

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 West Flagler Street	City/State/Zip Miami, FL 33144
Name of Program IT Security and Cloud Professional Engineer	
Mode(s) of Delivery of Program (check ALL that apply):	
<input type="checkbox"/> 100% Traditional	<input 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="720"/> Clock Hours	<input type="text" value="24"/> Semester Credit Hours	<input type="text"/> Quarter Credit Hours
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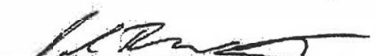
The amount of tuition and fees charged for the total program is: \$

EMPLOYERS' VERIFICATION STATEMENT:

I have reviewed the (name of program): IT Security and Cloud Professional Engineer
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 type="checkbox"/> 100% Traditional	<input type="checkbox"/> Hybrid	<input checked="" type="checkbox"/> Distance Education
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EMPLOYER

Name: <u>Paul Tannous etti</u>	Title: <u>CEO</u>
Company Name: <u>Health Formula Inc</u>	Phone Number: <u>954-654-5950</u>
Address: <u>3912 N 27th Ave</u>	City/State/Zip: <u>Hollywood, FL 33030</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>\$30,000</u> annually to <u>\$40,000</u> annually.	
Signature: 	Date: <u>Dec 17, 2014</u>

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Name of Institution Florida Vocational Institute		
Address 7757 West Flagler Street		City/State/Zip Miami, FL 33144
Name of Program IT Security and Cloud Professional Engineer		
Mode(s) of Delivery of Program (check ALL that apply):		
<input type="checkbox"/> 100% Traditional	<input 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="checkbox"/> 720	Clock Hours	<input type="checkbox"/> 24	Semester Credit Hours	<input type="checkbox"/>	Quarter Credit Hours
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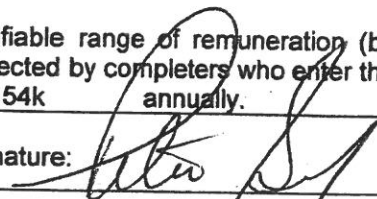
The amount of tuition and fees charged for the total program is: \$ 15,225.00

EMPLOYERS' VERIFICATION STATEMENT:

I have reviewed the (name of program): IT Security and Cloud Professional Engineer
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 type="checkbox"/> 100% Traditional	<input type="checkbox"/> Hybrid	<input checked="" type="checkbox"/> Distance Education
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EMPLOYER

Name: Peter Genovich		Title: V.P. – Southeast Region
Company Name: Brightwing		Phone Number: 954.385.5405
Address: 3040 Universal Blvd., Suite 180		City/State/Zip: Weston, FL 33331
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 \$38k annually to \$ 54k annually.		
Signature: 		Date: 12/16/14

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Name of Institution Florida Vocational Institute	
Address 7757 West Flagler Street	City/State/Zip Miami, FL 33144
Name of Program IT Security and Cloud Professional Engineer	
Mode(s) of Delivery of Program (check ALL that apply):	
<input type="checkbox"/> 100% Traditional	<input 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="720"/> Clock Hours	<input type="text" value="24"/> Semester Credit Hours	<input type="text"/> Quarter Credit Hours
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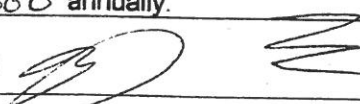
The amount of tuition and fees charged for the total program is: \$

EMPLOYERS' VERIFICATION STATEMENT:

I have reviewed the (name of program): IT Security and Cloud Professional Engineer
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 type="checkbox"/> 100% Traditional	<input type="checkbox"/> Hybrid	<input checked="" type="checkbox"/> Distance Education
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EMPLOYER

Name: Kip True	Title: President
Company Name: OPLinx, Inc.	Phone Number: 732-772-0405
Address: 1101 Brickell Ave, South Tower 8 th Fl.	City/State/Zip: Miami, FL 33131
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 \$30,000 annually to \$45,000 annually.	
Signature: 	Date: 12/15/14