A logo for a medical school

Description automatically generated

**Graduate Employment Verification**

**CoAEMSP Program Number:**       **Date:**

**Program Sponsor:**       **Course Number:**

**Student:**       **Course Start Date:**

**Level:**

This form has been completed as part of the program closeout and included in the student file. The graduate will receive a copy with instructions to complete and return to the program director with any employment changes within 12 months following graduation.

**Note: Employment placement refers only to the level selected above.**

|  |  |
| --- | --- |
| **If employed on program completion** | |
| Employer |  |
| Address |  |
| Contact number/email |  |
| Supervisor |  |
| Anticipated hire date |  |

|  |  |
| --- | --- |
| **If waiting for a position offer complete anticipated information** | |
| Employer |  |
| Address |  |
| Contact number/email |  |
| Supervisor |  |
| Anticipated hire date |  |
| No plans currently |  |

|  |  |
| --- | --- |
| **If serving as a volunteer in lieu of a paid position** | |
| Employer |  |
| Address |  |
| Contact number/email |  |
| Supervisor |  |
| Anticipated hire date |  |

|  |  |
| --- | --- |
| **If continuing education or military service** | |
| College name |  |
| Major |  |
| Military branch |  |
|  |  |
|  |  |