



**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 16 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 16 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/ Territory:*	Zip Code:*	Country:*
Business Phone:		Business Email:	
Home Phone:		Home Email:	
Cell Phone:		Fax:	
Preference for phone contact: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business		Preference for email contact: <input type="checkbox"/> Home <input type="checkbox"/> Business	
Will you be speaking, training, or providing technical assistance independently or on behalf of your agency? <input type="checkbox"/> Individual/Independent <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. 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 speaking, training, and/or technical assistance purposes. <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 16 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please specify the type(s) of sign language you use:</b>	
I am currently employed as or affiliated with (check all that apply):	
<p>Type of Organization</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anti-trafficking organization</li> <li><input type="checkbox"/> Business/For-profit organization</li> <li><input type="checkbox"/> Coalition/Multidisciplinary team/Task force</li> <li><input type="checkbox"/> Faith-based organization</li> <li><input type="checkbox"/> Federal government</li> <li><input type="checkbox"/> State and local government</li> <li><input type="checkbox"/> Tribal government</li> <li><input type="checkbox"/> Nonprofit/Community-based organization</li> <li><input type="checkbox"/> OTIP grantee</li> </ul>	

**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 16 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 16 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**

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 16 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.



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 16 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): _____</p> <p><input type="checkbox"/> Juris Doctor degree (J.D.)</p> <p>Concentration(s): _____</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		
<p>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.).</p>		
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
<p>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.</p> <p><input type="checkbox"/> <b>Speaking</b> at conference workshops or plenary sessions.</p>





- 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 16 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 16 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 16 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



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](mailto: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 16 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.*