Code:* | Country:*               |
| Phone:                             |              | Email:               |            |                         |
| Duration of Relationship in Years: |              |                      |            |                         |
| <b>Reference 2*</b>                |              |                      |            |                         |
| Prefix (Mr., Ms., Dr.):            | First Name:* | Last Name:*          |            | Suffix (Jr., Sr., etc.) |
| Title:                             |              | Relationship to You: |            |                         |
| Preferred Address:*                |              |                      |            |                         |
| City:*                             |              | State:*              | ZIP Code:* | Country:*               |
| Phone:                             |              | Email:               |            |                         |
| Duration of Relationship in Years: |              |                      |            |                         |

**Thank you for submitting your Training and Technical Assistance Consultant Application. Please remember to submit the required supplemental documents, including your resume, CV, publications, biographical sketch, and any other sample materials, such as presentation recordings, media interviews, PowerPoint presentations, etc., to svega@nhttac.org. Your application will not be considered complete until these materials are received. Within the next 2 weeks, you will be contacted by a training and technical assistance specialist regarding next steps.**

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*

## National Human Trafficking Training and Technical Assistance Center Professional Development Scholarship Application

Thank you for your interest in the Professional Development Scholarship Program. This application will allow us to learn more about you, your organization, and the event you are planning to attend. NHTTAC offers the professional development scholarships to individuals and multidisciplinary teams (MDT) that work with human trafficking survivors and/or populations at risk of human trafficking. Scholarships are awarded to enhance the recipient's ability to deliver a public health response to human trafficking.

**The National Human Trafficking Training and Technical Assistance Center (NHTTAC) must receive the completed Individual or Multidisciplinary Team (MDT) Professional Development Scholarship application at least 60 calendar days prior to the event or the request will be rejected - NO EXCEPTIONS. Please note: All MDT members must complete their own applications and must all be submitted within 48 hours of each other.**

For assistance, please contact NHTTAC by calling toll free (844) 648-8822 or emailing [info@nhttac.org](mailto:info@nhttac.org)

---

### Section A: Applicant Information

*This section will provide additional information about you, the applicant.*

1. Name of Applicant: \_\_\_\_\_
  
2. Home Address: \_\_\_\_\_
  
3. City \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
  
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_
  
5.  Individual Application

Multidisciplinary Team Application

- Team Name: \_\_\_\_\_
- Team Coordinator: \_\_\_\_\_
- Number of Team Members: \_\_\_\_\_
- Names of Team Members:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

6. How long have you worked with human trafficking survivors and/or populations at risk of human trafficking? **Please specify length of time.**
  - 1-3 years
  - 3-5 years
  - More than 5 years
  
7. Please provide a detailed description of the direct services you currently provide to victims of human trafficking and/or populations at risk of human trafficking. **(Minimum of five sentences)**
  
8. Please provide a detailed explanation of how you will use the information you learn to improve your work with human trafficking and/or populations at risk of human trafficking. Please provide examples where appropriate. **(Minimum of five sentences)**

---

## Section B: Organization Information

*This section will provide additional information about your organization.*

7. Name of Organization:
  
8. Name and Title of Organization's Chief Executive:
  
9. Street Address:
  
10. City:                                      State:                                      Zip Code:
  
  
11. Phone:                                      Fax:                                      Website:
  
  
12. Applicant's Position/Title:
  
13. Type of Organization and/or Role. *Select all that apply.*

### Type of Organization

- Anti-trafficking organization
- Business/for-profit organization
- Coalition/Multidisciplinary Team/Task Force
- Federal government
- Faith-based organization
- State/Local Government

- Nonprofit/community-based organization
- Survivor led organization
- Tribal government
- Union/worker advocacy organization
- Victim service provider

