

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

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 W Flagler Street Suite 220	City/State/Zip Miami, Florida 33144
Name of Program Medical Assistant	
Mode(s) of Delivery of Program (check ALL that apply):	
<input checked="" type="checkbox"/> 100% Traditional	<input checked="" type="checkbox"/> Hybrid
<input checked="" type="checkbox"/> Distance Education	

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

<input type="text" value="900"/> Clock Hours	<input type="text"/> Semester Credit Hours	<input type="text"/> Quarter Credit Hours
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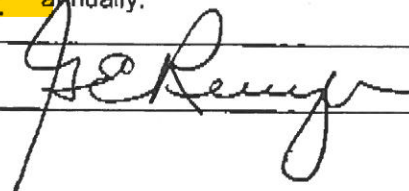
The amount of tuition and fees charged for the total program is: \$

EMPLOYERS' VERIFICATION STATEMENT:

I have reviewed the (name of program): Medical Assistant
 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):

<input checked="" type="checkbox"/> 100% Traditional	<input checked="" type="checkbox"/> Hybrid	<input type="checkbox"/> Distance Education
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EMPLOYER

Name: <u>DR GERARDO E. REMY</u>	Title: <u>CHIROPRACTOR / PRESIDENT</u>
Company Name: <u>SPINE and SPORT MANAGEMENT</u>	Phone Number: <u>(305) 228-9626</u>
Address: <u>9600 SW 88th #23-b</u>	City/State/Zip: <u>MIAMI FL 33174</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>24K</u> annually.	
Signature: 	Date: <u>2/11/16</u>

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<input checked="" type="checkbox"/> 100% Traditional	<input checked="" type="checkbox"/> Hybrid
<input checked="" type="checkbox"/> Distance Education	

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

<div style="border: 1px solid black; padding: 2px 10px;">900</div> Clock Hours	<div style="border: 1px solid black; padding: 2px 10px;"></div> Semester Credit Hours	<div style="border: 1px solid black; padding: 2px 10px;"></div> Quarter Credit Hours
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The amount of tuition and fees charged for the total program is: \$

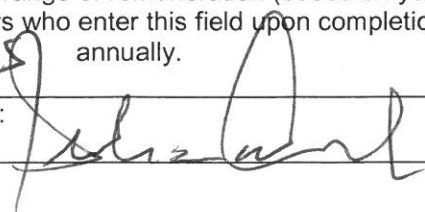
14,919.00

EMPLOYERS' VERIFICATION STATEMENT:

I have reviewed the (name of program): Medical Assistant
 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):

<input checked="" type="checkbox"/> 100% Traditional	<input checked="" type="checkbox"/> Hybrid	<input type="checkbox"/> Distance Education
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EMPLOYER

Name: <u>JULIAN GUERRERO</u>	Title: <u>MD.</u>
Company Name: <u>EMERSON MEDICAL CENTER</u>	Phone Number: <u>786-558-8509</u>
Address: <u>10404 W. Flagler Street</u>	City/State/Zip: <u>Miami 33174</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>8.05</u> annually.	
Signature: 	Date: <u>2-12-16</u>

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<input checked="" type="checkbox"/> 100% Traditional	<input checked="" type="checkbox"/> Hybrid	<input checked="" type="checkbox"/> Distance Education

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

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The amount of tuition and fees charged for the total program is: \$


14,919.00

EMPLOYERS' VERIFICATION STATEMENT:

I have reviewed the (name of program): Medical Assistant
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):

<input checked="" type="checkbox"/> 100% Traditional	<input checked="" type="checkbox"/> Hybrid	<input type="checkbox"/> Distance Education
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EMPLOYER

Name: <u>ROBERT Gutierrez</u>	Title: <u>Md</u>
Company Name: <u>ROBERT Gutierrez</u>	Phone Number: <u>305 266-6649</u>
Address: <u>8020 SW 24th</u>	City/State/Zip: <u>33155</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>9⁰⁰</u> annually to \$ <u>10⁰⁰</u> annually.	
Signature: 	Date: <u>2/12/16</u>