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	City/State/Zip	
7757 W Flagler Street Suite 220	Miami, Florida 33144	
Name of Program	X	
Pharmacy Technician		
Mode(s) of Delivery of Program (check ALL that apply)):	
X 100% Traditional Hybrid	Distance Education	
The length of this program is (indicate the number of house 920 Clock Hours 31 Semester Cree		
The amount of tuition and fees charged for the total program is: \$ 15,310.25		
EMPLOYERS' VERIFICATION STATEMENT:		
I have reviewed the (name of program): Pharmacy Technician (46 weeks) 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):		
X 100% Traditional Hybrid	Distance Education	
EMPLOYER		
Name: Jesus Rodriguez	Title: Sr. Study Coordinator	
Company Name: AMPM Research Clinic	Phone Number: 305-999-3301	
Address: 17760 NW 2 nd Ave	City/State/Zip: Miami Gardens, FL 33169	
Verifiable range of remuneration (based on year-round, full completers who enter this field upon completion of the prog	time employment) that can reasonably be expected by the street street in the street street in the street street is street and street street in the street street street in the street street street in the street street street street in the street st	
Signature: Date: February 10, 2016		
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Name of Institution	
Florida Vocational Institute	
Address	City/State/Zip
7757 W Flagler Street Suite 220	Miami, Florida 33144
Name of Program	
Pharmacy Technician	
Mode(s) of Delivery of Program (check ALL that apply)	:
X 100% Traditional Hybrid	Distance Education
The length of this program is (indicate the number of ho	ours in all boxes that apply):
Clock Hours 31 Semester Cre	edit Hours Quarter Credit Hours
The amount of tuition and fees charged for the total prog	gram is: \$ 15,310.25
EMPLOYERS' VERIFICATIO	N STATEMENT:
I have reviewed the (name of program): Pharmacy	Technician (46 weeks)
program and recommended requirements for admissions, objectives, competency tests, instructional materials, equi proficiency required for completion, and appropriateness of program which include (check ALL that apply):	ipment, method of evaluation, the skills and/or
X 100% Traditional Hybrid	Distance Education
EMPLOYER	
Name: Jaime Mullen	Title: Pharmacist
Company Name: Los Palacios Pharmacy	Phone Number: 305-688-0644
Address: 4213 E 4 th Ave	City/State/Zip: Hialeah, FL 33014
Verifiable range of remuneration (based on year-round, full-completers who enter this field upon completion of the prog	
Signature:	Date: February 12, 2016
Juni	

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

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Name of Institution		
Florida Vocational Institute		
Address	City/State/Zip	
7757 W Flagler Street Suite 220	Miami, Florida 33144	
Name of Program		
Pharmacy Technician		
Mode(s) of Delivery of Program (check ALL that apply)):	
X 100% Traditional Hybrid	Distance Education	
The length of this program is (indicate the number of he	ours in all boxes that apply):	
920 Clock Hours 31 Semester Cre	edit Hours Quarter Credit Hours	
The amount of tuition and fees charged for the total program is: \$ 15,310.25		
EMPLOYERS' VERIFICATION	ON STATEMENT:	
program and recommended requirements for admissions objectives, competency tests, instructional materials, equ proficiency required for completion, and appropriateness program which include (check ALL that apply):	ripment, method of evaluation, the skills and/or	
X 100% Traditional Hybrid	Distance Education	
EMPLOYER		
Name: Jonathan Rivera	Title: Pharmacist	
Company Name: Medley Community Pharmacy	Phone Number: 305-885-2982	
Address: 7911 NW 72 Ave	City/State/Zip: Medley, FL 3316	
Verifiable range of remuneration (based on year-round, ful completers who enter this field upon completion of the pro		
Signature:	Date: February 11, 2016	