

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

**INSTRUCTIONS:**

- Complete three of these forms 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 West Flagler st suite 220		<b>City/State/Zip</b> Miami FL 33144
<b>Name of Nursing Assistant/HHA</b>		
<b>Mode(s) of Delivery of Program (check ALL that apply):</b>		
<input checked="" type="checkbox"/> 100% Traditional	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Distance Education

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


<input type="text" value="180"/> 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): Richard Ruiz RN BSN  
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.

**EMPLOYER**

<b>Name:</b> <u>Richard Ruiz RN</u>	<b>Title:</b> <u>RN BSN</u>
<b>Company Name:</b> <u>Kindred Hospital</u>	<b>Phone Number/Extension:</b> <u>305-448-1585</u>
<b>Address:</b> <u>5196 SW 8 Street</u>	<b>City/State/Zip:</b> <u>Coral Gables FL 33134</u>
<b>Verifiable range of remuneration (based on year-round, full-time employment) that can reasonably be expected by those who enter this field upon completion of the program is from \$25,000 annually to \$25,900 annually.</b>	
<b>Signature:</b> 	<b>Date:</b> <u>01/25/16</u>

(March 2015)

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

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="180"/> 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: \$ 1,089

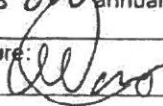
**EMPLOYERS' VERIFICATION STATEMENT:**

I have reviewed the (name of program): Patient Care Technician and Nursing Assistant/Home Health Aide

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 type="checkbox"/> Hybrid	<input type="checkbox"/> Distance Education
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**EMPLOYER**

<b>Name:</b> <u>Harlen Gonzales</u>	<b>Title:</b> <u>RN</u>
<b>Company Name:</b> <u>Baptist Hospital</u>	<b>Phone Number:</b> <u>786-314-4579</u>
<b>Address:</b> <u>8100 N. Kendall Dr.</u>	<b>City/State/Zip:</b> <u>Miami FL 33176</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>23,000</u> annually to \$ <u>25,000</u> annually.	
<b>Signature:</b> 	<b>Date:</b> <u>2/11/16</u>

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

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

<input style="width: 50px; text-align: right;" type="text" value="180"/> 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: \$ 1,089


**EMPLOYERS' VERIFICATION STATEMENT:**

I have reviewed the (name of program): Patient Care Technician and Nursing Assistant/Home Health Aide

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 type="checkbox"/> Hybrid	<input type="checkbox"/> Distance Education
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**EMPLOYER**

<b>Name:</b> <u>Michel Huarte</u>	<b>Title:</b> <u>RN, SBN</u>
<b>Company Name:</b> <u>Southern Winds Hospital</u>	<b>Phone Number:</b> <u>305 - 558 - 9700</u>
<b>Address:</b> <u>4025 W 20 Ave</u>	<b>City/State/Zip:</b> <u>Miami FL 3306</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 \$ _____ annually.	
<b>Signature:</b> 	<b>Date:</b> <u>1/15/14</u>