



# Career Readiness Requirement

Verification Form: **FACULTY EXTERNSHIP / CONTINUING EDUCATION**

In order to fulfill this requirement, Educator **MUST** fill out the online survey at -

<http://www.surveymoz.com/s3/3524155/Career-Readiness-Program-2-0-Years-2-5-Extern-Experience-Survey>

**NOTE: If more than one Educator is participating, please use one form for each person**

## PRODUCTION COMPANY

Date \_\_\_\_\_ Queue # \_\_\_\_\_

Project Title \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## EXTERNSHIP/CONTINUING EDUCATION INFORMATION

Location of Externship \_\_\_\_\_

Brief description of externship activities: \_\_\_\_\_

## EDUCATOR EXTERN INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_

Classes Taught \_\_\_\_\_

Program Type/Degree Type \_\_\_\_\_

| Externship Hours: <b>PROJECTED</b> | Date(s) | # of Hours |
|------------------------------------|---------|------------|
| Minimum 8 Hours                    | _____   | _____      |

| Production Company | Educator Extern |
|--------------------|-----------------|
| Name _____         | Name _____      |
| Date _____         | Date _____      |

| Externship Hours: <b>COMPLETED</b> | Date(s) | # of Hours |
|------------------------------------|---------|------------|
| Minimum 8 Hours                    | _____   | _____      |

| Production Company | Educator Extern |
|--------------------|-----------------|
| Name _____         | Name _____      |
| Signature _____    | Signature _____ |
| Date _____         | Date _____      |

Verified externship / continuing education hours.

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