

CTE Audit Phase Out Process

Technical Assistance Paper

Division of Career and Adult Education
Office of CTE Quality

325 West Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

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Last Updated: 7/22/2026

Purpose

This technical assistance (TA) paper provides guidance on various aspects of the Career and Technical Education (CTE) Audit phase out process. [Rule 6A-10.0342, Florida Administrative Code \(F.A.C.\)](#), titled, Career and Technical Education Program Quality Audit Florida, requires programs to phase out when their performance metrics do not meet state minimum targets within the CTE Program Quality Audit. This TA paper is intended to support school districts and Florida College System (FCS) institutions in understanding the CTE Audit phase out process and related expectations.

If there are questions related to the CTE Audit, phase out requirements or other related matters, please contact the Division of Career and Adult Education's Office of CTE Quality at CTEAudit@fldoe.org.

Understanding Phase Out

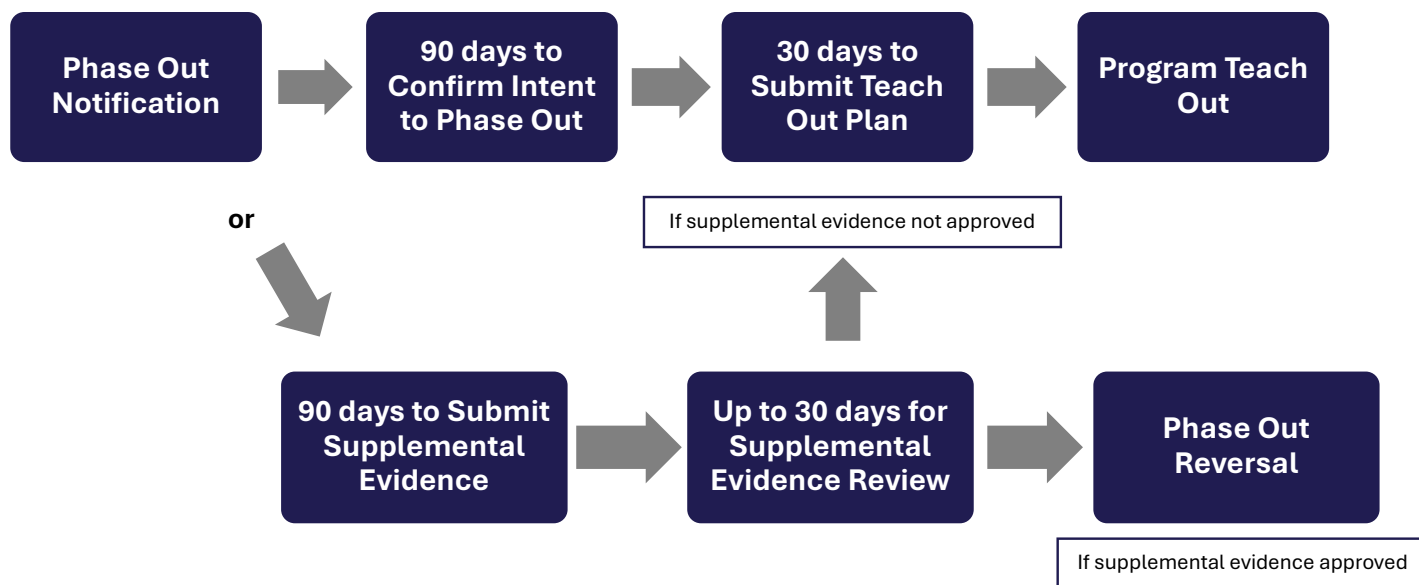
Phase Out Defined

Phase out is the termination of a CTE program offering at a school district or FCS institution when it does not meet one or more required audit metric targets in a given audit year and does not provide sufficient, timely and acceptable supplemental evidence that would bring the program into compliance with an audit metric.

Phase Out Process

Phase out is a process. Chart 1 provides a flow chart of the phase out process that is additionally described in detail below.

Chart 1: Phase Out Process Flowchart



Phase Out Process Steps and Requirements

Phase Out Notification

Following the release of an annual CTE Audit, an official notice will be sent from the Division of Career and Adult Education (Division) to the school district superintendent or FCS college president, along with other relevant CTE and workforce education staff, notifying them that a CTE program(s) did not meet a metric target (primary or alternate).

This official phase out notification will be sent from email address CTEAudit@fldoe.org.

