**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 | |  | | |