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		
Pharmacy Technician		
Mode(s) of Delivery of Program (check ALL that apply	y):	
X 100% Traditional Hybrid	Distance Education	
The length of this program is (indicate the number of h		
The amount of tuition and fees charged for the total program is: \$ 15,310.25		
EMPLOYERS' VERIFICATION STATEMENT:		
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	
Name: Jesus Rodriguez	Title: Sr. Study Coordinator	
Traine. Seeds Nearinguez	Title. Of. Olddy Odordinator	
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, ful completers who enter this field upon completion of the pro	II-time employment) that can reasonably be expected by gram is from \$17,800 annually to \$24,000 annually.	
Signature: Just Maleyn	Date: February 10, 2016	
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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 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

INSTRUCTIONS:

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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	