The date of the official notice begins the 90 calendar day window for districts and FCS college institutions to provide either written notice confirming intent to phase out the program or supplemental evidence documenting circumstances that warrant the program not being phased out.

Intent to Phase Out

If the agency elects to phase out the program, within 90 calendar days of the Division sending the phase out notification, the school district superintendent or FCS college president must submit its intent to CTEAudit@fldoe.org with language similar to,

“We acknowledge the CTE Audit findings and intend to phase out the following program(s): [insert program name and program/CIP number]. We will provide a teach out plan within the next 30 calendar days.”

Upon receipt of the agency’s intent to phase out, the program must enter teach out and no new students may be enrolled into the program. If phase out confirmation is not received within 90 calendar days, the program is considered to have accepted the phase out by default, must enter teach out and provide a teach out plan within the next 30 calendar days.

Teach Out Plan

Within 30 calendar days of confirmed intent to phase out or within 30 calendar days of an unapproved supplemental evidence review, a school district superintendent or FCS college president must submit a teach out plan to CTEAudit@fldoe.org.

A teach out plan is a detailed written account of how the agency will aid existing program students to finish their studies. The teach out plan must include but is not limited to the following components:

- The number of students remaining in the program,
- Timeframe, set by the school district or college, to teach out remaining students,
- Internal and external program transfer options available to remaining students, and
- Student communication plans.

A teach out plan must be submitted for each program flagged for phase out. Teach out plans must be submitted on official agency letter head and signed by the school district superintendent or FCS college president. If the teach out plan is not received within 30 calendar days, the program may be ineligible to submit a reinstatement application. Additional actions may be taken for failure to submit required or adequate documentation.

Program Teach Out

Teach out is defined as the process of exiting currently enrolled students and no longer enrolling new students into a program. Programs that are flagged for phase out and do not have the ability or desire to provide supplemental evidence to appeal phase out status must teach out the program before ultimately closing the program and removing it from its list of program offerings.

While in teach out, existing students must be able to register for and complete courses until program completion, if desired, or transfer into another program. The school district or FCS institution must communicate with existing program students to inform them of the program's teach out status and provide them with pathways to program completion or transition.

There is no fixed timeframe for completing teach out. The length of the teach out period is determined by two factors.

1. The number of students remaining in the program once placed in teach out and
2. The time needed to serve students to completion or transition.

Teach out is considered complete once program enrollment reaches zero (0). Only when teach out is complete may the two reporting year waiting period for reinstatement begin. For more information on program reinstatement after phase out, see section [Program Reinstatement](#).

Supplemental Evidence

If the agency does not elect to phase out the program, within 90 calendar days of the Division sending the phase out notification, the school district superintendent or FCS college president must submit supplemental evidence for review to CTEAudit@fldoe.org.

A response will be provided within 30 calendar days. Multiple submissions are permissible. The 90 calendar day submission window will not be extended including when reviews do not result in the reversal of phase out.

Evidence must include detailed student level documentation as listed in the "[Supplemental Evidence Guidance](#)" section.

Possible outcomes of the supplemental evidence review include the following:

- Approval of supplemental evidence prompting recalculation of performance rates that meet or exceed metric targets, resulting in passing the audit.

CTE Audit Phase Out Process: Technical Assistance Paper

- Approval of supplemental evidence prompting recalculation of performance rates that continue to not meet metric targets, resulting in continued phase out status.
- Non-approval of supplemental evidence resulting in continued phase out status.

If supplemental evidence is approved, program phase out status will be reversed and the program will be evaluated in the next annual CTE audit.

If supplemental evidence is not approved, or it does not result in a metric recalculation that meets minimum targets, additional evidence may be submitted until the end of the 90 day acceptance period.

If supplemental evidence is not received within 90 calendar days, the program is considered to have accepted the phase out determination and must enter teach out.

Supplemental Evidence Guidance

Supplemental Evidence Documentation

Supplemental evidence is defined as student level documentation that may be submitted to the Division to mitigate CTE Audit metric outcomes.

Documentation must be sufficient and allow the Division to substantiate student placement into a metric numerator or removal from the cohort to recalculate the applicable metric target(s) in accordance with the published CTE Audit business rules on the [CTE Audit Data & Reports webpage](#).

