

**Commission of the Council on Occupational Education
EMPLOYER PROGRAM VERIFICATION FORM
for Postsecondary Programs**

INSTRUCTIONS:

- Complete three of these forms for **each program** at each campus.
- This form **must** be signed by a bona fide employer who is in a position to make hiring decisions.

Name of Institution		
Address	City/State/Zip	
Name of Program		
Mode(s) of Delivery of Program (check ALL that apply):		
<input type="checkbox"/> 100% Traditional	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Distance Education

The length of this program is (indicate the number of hours in all boxes that apply):

<input type="text"/> Clock Hours	<input type="text"/> Semester Credit Hours	<input type="text"/> Quarter Credit Hours
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The amount of tuition and fees charged for the total program is: \$

EMPLOYERS' VERIFICATION STATEMENT

I have reviewed the (**name of program**): _____
 program and recommended requirements for admissions, program content, program length, program objectives, competency tests, learning activities, instructional materials, equipment, method of evaluation, the skills and/or proficiency required for completion, and appropriateness of the instructional delivery method(s) for the program.

EMPLOYER

Name:	Title:
Company Name:	Phone Number/Extension:
Address:	City/State/Zip:
Verifiable range of remuneration based on yearly, full-time employment for those that enter this field upon completion of the program is from \$_____ to \$_____ annually.	
Signature:	Date:

Salary Range, Signature, and Date must be hand-written.
(June 2019)