



Career Readiness Requirement

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

PRODUCTION COMPANY

Date _____ Queue # _____
Project Title _____
Primary Contact's Name _____
Email Address _____
Office Phone _____ Cell Phone _____

Externship / Continuing Education Information

Department Location _____
Brief description of learning objectives: _____

EDUCATOR EXTERN INFORMATION

Name _____ Position _____
Email _____ Phone _____
School _____
Classes Taught _____
AME Pathways _____
District _____ Program Type _____

Externship Hours: PROJECTED	Date(s)	# of Hours
Minimum 8 Hours	_____	_____

Production Company Validation	Participant Validation
Primary Contact _____	Name _____
Date _____	Date _____

Externship Hours: COMPLETED	Date(s)	# of Hours
Minimum 8 Hours	_____	_____

Production Company Verification	Educator Extern / Participant Verification
Primary Contact _____	Name _____
Signature _____	Course Title _____
Date _____	Date _____
<input type="checkbox"/> Verified externship / continuing education hours.	<input type="checkbox"/> Verified externship / continuing education hours.

Continuing Education Credit Earned - Site Supervisor Verification (if applicable)

Primary Contact _____	Educational Institution _____
Signature _____	Course Title _____
Date _____	Credits Earned _____
<input type="checkbox"/> Verified externship / continuing education hours.	