**Professional Capacity and Types of Services**

- Behavioral health professional (psychologist, psychiatrist, mental health/substance use counselor)
- Child welfare (state agency staff; child welfare contractor; non-profit personnel)
- Corrections Based Services
- Criminal justice (e.g., law enforcement, prosecutor, probation, court)
- Educator (teacher, professor, school administrator)
- Health care (physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)
- Housing (case worker, shelter director, public housing authority agencies)
- Legal (civil and/or rights-based attorney and/or paralegal, clinic)
- Public health (health department staff, health care executive, community health workers)
- Social worker (case manager, school counselor, supervisor, administrator)
- Survivor Empowerment and Mentoring
- Other (Specify): \_\_\_\_\_

14. Have you or your organization received a NHTTAC Professional Development Scholarship from in the past 12 months?

\_\_ Yes    \_\_ No

---

**Section C: Event Information**

*This section will provide additional information about the event you are planning to attend.*

15. Event Title:

16. Date(s):

Location (City, State):

17. Name of Organization Sponsoring the Event:

18. Will you be featured as a speaker or trainer at this event? \_\_ Yes \_\_ No

19. Event Website (If available):

---

**Section D: Budget Information**

*This section will provide information about your anticipated expenses and expenses to be covered by your organization.*



*NHTTAC Professional Development Scholarship Application (Continued)*

Applicants are eligible to receive scholarship funds up to \$500 for individuals, \$1,500 for multidisciplinary teams. Allowable expenses include tuition/registration fees (late fees are not allowable), transportation, and lodging. Applicants are eligible to receive up to \$500 per individual recipient for transportation expenses (such as airfare, train, or bus fare), and lodging expenses (up to the federal government rate in that area, for current rates, please visit [www.gsa.gov](http://www.gsa.gov)). Rental car services are not reimbursable under any circumstances. Lodging is not covered by the scholarship if the recipient lives within 50 miles of the event.

Expenses will be paid directly on awardees behalf by NHTTAC and our travel agency in advance of the event. **An application missing the following information will be considered incomplete and rejected. All fields are required; where you are not requesting expense reimbursements, please enter \$0.**

**Please Note:** Scholarship approval is not guaranteed. We advise you not to make any financial commitment until you receive confirmation from NHTTAC.

| <b>A. Expenses</b>  |                               | <b>Total</b>       |
|---|-------------------------------|--------------------|
| Number of Event Days  |                               |                    |
| Tuition/Registration Fee  |                               |                    |
|   | <b>No. of Days</b>            | <b>Leave Blank</b> |
| Lodging<br><i>(Lodging allowance will be calculated by NHTTAC based on per diem rates for event location.)</i>  |                               |                    |
|   | <b>Mode of Transportation</b> | <b>Leave Blank</b> |
| Travel (airfare/train/bus) not to exceed \$500.<br><i>(Travel will be arranged through the NHTTAC travel department. Rental cars are not allowable under any circumstances)</i> |                               |                    |
| Please identify which mode of travel is needed for arrival and departure, and include the dates of travel.  |                               |                    |
| <b>B. Expenses to be Covered by Your Organization</b>   |                               | <b>Total</b>       |
| What other expenses will your organization cover?<br><i>(Enter \$0 if no funds are available.)</i>  |                               |                    |
| <b>C. Division/Unit/Department's Budget Information</b><br><i>(Enter \$0 for any fields where no funds are available.)</i>  |                               |                    |
| What is your division/unit/department's current total operating budget?<br><i>If \$0, please explain here:</i>  |                               |                    |

*NHTTAC Professional Development Scholarship Application (Continued)*

|   |  |
|---|--|
| What is your division/unit/department's current training budget?<br><i>If \$0, please explain here:</i>   |  |
| How many people does your division/unit/department employ?  |  |
| Training Budget Comments:<br><i>Please use this section to explain items included within the budget figure that might decrease the amount of training funds allotted to you. Example: if your division/unit/department's training budget also includes a trainer's salary, please mention that here and the amount of the salary.</i> |  |

---

**Section E: Scholarship Concurrence**

*This ensures that the information provided in Sections A to D, to the best of your knowledge, is accurate.*

I, as the scholarship applicant, certify that:

- (1) The information provided in this application is accurate;
- (2) I have at least 1 year of experience serving human trafficking survivors and/or populations at risk of human trafficking;
- (3) My organization supports the event and scholarship request, but is unable to completely underwrite the professional development activity for which I am requesting support; **or** I work independently and have attached a letter of support from someone with whom I have an established working relationship; and
- (4) I agree to abide by all requirements noted in this application.

