



# Career Readiness Requirement

Verification Form: **CLASSROOM WORKSHOPS / PANELS**

## PRODUCTION COMPANY VERIFICATION

Date \_\_\_\_\_ Queue # \_\_\_\_\_

Project Title \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### PRESENTATION, WORKSHOP, OR PANEL PRESENTERS

Name \_\_\_\_\_ Title \_\_\_\_\_

Presentation Date \_\_\_\_\_ Total # of Hours \_\_\_\_\_

Primary Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

## CAREER READINESS ORGANIZATION & ACKNOWLEDGEMENT

School OR Career Based Learning Program \_\_\_\_\_

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

Workshop / Event Topics: \_\_\_\_\_

Classes Participating \_\_\_\_\_ # of Students Participating \_\_\_\_\_

Organizer's Name \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Organizer's Signature \_\_\_\_\_ Date \_\_\_\_\_