

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:

The Salon Professional Academy

Reporting Period²:

(Select One)



July 1, 2016 thru June 30, 2017 (standard reporting year)

thru

Student Name
(Completer)

Program Student
Completed

Employer Name³
(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

Katelyn Bjorge	Massage Therapy	Premier Fitness	Unknown	(608) 793-1300	unknown	6/25/2018
Aundrea Peterson	Massage Therapy	Chirapsia Bodyworks (SE)	Massage Therapist	(608) 738-6971	unknown	6/25/2018
Dineane Schmitz	Massage Therapy	Onalaska Family Chiro Ce (SE)		(608) 783-7735	unknown	6/25/2018
Leandra Anderson	Massage Therapy	Signature Massage	Massage Therapist	(608) 785-2225	4/20/2017	9/22/2017
Khareia Carter	Massage Therapy	CE				
Kelli Eckerman	Massage Therapy	Body & Sol	Massage Therapist	(608) 781-2639	unknown	6/25/2018
Jamie LaFleur	Massage Therapy	N/A	N/A			
Tyler Lueth	Massage Therapy	La Vida	Massage Therapist	(608) 783-3008	4/10/2017	11/1/2017
Linda Pickett	Massage Therapy	Body & Sol	Additional reporting required - please insert in this row	(608) 781-2639	unknown	6/25/2018

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.

Beth Thurston Massage Therapy N/A Massage therapist (608) 526-6440 Unknown 4/25/18
* form would not allow additional rows to be inserted.

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.