I understand and agree that any false information, misrepresentation, or willful or negligent failure to disclose any information pertinent to this application or my organization will constitute sufficient grounds for the removal of my application from consideration, the return of funding by my organization to the National Human Trafficking Training and Technical Assistance Center if funding has been granted, and/or disqualification of my organization from future scholarship opportunities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

---

**Section F: Supervisor/Chief Executive Attestation**

*This section ensures that your supervisor or organization's chief executive supports your attendance at the training event and all requirements associated with receiving the scholarship. Please note: If you work independently, you must instead attach a letter of support from someone with whom you have working relationship.*

*NHTTAC Professional Development Scholarship Application (Continued)*

I support my employee's Professional Development Scholarship application. I acknowledge that should a scholarship be awarded, the employee will be permitted to attend the event and will be supported in the fulfillment of all scholarship requirements. NHTTAC is welcome to contact me directly to obtain feedback on the impact of the training on my employee's ability to provide quality victim services.

---

Signature of Supervisor

---

Date

---

Printed Name of Supervisor

---

Title of Supervisor

---

Name of Organization

---

Phone Number

---

E-mail Address

Please email the completed application to [info@nhttac.org](mailto:info@nhttac.org) with the subject line stating, "Professional Development Scholarship Application."

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS/ACF Reports Clearance Officer; 370 L'Enfant Promenade, S.W.; Washington, D.C. 20447



**Consultant Network Application  
Survivor Consultant**

Thank you for your interest in applying to be a consultant with the National Human Trafficking Training and Technical Assistance Center (NHTTAC), which is administered by ICF on behalf of the U.S. Department of Health and Human Services, Administration for Children and Families, Office on Trafficking in Persons (OTIP). Please complete the Consultant Network Training and Technical Assistance Expert Application as accurately as possible, as this information will be used to match your experience with specific requests for speakers or impact statements. This application will take you approximately 15 minutes to complete. You will then be asked to submit supporting documents via email, including your resume, CV, publications, biographical sketch, and other sample materials such as recordings of presentations, media interviews, PowerPoint presentations, etc. You will be able to save your progress, exit the document, and return to it as needed.

If you need assistance completing this form, or have specific questions, please contact NHTTAC at [svega@nhttac.org](mailto:svega@nhttac.org).

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



Before proceeding with this application:

Anyone can experience vicarious trauma, compassion fatigue, and burnout at any time, which can disrupt their ability to work in the anti-trafficking field. As a consultant, you may experience situations that can be triggering. Please consider your well-being before submitting an application.

If you feel that you are not ready to enroll as a consultant, or have questions or concerns about working as a consultant, please contact NHTTAC prior to completing this application. NHTTAC is invested in supporting your professional development and can provide you with alternative resources to help you continue your work in the anti-trafficking field.

Please think carefully about your decision to enroll, and consider talking with your support system before you make your decision. You may also consider measuring your current professional quality of care by using the Professional Quality of Life Scale (PROQOL): [http://www.proqol.org/ProQoL\\_Test.html](http://www.proqol.org/ProQoL_Test.html)

- I confirm that I have considered my role as a consultant, and I feel comfortable completing this application.
- I am not interested in enrolling as a consultant at this time; however, I would like to be contacted by a training and technical assistance specialist.

In order to be an OTIP consultant, there must be a minimum of 3–5 years since the trafficking victimization.

- I confirm that it has been at least 3–5 years since the trafficking victimization.
- It has not been 3–5 years since my trafficking experience; however, I would like to be contacted by a training and technical assistance specialist.

