

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

INSTRUCTIONS:

- Complete three of these forms for **each program** at each campus.
- This form **must** be signed by a bona fide employer who is in a position to make hiring decisions.

Name of Institution	
Address	City/State/Zip
Name of Program	
Mode(s) of Delivery of Program (check ALL that apply):	
<input 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"/> 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): _____
 program and **to the best of my knowledge and experience have listed below the verification range of remuneration for those who enter this field.**

EMPLOYER

Name:	Title:
Company Name:	Phone Number/Extension:
Address:	City/State/Zip:
Verifiable range of remuneration based on yearly, full-time employment for those that enter this field upon completion of the program is from \$ _____ to \$ _____ annually.	
Signature:	Date:

**Salary Range, Signature, and Date may be provided digitally
 during the COVID-19 Federal Emergency Period.
 (January 2021)**