



Career Readiness Requirement

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

PRODUCTION COMPANY VERIFICATION

Date _____ Queue # _____

Project Title _____

Primary Contact Name _____

Email Address _____

Office Phone _____ Cell Phone _____

PRODUCTION COMPANY VERIFICATION

Externship Date(s) _____

Location of Externship / Department _____ Total # of Hours _____

Brief description of externship activities: _____

Submitted images of extern. Yes No

Signature _____ Date _____

EDUCATOR / EXTERN ACKNOWLEDGEMENT

School _____

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

Name _____ Title _____

Email _____ Phone _____

Courses Taught _____

Verified hours worked. Survey completed. Video testimonial submitted. Yes No

Signature _____ Date _____