

Career Readiness Requirement

Verification Form: **PROFESSIONAL SKILLS TOUR**

PRODUCTION COMPANY INFORMATION

Date _____ Queue # _____

Project Title _____

Primary Contact Name _____

Email Address _____

Office Phone _____ Cell Phone _____

SCHOOL OR ORGANIZATION INFORMATION

School OR Career Based Learning Program _____

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

Classes Participating _____ # of Students Participating _____

School/Organization Contact Name _____

Position _____ Email _____

EXTERNSHIP REQUIREMENT VERIFICATION

Tour Date(s) _____ Total # of Hours _____

Production Department Tour Location _____

Brief Description of Tour Activities and Focus _____

Survey completed by participants. Video testimonial submitted. (Optional) Yes No

Submitted images of professional skills tour, if available. Yes No

I acknowledge and certify that the information provided above is accurate to the best of my knowledge or at least what would be expected of a reasonable person in the same capacity.

Primary Contact Name _____ Date _____