ACICS PLACEMENT VERIFICATION PROGRAM
STUDENT PLACEMENT ATTESTATION FORM

By completing and signing this form or authorizing the school official to complete it on your behalf, you agree with the information provided. Please note that you may be contacted by the Accrediting Council for Independent Colleges and Schools (ACICS) in order to verify the information provided.

I, _____, attest that the training I have received
FULL NAME

in the _____ program at _____,
PROGRAM **INSTITUTION/CAMPUS**

located in _____, _____ was beneficial in obtaining or maintaining
CITY **STATE**

the position of _____ at _____.
POSITION TITLE **EMPLOYER NAME**

1. **TYPE OF BENEFIT –** I was able to benefit from the skills and knowledge learned in my program by **[INITIAL ONE]:**

   1a. _____ Obtaining a **new** position that: **[CHECK ONE]**

   - ☐ Utilizes such skills and knowledge
   - ☐ Requires the credential provided through my program

   1b. _____ Maintaining a **current** position that utilizes the skills and knowledge learned in my program that: **[CHECK ONE]**

   - ☐ Fulfills requirements for professional development
   - ☐ Fulfills requirements for a possible future promotion
   - ☐ Fulfills my goal of improving job-related skills

2. **TYPE OF POSITION** – My new or current position is a paid job that **meets my employment goal** through: **[INITIAL ONE]**

   _____ Full-time, permanent work for a single employer (defined here as greater than or equal to 20 hours per week)

   _____ Part-time permanent work for a single employer (defined here as 7.5 to less than 20 hours per week)

   _____ Self-employment with multiple possible customers (e.g., as a small business owner)

   _____ Independent contract work with multiple possible customers (e.g., as a "free-lance" contractor)

   _____ Temporary agency work (on jobs related to the field of study)

   _____Temporary work (on jobs lasting 1 month or more that could lead to repeated, sustained employment)

   _____ Practical training (as allowed by your student visa)

   _____ Other paid work (please describe): _____

_____	_____
GRADUATE/COMPLETER SIGNATURE	**CAREER SERVICES/MANAGEMENT SIGNATURE**
_____	_____
DATE	**DATE**