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

(June 2012)

## 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, Suite 230	City/State/Zip
Name of Program	Miami, FI 33144
Pharmacy Technician	3
Mode(s) of Delivery of Program (check ALL that apply):	
X 100% Traditional Hybrid	Distance Education
This program is (check one):  An Existing Program  A New Program	A Substantially Revised Program
The length of this program is (indicate the number of hours  950 Clock Hours Semester Credit Hou	
The amount of tuition and fees charged for the total progra	addition of edit floats
Excerpt from the Handbook of Accreditation, Standard 2 – Educ	cational Programs:
<ol> <li>At least every two years, three bonafide potential emplo and recommend admission requirements, program cont competency tests, instructional materials, equipment, mand/or proficiency required for completion, and appropria</li> </ol>	ent, program length, program objectives,

- program. (Objectives 2-B-2 and 2-B-4)
- 6. The institution considers the length and the tuition of each program in relation to the documented entry level earnings of completers. (Objective 2-B-2)

NOTE: Job Corps Centers may use the Vocational Evaluation System (VES) Report in place of the COE Employer Program Verification Form.

\* For programs that include a distance education mode of delivery that recruit students outside the service area(s) of an institution's physical location(s), a market needs analysis or other demographic data which demonstrates demand for the program may be submitted.

## EMPLOYERS' VERIFICATION STATEMENT:

We have reviewed the frame of
We have reviewed the (name of program): Pharmacy Technician
objectives, competency that interest for admissions, program content program length program
Promotency required for completion and a strike profes
program which include (check ALL that apply):
X 100% Traditional Hybrid
EMPLOYER #1:
Name:
At andro Doets Title:
Company Name: SUPCI MSOR - PNORMARA
Address: Plata Plata Prone Number: 305 595 - 1300
10840 SW 88 St   City/state/210:
MiOmi FI 22171
Verifiable range of remuneration (based on year-round, full-time employment) that can reasonably be to \$2.0.000 anough.
expected by completers who enter this field upon completion of the program is from \$ 25,000 annually.
2 3/ Claymounty
Signature:
Date: 7 / 2 3 / 1.1
EMPLOYER #2:
Name: SILVIA NUSETTI THEOFFICE MANAGER
Address: HO 30 - 930
6440 SW 117 AVE ClivistateZip:
MIANI EL DOLOR
I VERTICAL ACTION OF THE PROPERTY OF THE PROPE
expected by completers who enter this field upon completion of the program is from \$26000 annually.
The contract of the contract o
Signature: (Darce) fa )
Date: 7/23/1//
EMPLOYER (S):
Title:
Company Name:
Address:
City/State/Zip:
Vertfiehle
Vertfiable range of remuneration (based on year-round, full-time employment) that can reasonably be expected by completers who emer this field upon completion of the program is from 5.
expected by completers who enter this field upon completion of the program is from \$ annually
Signature:
(June 2012)

## EMPLOYERS' VERIFICATION STATEMENT:

We have reviewed the (name of program): Pharma	Day Tacks:	
program and recommended requirements for admissions		
objectives, competency tests, instructional materials, equipment, method of evaluation, the skills and/or proficiency required for completion, and appropriateness of the line.		
proficiency required for completion, and appropriations	equipment, method of evaluation, the skills and/or	
proficiency required for completion, and appropriatene program which include (check ALL that apply):	ess of the instructional delivery method(s) for the	
та приу).		
X 100% Traditional Hybrid	d Distance Education	
EMPLOYER #1:		
Name: El BA 6 RAWIREN	Title: (2)	
Company Name:	( La cossacos)	
Address: CONZE/02 Pdomicro	Phone Number: (4-5259	
8336 S. W 8st	City/State/Zip:	
	I + Ka 53/414	
Verifiable range of remuneration (based on year-round expected by completers who enter this field upon complet	full-time emple:	
expected by completers who enter this field upon complet to \$ 37007 annually.	ion of the program is from \$ 3 2 0 4 4	
annually.	annually	
Cal a 2		
Signature: Elk M Raun	Date: 7/24/14	
EMPLOYER #2:	10117	
Name:	Title	
COMPANILA COARCIA	PHARMACY DANAGER	
Company Name.	Phone Number:	
Address:	305-456 3965	
6722 WFLADLER ST	City/State/Zip:	
	MIANI F ( 33144	
Verifiable range of remuneration (based on year-round, expected by completers who enter this field upon completion	full-time employment) that can reasonably be	
expected by completers who enter this field upon completio to \$ 2 7,000 annually.	n of the program is from \$ 25,000 annually	
	, , , , , , , , , , , , , , , , , , , ,	
Signature:		
	Date: 7 - 24 - 14	
EMPLOYER #3:		
Name: MA A ANY A	Title:	
Company Name:	V/Aquelal tech	
- Cighty Clight VH Avyeren	Phone Number:	
Address:	City/State/Zin:	
1971 SW 8 ST	City/State/Zip: M. (- 20165	
verifiable range of remuneration (heard	Secretaria de Caractería de Ca	
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 \$ \( \mathcal{J} \eta, \cop \in \cop \) annually.		
annually.	annually	
n l		
Signature: pho	Date: 7/24/14	
(June 2012)	7	