Per Rule 6A-10.0342, F.A.C., only the following supplemental evidence may be submitted to reverse program phase out:

- Documentation that an “act of God” or security incident interrupted the district’s or FCS institution’s ability to operate the program; or,
- Evidence that documents the program’s metrics meet minimum targets for the
 - secondary or postsecondary Continuing Education or Employed Rate,
 - postsecondary Retention Rate, or
 - postsecondary in-demand criteria.

All supplemental evidence must include student identifying information to be accepted, the academic year in which the evidence’s activity took place and a detailed written description that will allow the Division to understand and contextualize all submitted documentation. A combination of evidence documentation may be required to warrant student movement.

Student identifying information allows the Division to match supplemental evidence to student level CTE audit data. Student identifying information includes the following:

- Student first and last name,
- Student SSN and/or FLEID, and
- Student address and telephone number.

See [Appendix A: Supplemental Evidence Examples](#) for examples of allowable supplemental evidence documentation.

“Act of God” or Security Incident that Interrupted Program Operation

Supplemental evidence for an "act of God" or security incident must demonstrate that an external, documented event outside of the agency's control interrupted the agency's ability to deliver instruction and/or operate the program as designed. To be considered for approval, submitted evidence must establish a clear connection between the event and the students' inability to complete coursework, earn credentials or otherwise be counted for the audit.

Documentation must include the following components:

- What and when it occurred,
- How long the interruption lasted,
- How program delivery was disrupted,
- Which students were impacted, and
- Student schedule(s) showing program and course enrollment alignment with the incident.

While the definition of an “act of God” or security incident may widely cover a range of events, some examples that would **not** qualify may include the following:

- Staffing shortages or other internal administrative decisions,
- Steep or unexpected enrollment declines,
- Conflicts with scheduling, and
- Unexpected curriculum changes.

All documentation must be accompanied by required student identifying information and include a written explanation of how the incident affected audit outcomes. Acceptable documentation may include, but is not limited to, a combination of the following:

- Official (state, county, local) emergency declarations with effective dates,
- Official closure notices issued by the district superintendent or FSC College president with effective dates,
- Facility damage reports, insurance claims, and/or photographs of affected instructional spaces (must include dates, locations, and program use descriptions), or
- Law enforcement and/or security incident reports, and/or dated internal communications documenting program closure, restricted access, or loss of instructional capacity.

Continuing Education

Supplemental evidence for continuing education must demonstrate that a student was enrolled in a postsecondary program at a postsecondary institution within one year after exit. Acceptable documentation may include, but is not limited to, a combination of the following:

- Career education student follow-up questionnaire per Rule 6A-10.0341, F.A.C.,
- National Student Clearinghouse enrollment verifications identifying the institution and term(s) of enrollment,
- IRS Form 1098-T reflecting tuition paid for the applicable academic year(s),
- Official transcripts emailed or deliverable to the Division office at 325 Gaines St., Suite 714, Tallahassee, FL 32399, or
- Tuition reimbursement documentation.

Employment

Supplemental evidence for employment must demonstrate that a program graduate was employed within one year after exit. The Division aligns the definition of employment with the Internal Revenue Service (IRS). Acceptable documentation may include, but is not limited to, a combination of the following:

- Career education student follow-up questionnaire per Rule 6A-10.0341, F.A.C.,
- Third-party employment collection vendors (e.g., [Equifax Workforce Solutions reports](#)),
- Military orders,
- IRS tax forms showing employment or self-employment (e.g., W2, 1099, 1040, 1065),
- Bank statements showing deposits from an employer,
- Employer verification letters, or
- Pay stubs or earning statements.

Retention or Success Rate

Supplemental evidence for retention must demonstrate that a student was retained in a postsecondary program the following reporting year or completed a program in the baseline year. Students are also considered retained when they transfer programs and/or educational institutions. Supplemental evidence for success must demonstrate that a student left postsecondary education with an approved completion type in the baseline or following year. Acceptable supplemental evidence may include, but is not limited to, a combination of the following:

- Career education student follow-up questionnaire per Rule 6A-10.0341, F.A.C.,
- National Student Clearinghouse enrollment verification certificate identifying the receiving institution and term(s),
- IRS tax form 1098-T showing tuition paid for the applicable academic year,
- Official transcripts emailed or deliverable to the Division office at 325 Gaines St., Suite 714, Tallahassee, FL 32399, or
- Tuition reimbursement paperwork.

In-Demand Occupation

The CTE Audit uses two labor market demand sources for this metric.