In order to be an OTIP consultant, you must be a U.S. citizen or eligible to work in the United States. If you have any questions, please contact NHTTAC at [info@nhttac.org](mailto:info@nhttac.org).

Are you a U.S. citizen?       Yes       No

If NO, are you eligible to work in the United States?       Yes       No

Are you an employee of the federal government?       Yes       No

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



**CONTACT INFORMATION**

|  |                   |  |                         |
|--|-------------------|--|-------------------------|
| This section includes your contact information and preferences.  |                   |  |                         |
| <b>* Denotes a required field</b>  |                   |  |                         |
| Prefix (Mr., Ms., Dr.):  | First Name:*      | Last Name:*  | Suffix (Jr., Sr., etc.) |
| Title:   |                   |  |                         |
| Organization:  |                   |  |                         |
| Preferred Address:* (FedEx and other couriers will not deliver to a P.O. box address.)   |                   |  |                         |
| Preferred Address 2:   |                   |  |                         |
| City:*   | State/Territory:* | Zip Code:*   | Country:*               |
| Business Phone:  |                   | Business Email:  |                         |
| Home Phone:  |                   | Home Email:  |                         |
| Cell Phone:  |                   | Fax:   |                         |
| Preference for phone contact:<br><input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business   |                   | Preference for email contact:<br><input type="checkbox"/> Home <input type="checkbox"/> Business |                         |
| Will you be speaking, training, or providing technical assistance independently or on behalf of your agency?<br><input type="checkbox"/> Individual/Independent<br><input type="checkbox"/> Organization/Agency (If organization, please list the Federal Tax ID #): _____   |                   |  |                         |
| If enrolled as a consultant, portions of the NHTTAC consultant information (e.g., name, contact information, areas of expertise, and biographical sketch) may be made available to organizations requesting survivor impact speakers. Does NHTTAC have permission to give out your contact information and biographical sketch, if requested?* |                   |  |                         |
| (Note: <b>Only</b> your name and your preferred phone and email will be provided.)   |                   |  |                         |
| <input type="checkbox"/> Yes, please share my contact information for speaker requests.<br><input type="checkbox"/> No, please do not release my contact information without speaking to me first.   |                   |  |                         |

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



**APPLICANT INFORMATION**

This section captures professional and demographic information.

**Language Proficiency**

Indicate what languages other than English you can speak in a professional capacity and your level of proficiency in writing and speaking.

|  |           |                                     |                                 |   |
|--|-----------|-------------------------------------|---------------------------------|---|
|  | Writing:  | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Writing:  | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Writing:  | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Writing:  | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |

If applicable, please provide examples of ways in which you've applied your language(s) in a professional capacity, such as facilitating trainings or providing written materials:

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



Do you know how to sign?  Yes  No

If yes, please specify the type(s) of sign language you use:  
\_\_\_\_\_

**Employment**

I am currently employed as or affiliated with (check all that apply):

Type of Organization

- Anti-trafficking organization
- Business/For-profit organization
- Coalition/Multidisciplinary team/Task force
- Faith-based organization
- Federal government
- State and local government
- Tribal government
- Nonprofit/Community-based organization
- OTIP grantee
- Union/Worker advocacy organization
- Victim service provider
- Survivor-led organization
- Self-employed: \_\_\_\_\_
- Other: \_\_\_\_\_

Are you currently a member of any professional organizations (e.g., HEAL Trafficking, Toastmasters, National Association for Social Workers, National Survivor Network)? If yes, please specify:  
\_\_\_\_\_

**Race/Ethnicity and Gender (Optional)**

The list below includes federal race and ethnic classifications as defined by the U.S. Office of Management and Budget. Your voluntary cooperation in providing this information is greatly appreciated.

**Race**

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
  
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, etc.
  
- Black or African American. A person having origins in any of the black racial groups of Africa.

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*





- Native Hawaii or other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- If you identify as other, please specify self-identification: \_\_\_\_\_

**Ethnicity:**

Do you identify as Hispanic or Latino (a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)?

