



CONSULTANT APPLICATION

PERSONAL INFORMATION:

Name	Home Street Address	City	State	Zip -	Home Phone () -	E-mail address
Employer	Employer Street Address	City	State	Zip -	Work Phone () - Ext.	Title/Position

EXPERIENCES*: PLEASE INDICATE ALL FIELDS OF EMPLOYMENT AND SPECIAL INTERESTS OR SKILLS THAT YOU HAVE. IN ADDITION, PLEASE ADD ANY RELEVANT EXPERIENCE OR SKILLS THAT WE MAY HAVE OVERLOOKED. (PAST, PRESENT AND SIGNIFICANT VOLUNTARY EXPERIENCES ARE ALL RELEVANT)

EMPLOYMENT			SPECIAL INTERESTS/SKILLS		
Social Services <input type="checkbox"/>	Outreach Worker <input type="checkbox"/>	Corrections Staff <input type="checkbox"/>	Community Activist <input type="checkbox"/>	Social Intervention <input type="checkbox"/>	
Health Services Administration <input type="checkbox"/>	Faith Based Outreach <input type="checkbox"/>	Educator <input type="checkbox"/>	Coalition Building <input type="checkbox"/>	Business Management <input type="checkbox"/>	
Clinician / Nurse <input type="checkbox"/>	Mental Health Counselor <input type="checkbox"/>	Statistical Analysis <input type="checkbox"/>	Community Planning Council <input type="checkbox"/>	Ministry <input type="checkbox"/>	
Other Health Services / Delivery <input type="checkbox"/>	Substance Abuse Counselor <input type="checkbox"/>	Computer Science / Systems <input type="checkbox"/>	Multilingual <input type="checkbox"/>	Mentoring <input type="checkbox"/>	
Life management counselor <input type="checkbox"/>	Youth Services Industry <input type="checkbox"/>	Human Resources / Recruitment <input type="checkbox"/>	Computers <input type="checkbox"/>	Minority Mobilization/Leadership <input type="checkbox"/>	

OTHER EXPERIENCE / SKILLS

EXPERTISE*: PLEASE INDICATE ALL AREAS IN WHICH YOU HAVE EXPERTISE. IF OTHER, PLEASE IDENTIFY.

TRAINING / CONSULTING		RESEARCH / INQUIRY	
HRSA Title I (EMAs) <input type="checkbox"/>	CDC (HIV/AIDS) <input type="checkbox"/>	Treatment Adherence / Compliance <input type="checkbox"/>	Conflict Resolution <input type="checkbox"/>
HRSA Title II (States) <input type="checkbox"/>	International Health Organizations <input type="checkbox"/>	Health Care Delivery <input type="checkbox"/>	Grievance Training <input type="checkbox"/>
HRSA ADAP <input type="checkbox"/>	Primary Care Effectiveness Tool <input type="checkbox"/>	Primary / Palliative / Managed Care <input type="checkbox"/>	Technical Writing <input type="checkbox"/>
HRSA Title III <input type="checkbox"/>	Juvenile Justice <input type="checkbox"/>	HIV/AIDS Clinical Trials <input type="checkbox"/>	Other: <input type="checkbox"/>
HRSA Title IV (Women, Children, & Youth) <input type="checkbox"/>	Housing / Urban Development <input type="checkbox"/>	Opportunistic Infections <input type="checkbox"/>	Other: <input type="checkbox"/>
HRSA Partnerships or Grantees <input type="checkbox"/>	Other: <input type="checkbox"/>	Culture Sensitivity / Competency <input type="checkbox"/>	Other: <input type="checkbox"/>

PROGRAMMATIC / ADMINISTRATIVE TRAINING	
Pricing & Cost Development <input type="checkbox"/>	Evaluation Measurement <input type="checkbox"/>
Health Care Financing / Fiscal Management <input type="checkbox"/>	Outcome Measurement <input type="checkbox"/>
MIS / Data Management <input type="checkbox"/>	Planning Group Management / Development <input type="checkbox"/>
Non-Profit Program Management <input type="checkbox"/>	Program Monitoring <input type="checkbox"/>
Project Investigator <input type="checkbox"/>	Grant Writing <input type="checkbox"/>
Case Management <input type="checkbox"/>	Other: <input type="checkbox"/>

* No prospective consultant is expected to have relevant experience or expertise in all, or even a set number or fields!