1. Master Credential List (MCL), and
2. Comprehensive Local Needs Assessment (CLNA)

Acceptable supplemental evidence of program demand may include, but is not limited to, a combination of the following.

MCL

The CTE Audit uses the most recently available MCL for primary target in-demand status determinations. If the program is not present on the most recent MCL, the program does not meet the primary in-demand metric. A school district or FCS institution must utilize the MCL application process to resolve MCL program status matters.

If the only postsecondary CTE Audit metric that caused program phase out was Metric 3 – In Demand, an agency may bypass the full reinstatement process if able to successfully have the program added to the MCL. Once evidence has been provided that the program is published to the MCL, the Division will take the program out of phase out.

For more information on the master credential list and the application process, visit the [MCL Frequently Asked Questions webpage](#).

CLNA

The CTE Audit uses the most recently available CLNA program needs assessment data for alternate target in-demand status determinations. Program needs assessment data is submitted by agencies to the Division during the every-other-year CLNA process and during the every-other-year Perkins request for application (RFA) process.

If the school district or FCS institution did not include a program needs assessment for a program or included the program but it did not meet labor market alignment and size, scope and quality, the program does not meet the alternate in-demand metric.

If the only postsecondary CTE Audit metric that caused program phase out was Metric 3 – In Demand, an agency may bypass the full reinstatement process if the program is able to meet labor market alignment and size, scope and quality. To do so, the school district or FCS institution may submit a revised Perkins program needs assessment workbook to the state Perkins office within the 90 calendar day window to submit supplemental evidence. Revised means that the agency previously submitted a CLNA during the initial Perkins RFA process. If a CLNA was not previously submitted, revision is not possible.

Advanced Technical Certificates (ATCs)

An Advanced Technical Certificate (ATC) is a program of career and technical instruction consisting of nine (9) hours or more but less than forty-five (45) college credits of lower division and/or upper division courses per Rule 6A-14.030, F.A.C., - Postsecondary Instructional Unit Definitions and Awards in Florida College System Institutions.

Agencies do not typically include ATCs within a Perkins CLNA because ATCs are not Perkins fundable. Because of the lack of Perkins fundability, inclusion of these programs in the Perkins RFA process is not required. However, due to the use of the CLNA in the CTE Audit as the means to meet the alternate in-demand metric, it is advised that agencies voluntarily include ATCs in the CLNA, even though not Perkins fundable. If an ATC does not meet the primary in-demand metric, without inclusion in the CLNA the Division cannot assess it against the alternate in-demand metric. An ATC program in this scenario will be flagged for phase out.

How to Submit Supplemental Evidence

IMPORTANT: Supplemental evidence contains **student identifying information**. Evidence **MUST NOT** be submitted via email. All materials must be securely uploaded to the Division's designated "Supplemental Evidence Upload Folder" within each agency's "CTE Audit" parent folder within ShareFile.

"Supplemental Evidence Upload Folder" ShareFile folder pathway

Agency #-Agency Name → CTE Audit → Supplemental Evidence Upload Folder

CTE Audit Supplemental Evidence Coversheet

Agencies must submit evidence using the CTE Audit Supplemental Evidence Coversheet which is located on the [CTE Audit Resources webpage](#). The coversheet, followed by each piece of evidence, must be combined and submitted as one PDF file to the "Supplemental Evidence Upload Folder." Reference [Appendix B: Supplemental Evidence Packet Example](#) for a sample evidence packet. Submit one evidence packet per student, per metric and target¹.

Naming Convention

Ensure that the supplemental evidence packet follows the below naming convention using the student and program information provided in the student level file.

Agency Name_Student ID_UniqueID_Metric Year_Metric # _Target #²

Examples:

- College of Central Florida_045166486X_0101010166.FCS.03_2022-23_Metric1
_Target1
- Hillsborough Community College_097596251X_0101010166.FCS.10_2021-22 _Metric 2
- Broward_FL000001867629_8306300.SD.06_2022-23_Metric 2 _Target 2

Follow these steps to submit supplemental evidence:

1. Login to ShareFile,
2. Open the "Supplemental Evidence Upload Folder" within the parent "CTE Audit" folder,
3. Upload supplemental evidence documents,
4. Notify the Division once all files have been placed by emailing CTEAudit@fldoe.org, confirming the district or college name, the number of files to be reviewed and all file names.

For ShareFile assistance please reference the ShareFile user guide located on the [Research & Evaluation Resources website](#).

