



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: PROJECTED

Minimum 8 Hours

Date(s)

of Hours

Production Company

Name _____

Date _____

Educator Extern

Name _____

Date _____

Externship Hours: COMPLETED

Minimum 8 Hours

Date(s)

of Hours

Production Company

Name _____

Signature _____

Date _____

Verified externship / continuing education hours.

Educator Extern

Name _____

Signature _____

Date _____

Verified externship / continuing education hours.