**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.

|  |  |
| --- | --- |
| **Name of Institution** | |
| **Address** | **City/State/Zip** |
| **Name of Program** | |
| **Mode(s) of Delivery of Program (check ALL that apply):**  **100% Traditional Hybrid Distance Education** | |

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

Clock Hours Semester Credit Hours Quarter Credit Hours

**The amount of tuition and fees charged for the total program is:** $

**EMPLOYERS’ VERIFICATION STATEMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | I have reviewed the (**name of program**): |  | | 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**

|  |  |
| --- | --- |
| Name: | Title: |
| Company Name: | Phone Number/Extension: |
| Address: | City/State/Zip: |
| 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 $ annually  to $ annually. | |
| Signature: Date: | |

*(March 2015)*