- Yes     No

Do you identify as Middle Eastern or North African?

- Yes     No

**Gender (you may select more than one):**

- Male     Female     Transgender     Other (Please specify): \_\_\_\_\_

**Disability or Special Needs (Optional)**

Do you have one of the following? (Check all that apply.)

- Visual impairments
- Physical disabilities
- Hearing impairments
- Mental, psychological, and/or personality disorders
- Other (Please specify): \_\_\_\_\_

For all NHTTAC-coordinated trainings and conferences, Americans with Disabilities Act compliance is a priority. Please let us know which of the following accommodations you will need while providing training and technical assistance for NHTTAC. (Check all that apply.)

- Personal care attendant
- Wheelchair accessibility (transportation, meeting space, lodging, etc.)  
Type of wheelchair:     Manual     Electric
- Sign language interpreter (Specify type of sign language): \_\_\_\_\_
- Accommodations for a service animal
- Convert materials into sight-assistive technology (Specify type of technology preferred): \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



**EDUCATION HISTORY**

|   |  |
|---|--|
| This section documents your academic achievements, licenses and certifications, and formal training background.   |  |
| <b>Formal Education</b>   |  |
| Please indicate the highest level of education received.  |  |
| <input type="checkbox"/> High school diploma or GED<br><input type="checkbox"/> Associate's degree<br>Concentration(s):<br>_____<br><input type="checkbox"/> Bachelor's degree<br>Concentration(s):<br>_____<br><input type="checkbox"/> Master's degree<br>Concentration(s):<br>_____<br><input type="checkbox"/> Doctor of Education (Ed.D.)<br>Concentration(s):<br>_____<br><input type="checkbox"/> Doctor of Philosophy (Ph.D.)<br>Concentration(s):<br>_____<br><input type="checkbox"/> Doctor of Psychology (Psy.D.)<br>Concentration(s):<br>_____<br><input type="checkbox"/> Juris Doctor degree (J.D.)<br>Concentration(s):<br>_____<br><input type="checkbox"/> Doctor of Dental Surgery (D.D.S.)<br><input type="checkbox"/> Doctor of Dental Medicine (D.M.D.)<br><input type="checkbox"/> Doctor of Medicine (M.D.) | <input type="checkbox"/> Partial/Not complete <input type="checkbox"/> Degree pending<br><input type="checkbox"/> Completed/Degree received<br>Date received/Expected: _____ |

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



|   |  |
|---|--|
| <input type="checkbox"/> Doctor of Osteopathic Medicine (D.O.)<br><input type="checkbox"/> Nurse Practitioner (N.P.)<br><input type="checkbox"/> Physician Assistance (P.A.)<br><input type="checkbox"/> Other (Please specify): _____<br><input type="checkbox"/> None |  |
|---|--|

| Licenses and Certifications   |                                      |             |
|---|--------------------------------------|-------------|
| Please list any <b>active</b> licenses or certifications received that are relevant to the work of NHTTAC. (e.g., Licensed Clinical Social Worker (L.C.S.W.), Forensic Interviewer, Registered Nurse, Sexual Assault Nurse Examiner, etc.). |                                      |             |
| Title: _____  | Certifying/Accrediting agency: _____ | Year: _____ |
| Title: _____  | Certifying/Accrediting agency: _____ | Year: _____ |
| Title: _____  | Certifying/Accrediting agency: _____ | Year: _____ |
| Title: _____  | Certifying/Accrediting agency: _____ | Year: _____ |
| Title: _____  | Certifying/Accrediting agency: _____ | Year: _____ |

**SURVIVOR EXPERIENCE**

As a consultant, NHTTAC may receive requests for training or technical assistance specific to learning from survivors' experiences. This section gathers information about your personal experience and your experience delivering a message to inform the identification of and/or service delivery to human trafficking survivors.