¹Target here refers to the metric target. For example, Postsecondary Metric 1 has two targets: Target 1, Retention Rate and Target 2, Success Rate. Not all metrics have multiple targets. If the metric does have multiple targets, include the metric number for which supplemental evidence is being submitted.

² See footnote 2.

Program Reinstatement

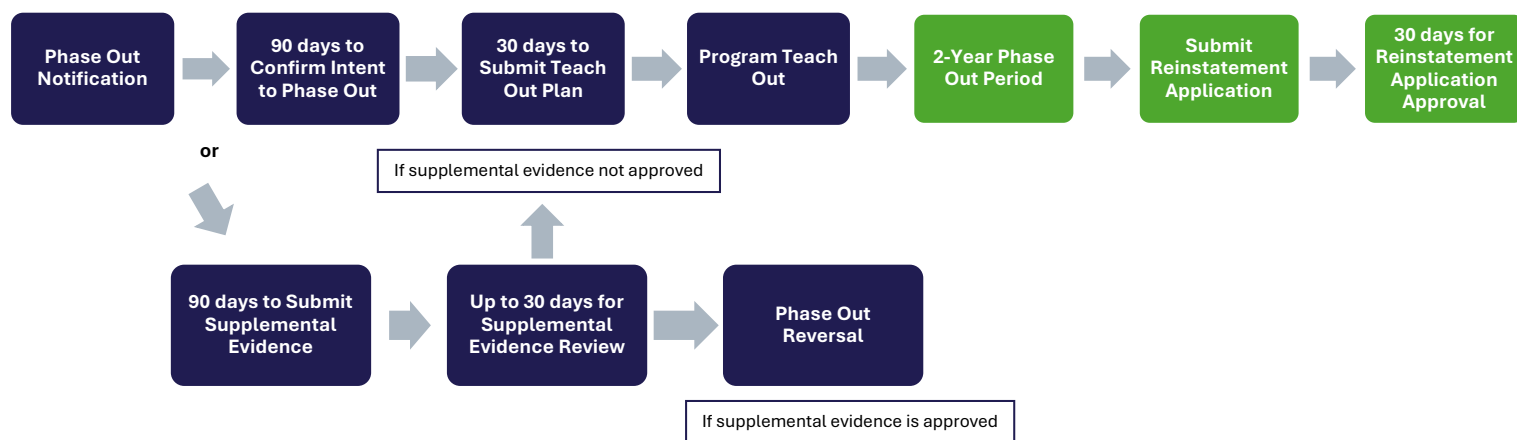
Program Reinstatement Defined

Program reinstatement is the approved return of a phased out CTE program offering at a school district or FCS institution.

Program Reinstatement Process

Program reinstatement is a process. Chart 2 provides a flow chart of the reinstatement process that is additionally described in detail below.

Chart 2: Reinstatement Process Flowchart



Program Reinstatement Process Steps and Requirements

2-Year Phase Out Period

Once teach out is complete, there is a mandatory two reporting year phase out period, or waiting period, that must pass before an agency may reinstate a program. Teach out is considered complete once program enrollment reaches zero (0).

This two reporting year phase out period allows time for school districts and FCS institutions with a phased out program(s) to craft and implement strategies for future program success. This can be done by doing an analysis of program challenges, completing a root cause analysis and creating tailored solutions to improve audit outcomes.

Reinstatement Application

Phased out programs are not required to remain terminated. If desired by the school district or FCS institution, the phased out program may be reinstated after the two-year phase out period. Program reinstatement is not automatic, however, and requires the submission and approval of a CTE Audit Program Reinstatement Application.

The application requires school districts or FCS institutions to describe program improvements made during the two year phase out period that will ensure success if reinstated. The improvements must already be made at the time of the application.

The CTE Audit Program Reinstatement Application can be viewed and downloaded from the [Office of CTE Quality webpage](#). The application may be submitted no earlier than the end of the full two reporting year phase out period and must be signed and submitted by a school district superintendent or an FCS institution president. Completed applications plus attachments must be emailed to CTEaudit@fldoe.org.

Reinstatement Option for Postsecondary Programs Only Failing Metric 3: In Demand Occupation

If the only postsecondary CTE Audit metric that caused program phase out was Metric 3 – In Demand, an agency may bypass the full reinstatement process if able to provide acceptable evidence. See the [In Demand Occupation Supplemental Evidence](#) section for more information.

