



Product Submission Form

Please include this form with your submission

Name: _____ Park/Site: _____

Module #: _____ Date mailed: _____

This is my _____ submission attempt for certification in this module (1st, 2nd, etc.)

I have reviewed the enclosed product against the submission requirements AND rubric for this certification:

Yes No

Has supervisor reviewed product?

Yes No (Optional) Supervisor's name: _____

Career Position (Please select one from the following):

- | | |
|---|--|
| <input type="checkbox"/> GS-0025: Park Ranger | <input type="checkbox"/> GS-0090: Park Guide |
| <input type="checkbox"/> GS-1702: Educational Specialist | <input type="checkbox"/> SCA/Student Intern |
| <input type="checkbox"/> GS-0303: Visitor Use Assistant | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Cooperating Association Employee | <input type="checkbox"/> Other _____ |

Career Status:

Permanent Term Seasonal Intake (Year _____)

Product Format (Please indicate number of copies sent):

- | | |
|--|--|
| <input type="checkbox"/> Video (_____ copies) | <input type="checkbox"/> Hard Copy (_____ copies) |
| <input type="checkbox"/> Floppy Disk | <input type="checkbox"/> ccmil/Email |

Product Topic/Emphasis is primarily:

Natural Cultural Natural and cultural Other _____

If you have attended a training course in this module, please indicate the training venue.

TEL satellite broadcast In-park training Regional course Other _____

If your submission meets the certification standards, may we use it for training other interpreters in the elements of effective interpretation? (If yes, we may keep one copy on file at Mather and duplicate as needed for training in this module.)

Yes No Yes, but please remove my name from the product

Park's FedEx mailing address and phone:

E-mail address and/or phone number where you can be reached if there are questions about your submission: