# Testifying -- 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, Dennis Dunleavy, at the FFIEC training center. If there is a question concerning a nominee's qualifications, the training headquarters should consult with its Testifying Development Group Representative.

Date _____

Participant's Name _____

Office Phone_____

Agency_____ Years with Agency _____

Describe your previous testifying experience (if any): _____

_____

_____

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Briefly describe the case(s) on which you are likely to testify: _____

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What goals do you want to accomplish during the school? _____

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