Reinstatement Application Review & Approval

Upon receipt of a completed CTE Audit Program Reinstatement Application, the Division will review the application and provide either approval or feedback within 30 calendar days of receipt

Other General Topics

College Credit Certificates

A College Credit Certificate (CCC) is a program of career and technical instruction consisting of less than sixty (60) college credits which are part of an associate in science degree or an associate in applied science degree program and prepare students for entry into employment, per Rule 6A-14.030, F.A.C., - Postsecondary Instructional Unit Definitions and Awards in Florida College System Institutions.

Per state reporting guidance, agencies do not enroll students in an embedded CCC program but automatically award the CCC upon student completion of the related program course(s) or upon full program completion of the parent associate in science degree or an associate in applied science degree program.

CCC Program Phase Out

It is possible for CCCs to also be standalone programs. When a student is enrolled solely in a CCC program, this is considered a standalone CCC program enrollment. It is these standalone program enrollments that are accounted for in the CTE Audit. When a CCC does not meet the CTE Audit framework of quality and is phased out, two things must occur.

1. The phased out CCC may no longer be awarded to students enrolled in the parent associate program.
2. The CCC must be phased out and no longer offered as a program of enrollment.

There is no impact on the overall offering of the parent AS or AAS program. The parent program can continue while the CCC is in teach out and ultimately phased out. Likewise, if an AS or AAS program is phased out, the embedded CCC(s) may continue to be offered as standalone programs in which students may enroll.

ATC Programs

An Advanced Technical Certificate (ATC) is a program of career and technical instruction consisting of nine (9) hours or more but less than forty-five (45) college credits of lower division and/or upper division courses per Rule 6A-14.030, F.A.C., - Postsecondary Instructional Unit Definitions and Awards in Florida College System Institutions.

Agencies do not typically include ATCs within a Perkins CLNA because ATCs are not Perkins fundable. Because of the lack of Perkins fundability, inclusion of these programs in the Perkins RFA process is not required. However, due to the use of the CLNA in the CTE Audit as the means to meet the alternate in-demand metric, it is advised that agencies voluntarily include ATCs in the CLNA, even though not Perkins fundable. If an ATC does not meet the primary in-demand metric, without inclusion in the CLNA the Division cannot assess it against the alternate in-demand metric. An ATC program in this scenario will be flagged for phase out.

Substantially Similar Programs

Programs that are substantially similar to the phased out program may not be newly offered at a school district or FCS institution until reinstatement requirements are met.

Substantially similar means programs with the same 4-digit Classification of Instructional Program (CIP) code and identical Standard Occupational Classification (SOC) codes.

Appendix A: Supplemental Evidence Examples

“Act of God” or Security Incident that Interrupted Program Operation

Official (state, county, local) emergency declarations with effective dates

Official closure notices issued by the district superintendent or FSC college president with effective dates

ORANGE COUNTY, FLORIDA DECLARATION OF STATE OF LOCAL EMERGENCY EMERGENCY EXECUTIVE ORDER NO. 2024-02

Date: October 7, 2024
Time: 9:19 AM

WHEREAS, Orange County, Florida, as a result of Hurricane Milton, is expected to encounter hurricane force winds, storms, rains and other potentially dangerous conditions; and

WHEREAS, such conditions constitute a clear and imminent threat to the lives and property of the people of Orange County; and

WHEREAS, the unincorporated and incorporated areas of Orange County, Florida, are threatened by Hurricane Milton; and

WHEREAS, Chapter 252, Florida Statutes, and Chapter 2, Article IX, Orange County Code, empower the Orange County Mayor to declare a State of Local Emergency when conditions such as those described hereinabove are found to exist; and

WHEREAS, Chapter 252, Florida Statutes, and Chapter 2, Article IX, Orange County Code, empower the Director of Emergency Management to exercise extraordinary powers during the existence of a State of Local Emergency, including the exercise of certain powers by Emergency Orders issued by the Director of Emergency Management.

NOW, THEREFORE,

I, Jerry L. Demings, County Mayor of Orange County, Florida, do hereby find for the reasons set forth above that a State of Local Emergency exists within both unincorporated and incorporated Orange County, Florida.

