



2017 Industry Host – Externship Information Sheet

Business Information

Business name: _____

Business mentor/host name and title: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Project Information

Number of externships available with your company: _____

Anticipated start date: _____

EXTERNSHIP PROJECT TITLE: _____

(or Job Shadowing
occupation titles) _____

Brief description of externship activities or project:

Special requirements or considerations:

What are you looking for in an extern (qualities, skills, specialized knowledge, etc.)?

Signature of Authorizing Individual

Date

Printed Name

Please send your completed form to APICC via e-mail martha@apicc.org or
fax to 907-770-5251. If you have questions call 907-770-5250.

Thank you for your support!