**PLEASE NOTE:** The information you provide will give NHTTAC a clear understanding of your experiences, helping to match you to incoming requests for assistance. This information is **never** disseminated and remains protected within NHTTAC as part of your application. This portion of the application is optional. If you have questions or concerns, please contact NHTTAC at [info@nhttac.org](mailto:info@nhttac.org).

Please select specific or diverse populations that reflect your past and inform your current work. (Check all that apply.)

- Human trafficking
  - Commercial sexual exploitation of children
  - Sex trafficking
    - Adults
    - Minors
  - Labor trafficking

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



- Adults
- Minors
- Other (Please specify): \_\_\_\_\_
- Children/youth
  - Out of home/Foster care/Kinship care
  - Runaway/Homeless youth
  - Juvenile justice
  - Other (Please specify): \_\_\_\_\_
- Gender
  - Male
  - Female
  - Transgender
  - Other (Please specify): \_\_\_\_\_
- People with disabilities
- Deaf/Hearing impaired
- Elderly
- History of prior victimization
- Lesbian, gay, bisexual, and questioning individuals
- Foreign nationals (migrant workers, undocumented immigrants, refugees)
- People with low incomes
- Racial and ethnic minorities
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Hispanic or Latino ethnicity
  - Middle Eastern or North African
  - Native Hawaii or other Pacific Islander
- History of substance use
- Intimate partner violence (e.g., dating, domestic violence)
- Gang-related crime
- Sexual abuse/Violence

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



- Other (Please specify): \_\_\_\_\_

Do you have location-specific experience?

- Urban  
 Rural  
 American Indian/Alaska Native reservation  
 U.S. territories (Please specify): \_\_\_\_\_

Type of crime you survived (check all that apply):

- Labor trafficking as an adult  
 Labor trafficking as a minor (age 17 or younger)  
 Sex trafficking as an adult  
 Sex trafficking as a minor (age 17 or younger)  
 Other (Please specify): \_\_\_\_\_

### PROFESSIONAL EXPERIENCE

For each of the following categories, please confirm you have 2–3 years of consistent experience integrating your personal experience in delivering a message to inform the identification of and/or service delivery to human trafficking survivors or those at risk of human trafficking. Be sure each item selected is reflected in your resume, CV, or other supplemental materials.

- Participation in strategizing coordinated community response and outreach planning  
 Provision of personal impact statements or as an expert witness (including testimony in legislative, civil, or criminal hearings)  
 Review of documents (e.g., reports, program fact sheets) or products (e.g., outreach materials, DVDs)  
 Delivery of remarks to community/civic organizations, social service providers, educators, or public health organizations  
 Public speaking at conferences or other human trafficking awareness events  
 Delivery of messages to the media (including print, online, or broadcast)  
 Other (Please specify): \_\_\_\_\_

#### Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



This next section is about identifying your target audience. NHTTAC would like to support you in delivering your message to audiences that you prefer to work with. For each of the fields listed, please select and mark the column that best describes your **current interest** in delivering your message to them. Please note: NHTTAC understands that your answers to these questions may change as you continue to work in the trafficking field. You will have the opportunity to update your answers at a later time.

| Target Audience  | 2-3 years of experience in providing training to this field | I would like to consult with this field. | I do not currently wish to consult with this field. | Unsure | Comments: |
|--|---|--|---|--------|-----------|
| Anti-trafficking organizations   |   |  |   |        |           |
| Behavioral health professionals (e.g., psychologists, psychiatrists, mental health/substance use counselors) |   |  |   |        |           |
| Business/For-profit organizations  |   |  |   |        |           |
| Child welfare  |   |  |   |        |           |
| Coalitions/Multidisciplinary teams/Task forces   |   |  |   |        |           |
| Corrections-based services   |   |  |   |        |           |
| Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)                 |   |  |   |        |           |

