NCSEA U
2014 Enrollment Form

First Name:	Last Name:	Nickname
Title	Phone:	
Organization:		
Address Line 1:		
Address Line 2:		
City:	State/Province:	Zip Code:
Email	Cell Phone:	

Employment Information: (Choose one or more.)

- ☐ County, State, or Federal Employee
- ☐ Private Sector
- ☐ International
- ☐ Attorney or Legal Services
- ☐ Advocacy or Non Profit

How long Have You Been Involved in Child Support Services?

- ☐ 0-3 years
- ☐ 3-5 years
- ☐ 5-10 years
- ☐ 10+ years

How many years have you been in a managerial position?

_____

How many staff members do you manage/supervise?

_____

Supervisor/ Manager's Name

Supervisor/Manager's Title

Supervisor/Manager's Email Address

This applicant has my acknowledgement and support, as supervisor/manager, as well as the organization's IV-D Director/Agency Director.

_____

Signature of Supervisor/Manager

I understand the requirements for NCSEA U. I have read the NCSEA U Program Eligibility document, and understand my responsibilities upon enrollment in the program. My supervisor and IV-D Director/Agency Director support my enrollment, as the signature above signifies.

_____ _____

Signature Date

Check one: ☐ I have permission to travel to the Annual Conference ☐ My permission to travel is pending, and I expect to receive a reply by _____ *(insert date).*

Selected NCSEA U participants will be notified no later than June 13, 2014.