COE PLACEMENT VERIFICATION FORM
For Graduate Completers

Institution Name: _____ Date of Verification: _____

Team Member Verifying Data: _____

Reporting Period of Data Being Verified:_____

This form is to be completed by Visiting Teams during accreditation visits.

Instructions: Please examine the institution's most current COE Annual Report and locate the Annual Completion, Placement, and Licensure Form. This information will likely be located in the exhibits for Standard 3. Select one or two programs reporting a high percentage of placements and request the documents supporting these placements for five GRADUATE completers. Student files should include the name of the completer, a contact telephone number, the name of the employer, the address of the employer, the name of the completer's supervisor, and a company contact number. Please verify the placement by telephone and enter the confirmation information in the spaces provided below or reference the *Policies and Rules of the Commission – 2024 Edition, Standard Three: Program Outcomes, Verifying Student Achievement Data* for additional information. If the completer is unknown to the contacted official, request an explanation from institution officials. Write as a finding the explanation. Use and attach extra pages when necessary. When finished, check the appropriate boxes on the check sheets for Standard 3 and state findings, if any. **IMPORTANT: Please provide this document to the institution for the institution's permanent accreditation file.**

Name of Completer:	Program:	Date Graduated (if applicable):
Employer (Company):		
Employer's Address (Town, State):		
Contact's Name:	Title:	
Telephone No:	Date Completer was Hired:	
Length of Employment:	Finding:	

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