

IT Symposium* - Participant Profile

INSTRUCTIONS: A photocopy of this form should be completed by the nominee and returned to the nominee's training headquarters which will forward the approved forms to the program administrator at the FFIEC training center. If there is a question concerning a nominee's qualifications, the training headquarters should consult with its IT Development Group Representative.

Date _____

Participant's Name _____ Office Phone _____

Agency _____ Years with Agency _____

IS Schools previously attended: _____

Describe your IS examination experience: _____

List the names of the largest data centers you have examined (give dates): _____

Why do you have an interest in the topic of this symposium? _____

Training Headquarters approval: _____ **Date:** _____

* Joint project with the Task Force on Supervision