



Career Readiness Requirement

Verification Form: **PROFESSIONAL SKILLS TOUR**

PRODUCTION COMPANY VERIFICATION

Date _____ Queue # _____

Project Title _____

Primary Contact Name _____

Email Address _____

Office Phone _____ Cell Phone _____

Professional Skills Tour Verification

Tour Date(s) _____

Location of Tour / Department _____ Total # of Hours _____

Brief description of tour activities and focus: _____

Submitted images of professional skills tour. Yes No

Signature _____ Date _____

CAREER READINESS ORGANIZATION & ACKNOWLEDGEMENT

School OR Career Based Learning Program _____

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

Classes Participating _____ # of Students Participating _____

Organizer's Name _____ Position _____

Email _____ Phone _____

Signature _____ Date _____