

# Workforce Development Portfolio Evaluation for PRL Standard Operating Procedure

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- Student applicant requests PRL Evaluation form from staff either in-person or via email.
- Copies of form and credentials submitted are made and originals stay with the student.
- Student is advised to check email for approval and notification to register.
- Program Manager/Coordinator forwards to the Director of Workforce along with supporting documentation.
- Once Director of Workforce has approved the request, it is sent to the Graduation/Registrar's Office to be entered on the student record.
- Director of Workforce will email Program Manager/Coordinator to inform them that Graduation/Registrar's Office has completed the process. The Program Manager/Coordinator will notify the student they may register.
- If student does not register by expiration date, the information is purged. If student registers, the Registrar's office will image all forms and documents and process the continuing education certification/portfolio.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Certification Verification** – (Documentation is attached to support credit for the following courses):

<b>Course #</b>	<b>Course Title</b>
_____	_____
_____	_____

I certify that the information I have submitted is true and accurate and the credentials that have been submitted have been obtained by me. I understand that this assessment expires in 30 days. If I do not register before it expires, I will need to complete this process again. I realize that I will not receive a certificate or wallet card from NCCER for Core Curriculum and level 1 of these trades: Carpentry, Electrical, HVAC, and Plumbing.

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form expires on the date listed below. If the student has not registered by this date listed, a new portfolio assessment will be required.

**Expiration Date:** \_\_\_\_\_  
30 days after the student signature

I have reviewed the information submitted by this student and certify that it meets the requirements to grant this portfolio assessment request.

**Program Manager/Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Director of Workforce:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_