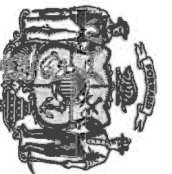EMPLOYMENT VERIFICATION
EAP Form 2.05 (Rev. 01/18)

STATE OF WISCONSIN
EDUCATIONAL APPROVAL PROGRAM
P.O. BOX 8366
MADISON, WI 53708-8366
(608) 266-1996

School Name:

Reporting Period[2]:
(Select One)

☒ July 1, 2017 thru June 30, 2018 (standard reporting year)

☐ _____ thru _____

Student Name (Completer)	Program Student Completed	Employer Name[3] (use "na" if the student did not find employment)	Position or Job Title	Employer Contact (include name and phone number)	Date Student Began Employment	Date Employer was Contacted
Hanson, April	Massage Therapy	SE	Massage Therapist	715-773-2609	12/6/2017	7/25/2018
Hazen, Jeffrey	Massage Therapy	N/A				
Kirby, Vanessa	Massage Therapy	Lotus Spa	Massage Therapist	715-835-1100	8/1/2017	7/25/2018
Mack, Michelle	Massage Therapy	N/A				
Polus, Caitlin	Massage Therapy	Massage Envy	Massage Therapist	715-598-8125	4/17/2018	7/25/2018
Revoy, Estelle	Massage Therapy	Nurturing Nature Massage	Massage Therapist	715-861-7177	11/27/2017	7/25/2018
Smith, Amanda	Massage Therapy	Ashley Furniture Wellness	Massage Therapist	608-863-4172	11/2/2017	7/25/2018
Stephens, Michaela	Massage Therapy	DayDream Mini Spa	Massage Therapist	715-314-1989	10/24/2017	7/25/2018
Vang, Newly	Massage Therapy	CV Therapeutic Massage	Massage Therapist	715-456-6755	4/27/2018	7/25/2018
Zimmerman, Jennette	Massage Therapy	Atraxia Massage	Massage Therapist	715-314-1532	11/17/2017	7/25/2018
		Additional records may be provided by inserting new rows.				

NOTE: To insert new rows in the table, place the cell reference pointer in the last row (prior to entering data) and CLICK INSERT on the MENU BAR and then SELECT ROWS.

[1] The following definitions apply to the terms as used in the column headings (and on the renewal application): Completers – Students who completed their program and received their degree, diploma or certificate during the reporting year. Employed – Completers who found new employment in a training-related field, students who advanced with their current employer as a direct result of training provided by the school or students whose employer required completion of the program. *Only report data for individuals who are considered Wisconsin students [see Wis. Admin. Code s. SPS 401.01 (35)].*

[2] Enter the end date of the twelve month reporting period you will use when you submit your next renewal application. The reporting period as defined on the renewal application is the "most recently completed" (at the time you complete the renewal forms) twelve-month fiscal period on which the school operated, ending on a date no earlier than fifteen months [prior to the date of completing the renewal application].

[3] If a completer is self-employed or is continuing their educational studies (at your school or another school), please use SE or CE respectively. Employment Verification

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