

Career Readiness Requirement

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

PRODUCTION COMPANY INFORMATION

Date _____ Queue # _____

Project Title _____

Primary Contact Name _____

Email Address _____

Office Phone _____ Cell Phone _____

EDUCATOR AND SCHOOL INFORMATION

Education Institution _____

Program Type / Degrees Offered Associate Certificate H.S. Diploma Other _____ N/A

Name _____ Title _____

Email _____ Phone _____

Courses Taught _____

EXTERNSHIP REQUIREMENT VERIFICATION

Externship Date(s) _____ Total # of Hours _____

Production Department Externship Location _____

Brief Description of Externship Duties _____

Survey completed by educator. Video testimonial submitted. (Optional) Yes No

Submitted images of educator at work, if available. Yes No

I acknowledge and certify that the information provided above is accurate to the best of my knowledge or at least what would be expected of a reasonable person in the same capacity.

Primary Contact Name _____ Date _____