

**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.

<b>Name of Institution</b> Florida Vocational Institute	
<b>Address</b> 7757 W Flagler Street Suite 220	<b>City/State/Zip</b> Miami, Florida 33144
<b>Name of Program</b> Medical Assistant	
<b>Mode(s) of Delivery of Program (check ALL that apply):</b>	
<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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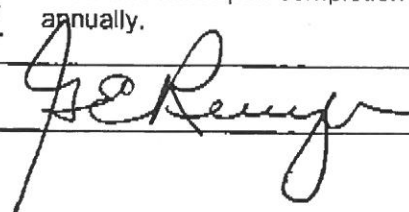
The amount of tuition and fees charged for the total program is: \$

**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**

<b>Name:</b> <u>DR GERARDO E. REMY</u>	<b>Title:</b> <u>CHIROPRACTOR / PRESIDENT</u>
<b>Company Name:</b> <u>SPINE and SPORT MANAGEMENT</u>	<b>Phone Number:</b> <u>(305) 228-9626</u>
<b>Address:</b> <u>9600 SW 88th #23-b</u>	<b>City/State/Zip:</b> <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 to \$ <u>26K</u> annually.	
<b>Signature:</b> 	<b>Date:</b> <u>2/11/16</u>

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<b>Name of Program</b> Medical Assistant	
<b>Mode(s) of Delivery of Program (check ALL that apply):</b>	
<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: \$ 

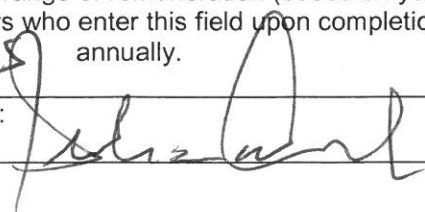
14,919.00

**EMPLOYERS' VERIFICATION STATEMENT:**

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 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**

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

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<b>Name of Program</b> Medical Assistant		
<b>Mode(s) of Delivery of Program (check ALL that apply):</b>		
<input checked="" type="checkbox"/> <b>100% Traditional</b>	<input checked="" type="checkbox"/> <b>Hybrid</b>	<input checked="" type="checkbox"/> <b>Distance Education</b>

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

<input style="width: 50px; text-align: center;" type="text" value="900"/> Clock Hours	<input style="width: 50px;" type="text"/> Semester Credit Hours	<input style="width: 50px;" type="text"/> 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"/> <b>100% Traditional</b>	<input checked="" type="checkbox"/> <b>Hybrid</b>	<input type="checkbox"/> <b>Distance Education</b>
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**EMPLOYER**

<b>Name:</b> ROBERT Gutierrez	<b>Title:</b> Mol
<b>Company Name:</b> ROBERT Gutierrez	<b>Phone Number:</b> 305 266-6649
<b>Address:</b> 8020 SW 24th	<b>City/State/Zip:</b> 33155
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 \$ 9 <sup>00</sup> annually to \$ 10 <sup>00</sup> annually.	
<b>Signature:</b> 	<b>Date:</b> 2/12/16