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*

**CONSULTANT NETWORK  
APPLICATION**



**NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER** OMB Control Number: 0970-XXXX  
Expiration Date: XX/XX/XXXX

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Educators (e.g., teachers, professors, school administrators)  |  |  |  |  |  |
| Faith-based organizations  |  |  |  |  |  |
| Federal government   |  |  |  |  |  |
| Health care (e.g., physician, physician's assistant, nurse practitioner, dentist, nurse, pharmacist) |  |  |  |  |  |
| Housing (e.g., case workers, shelter directors, public housing authority agencies)                   |  |  |  |  |  |
| Legal (e.g., civil and/or rights-based attorney and/or paralegal, clinic)                            |  |  |  |  |  |
| Nonprofit/Community-based organizations  |  |  |  |  |  |
| Public health (e.g., health department staff, health care executives, community health workers)      |  |  |  |  |  |
| Social workers (e.g., case managers, school counselors, supervisors, administrators)                 |  |  |  |  |  |
| State and local government   |  |  |  |  |  |
| Survivor empowerment, mentoring, or peer to peer programming   |  |  |  |  |  |
| Survivor-led organizations   |  |  |  |  |  |

**Paperwork Reduction Act Notice**

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



|                                     |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|
| Trauma informed programming         |  |  |  |  |  |
| Tribal government                   |  |  |  |  |  |
| Union/Worker advocacy organizations |  |  |  |  |  |
| Victim service providers            |  |  |  |  |  |
| Other (Please specify):<br>_____    |  |  |  |  |  |

**CONSULTATION INFORMATION**

Please describe your area of focus and expertise in the field below. Be sure to include the following information in your description:

- What is the focus of your work in the anti-trafficking field (e.g., prevention, LGBTQ, domestic minor sex trafficking)?
- What do you want recipients to know about human trafficking, the reporting process, the healing process, etc.? What do you want to see change?

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*





**REFERENCES**

Please provide two references. Each reference should be able to describe your experience working in the anti-trafficking field. Statements made on this Consultant Network Application are subject to confirmation by NHTTAC.

- List only professional contacts such as current or former employers, colleagues, peers, or others who are familiar with your presentations on crime victimization.
- List at least two references who can provide a thorough summary of your ability to speak about your personal victimization experience to varied public audiences.

**\* Denotes a required field**

|                         |              |                      |                         |
|-------------------------|--------------|----------------------|-------------------------|
| <b>Reference 1*</b>     |              |                      |                         |
| Prefix (Mr., Ms., Dr.): | First Name:* | Last Name:*          | Suffix (Jr., Sr., etc.) |
| Title:                  |              | Relationship to You: |                         |
| Preferred Address:*     |              |                      |                         |
| City:*                  |              | State:*              | Country:*               |

**Paperwork Reduction Act Notice**

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*

**CONSULTANT NETWORK  
APPLICATION**



**NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER** OMB Control Number: 0970-XXXX  
Expiration Date: XX/XX/XXXX

|                                    |              |                      |            |                         |
|------------------------------------|--------------|----------------------|------------|-------------------------|
| Phone:*                            |              | Email:*              |            |                         |
| Duration of Relationship in Years: |              |                      |            |                         |
| <b>Reference 2*</b>                |              |                      |            |                         |
| Prefix (Mr., Ms., Dr.):            | First Name:* | Last Name:*          |            | Suffix (Jr., Sr., etc.) |
| Title:                             |              | Relationship to You: |            |                         |
| Preferred Address:*                |              |                      |            |                         |
| City:*                             |              | State:*              | Zip Code:* | Country:*               |
| Phone:*                            |              | Email:*              |            |                         |
| Duration of Relationship in Years: |              |                      |            |                         |

**Thank you for submitting your Training and Technical Assistance Consultant Application! Please remember to submit the required supplemental documents, including your resume, CV, publications, biographical sketch, and any other sample materials, such as presentation recordings, media interviews, PowerPoint presentations, etc., to svega@nhttac.org. Your application will not be considered complete until these materials are received. Within the next 2 weeks, you will be contacted by a training and technical assistance specialist regarding next steps.**

Paperwork Reduction Act Notice

*Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*