Attachment II

NOMINATION FORM
2016 STATE UI PROFILING METHODS TRAINING SEMINAR

State: _____

Name: _____

Title: _____ Work Phone No.: _____

E-mail Address: _____

Work Address: _____
_____

EDUCATIONAL BACKGROUND

Years of schooling completed: 12 13 14 15 16 17 18 19 20

Degree	Date	Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other relevant course work or training specific to meeting the requirements of seminar participation. Please list class/training, skills developed and the date of completion:

_____

_____

_____

_____

WORK EXPERIENCE

Length of time developing, maintaining or updating profiling models: _____
Length of time working in UI: _____
Length of time engaged in other work in
research, statistics or related activities: _____

Describe briefly your present duties, particularly as related to this seminar:

_____

_____

_____

_____

COMPUTER AND STATISTICAL SKILLS

Do you have experience or training in the following?

Spreadsheets:	Yes / No
Statistical packages:	Yes / No
SPSS Statistical Package:	Yes / No
Regression Analysis:	Yes / No

Courses or training taken in statistics, mathematics, economics, and/or statistical packages:

_____

_____

RECOMMENDED BY:

_____ _____

Signature Title