

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

(June 2012)

INSTRUCTIONS:

- Complete this form for **each service area** served by the program.*
- This form **must** be signed by an employee who is in position to make hiring decisions on behalf of the employer.

Name of Institution Florida Vocational Institute		
Address 7757 West Flagler Street, Suite 230		City/State/Zip Miami, FL 33144
Name of Program Pharmacy Technician		
Mode(s) of Delivery of Program (check ALL that apply):		
<input checked="" type="checkbox"/> 100% Traditional	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Distance Education

This program is (check one):

<input type="checkbox"/> An Existing Program	<input checked="" type="checkbox"/> A New Program	<input type="checkbox"/> A Substantially Revised Program
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The length of this program is (indicate the number of hours in all boxes that apply):

<input type="checkbox"/> 950 Clock Hours	<input type="checkbox"/> Semester Credit Hours	<input type="checkbox"/> Quarter Credit Hours
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The amount of tuition and fees charged for the total program is: \$ 13,985.00

Excerpt from the *Handbook of Accreditation*, Standard 2 – Educational Programs:

5. At least every two years, three bonafide potential employers review each educational program and recommend admission requirements, program content, program length, program objectives, competency tests, instructional materials, equipment, method of evaluation, and level of skills and/or proficiency required for completion, and appropriateness of the delivery mode for the program. (Objectives 2-B-2 and 2-B-4)
6. The institution considers the length and the tuition of each program in relation to the documented entry level earnings of completers. (Objective 2-B-2)

NOTE: Job Corps Centers may use the Vocational Evaluation System (VES) Report in place of the COE Employer Program Verification Form.

- * For programs that include a distance education mode of delivery that recruit students outside the service area(s) of an institution's physical location(s), a market needs analysis or other demographic data which demonstrates demand for the program may be submitted.

EMPLOYERS' VERIFICATION STATEMENT:

We have reviewed the (name of program): Pharmacy Technician
 program and recommended requirements for admissions, program content, program length, program objectives, competency tests, 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 which include (check ALL that apply):

☒ 100% Traditional ☐ Hybrid ☐ Distance Education

EMPLOYER #1:

Name: <u>Alejandra Prieto</u>	Title: <u>super visor - pharmacy</u>
Company Name: <u>Kendall Medical Plaza</u>	Phone Number: <u>305 595-1300</u>
Address: <u>10860 SW 88 St</u>	City/State/Zip: <u>Miami, FL 33176</u>
Verifiable range of remuneration (based on year-round, full-time employment) that can reasonably be expected by completers who enter this field upon completion of the program is from \$ <u>28,000</u> annually to \$ <u>25,000</u> annually.	
Signature: <u>[Signature]</u>	Date: <u>7/23/14</u>

EMPLOYER #2:

Name: <u>SILVIA NUSSETTI</u>	Title: <u>OFFICE MANAGER</u>
Company Name: <u>EP MEDICAL EQUIPMENT PHARM</u>	Phone Number: <u>(305) 630-9307</u>
Address: <u>6440 SW 117 AVE</u>	City/State/Zip: <u>MIAMI FL 33183</u>
Verifiable range of remuneration (based on year-round, full-time employment) that can reasonably be expected by completers who enter this field upon completion of the program is from \$ <u>26,000</u> annually to \$ <u>20,000</u> annually.	
Signature: <u>[Signature]</u>	Date: <u>7/23/14</u>

EMPLOYER #3:

Name:	Title:
Company Name:	Phone Number:
Address:	City/State/Zip:
Verifiable range of remuneration (based on year-round, full-time employment) that can reasonably be expected by completers who enter this field upon completion of the program is from \$ _____ annually to \$ _____ annually.	
Signature:	Date:

(June 2012)

EMPLOYERS' VERIFICATION STATEMENT:

We have reviewed the (name of program): Pharmacy Technician
 program and recommended requirements for admissions, program content, program length, program objectives, competency tests, 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 which include (check ALL that apply):

☒ 100% Traditional ☐ Hybrid ☐ Distance Education

EMPLOYER #1:

Name: <u>ELBA G. RAMIREZ</u>	Title: <u>Pharmacist</u>
Company Name: <u>Auto Gonzalez Pharmacy</u>	Phone Number: <u>(305) 264-5259</u>
Address: <u>8336 S.W. 8th</u>	City/State/Zip: <u>MIA FL 33144</u>
Verifiable range of remuneration (based on year-round, full-time employment) that can reasonably be expected by completers who enter this field upon completion of the program is from \$23,000 annually to \$27,000 annually.	
Signature: <u>Elba G. Ramirez</u>	Date: <u>7/24/14</u>

EMPLOYER #2:

Name: <u>Vanila COARCIA</u>	Title: <u>PHARMACY MANAGER</u>
Company Name: <u>FLABLER PHARMACY</u>	Phone Number: <u>305-456-7987</u>
Address: <u>6722 W FLABLER ST</u>	City/State/Zip: <u>MIAMI FL 33144</u>
Verifiable range of remuneration (based on year-round, full-time employment) that can reasonably be expected by completers who enter this field upon completion of the program is from \$23,000 annually to \$27,000 annually.	
Signature: <u>[Signature]</u>	Date: <u>7-24-14</u>

EMPLOYER #3:

Name: <u>M. Anthony Parley</u>	Title: <u>Pharmacy Tech.</u>
Company Name: <u>Eighty Eight Pharmacy</u>	Phone Number: <u>305 2998825</u>
Address: <u>7471 SW 8th St</u>	City/State/Zip: <u>M.F. 33165</u>
Verifiable range of remuneration (based on year-round, full-time employment) that can reasonably be expected by completers who enter this field upon completion of the program is from \$24,000 annually to \$28,000 annually.	
Signature: <u>[Signature]</u>	Date: <u>7/24/14</u>

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