

**2007 CPEX Examiner Survey & Profile**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

ORGANIZATION ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ALTERNATIVE NUMBER: \_\_\_\_\_

BEST WAY TO CONTACT YOU: \_\_\_\_\_

BEST TIMES TO HAVE CALLS: \_\_\_\_\_

SECTOR EXPERIENCE: \_\_\_\_\_

WORK EXPERIENCE: \_\_\_\_\_

CRITERIA EXPERIENCE: \_\_\_\_\_

EXAMINER EXPERIENCE: \_\_\_\_\_

BIGGEST CONCERNS/WORRIES: \_\_\_\_\_

SCHEDULING BARRIERS: \_\_\_\_\_