**Video Credit Request Submission Form**

**Please complete all parts of this form to avoid delays in reviewing credit request.**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Email Address: |  |
| Home or Work Address (in space below): | EI Credential Expiration Date: |  |
|  |
| Video information |
| Title of Video |  |
| Publication Date |  | Run Time |  |
| What was the main objective of this video/dvd? |
|  |
| What did you know about this topic before you watched the video/dvd? |
|  |
| **What you learn about this topic that you did not know before you watched the video/dvd?** |
|  |
| **How will you use the information you learned from this video/dvd in working with children and families receiving early intervention services?** |
|  |
| *For EITP use only:* |
| Reviewed by |  | Date |  |