Pursuant to pertinent legal authorities, I, Jerry L. Demings, shall act as Director of Emergency Management during the State of Local Emergency declared herein and am vested with all powers and authority granted to such position during the existence of the State of Local

1) Temporary Closure Due To Severe Weather

Subject: Temporary School Closure on [Date] Due to Severe Weather

[School Letterhead or Sender Name]

[School Address]

[City, State ZIP]

[Phone] | [Email] | [Website]

[Date]

To: Parents and Guardians of [School Name] Students

Dear Families,

Out of an abundance of caution, [School Name] will be closed on [Day, Date] due to severe weather conditions forecast for our area. All on-campus classes and activities are canceled for that date. Student and staff safety remains our top priority.

Make-up plans: Instructional minutes will be recovered on [Make-Up Date] or by converting [X] upcoming early release days to full days. Athletics and extracurriculars scheduled for [Date] are postponed and will be rescheduled by coaches and advisors. Before and after care programs will not operate.

CTE Audit Phase Out Process: Technical Assistance Paper

Facility damage reports, insurance claims and/or photographs of affected instructional spaces

Law enforcement and/or security incident reports, and/or dated internal communications documenting program closure, restricted access or loss of instructional capacity



School/ Site Theft And Property Damage Report (616 Form)

INSTRUCTIONS: This form is to assist you in reporting incidents of theft or damage that may occur at our school/site. It is important to document all incidents as soon as they happen. Please follow the instructions listed below and fill this form out completely and send to Risk Management WITHIN 72 HOURS.

Date _____ School/Site _____ Date of Occurrence _____
 Discovered By: _____ Date Discovered _____

DAMAGE (Check one) ☐ Criminal Damage ☐ Fire/Wind/ Rain OTHER ☐ _____	THEFT ☐ TUSD Property Stolen ☐ Forced Entry / Burglary ☐ No Sign of Forced Entry
--	---

the theft/damage occurred through forced entry or by a third party and you are claiming restitution, all of the following documents must be completed and sent to Risk Management to proceed with the claim.

☐ School Safety Incident Report	☐ Completed Theft and Damage Report (Form 616)
☐ Police Report	☐ Completed Requisition (without budget code)

Has TUSD Security been notified? _____ When? _____ TUSD Case Number? _____
 Has Police been notified? _____ When? _____ Police case # _____

POLICE INCIDENT REPORT

Date of Report: _____, 20__

Person(s) Involved
 Name: _____ Role: _____
 Contact Information: _____
 Name: _____ Role: _____
 Contact Information: _____

Incident Details
 Date of Incident: _____ Time: _____ ☐ AM ☐ PM
 Location: _____
 Type of Incident: ☐ Theft ☐ Assault ☐ Vandalism ☐ Trespassing ☐ Disturbance ☐ Other: _____
 Describe the incident:

Damages and Injuries
 Were there any injuries? ☐ Yes ☐ No Were there any property damages? ☐ Yes ☐ No
 Describe the injuries: _____ Describe the property damage: _____

Continuing Education

Career education student follow-up questionnaire
as per Rule 6A-10.0341, F.A.C.

Chapter 6A-10 - MISCELLANEOUS > Fla. Admin. Code Ann. R. 6A-10.0341 - Career Education Student Follow-Up Requirements

Fla. Admin. Code Ann. R. 6A-10.0341 - Career Education Student Follow-Up Requirements

State Regulations Compare

(1) To meet public information requirements of Section 1008.42(1), F.S., school districts; independent postsecondary career education trade and business schools; Florida colleges and community colleges shall determine a postsecondary career education student's place using one (1) or more of the following procedures:

- The written questionnaire outlined in this rule;
- State-level computerized employment data collected by the Florida Education and Training Placement Information Program (FETPIP);
- Written verification from the employer.

(2) The written questionnaire process shall collect post-instruction outcome data and shall not include information from exit interviews questionnaires, documentation for audit purposes shall be kept on file for three (3) years and include at least:

- Student name and social security or identification number.
- Student address and telephone number.
- Whether continuing in postsecondary education.
- If continuing postsecondary education, the name and address of the institution where enrolled.
- If employed other than in the military, employer's name and address and the occupational title for the job in which the student is employed.
- The student's signature and date to verify the information.

National Student Clearinghouse enrollment
verifications identifying the institution and
term(s) of enrollment

National Student Clearinghouse®
2300 Dulles Station Blvd., Suite 300, Herndon, Virginia 20171
PH (703) 742-4200 FX (703) 742-4239
www.studentclearinghouse.org
© 2011 National Student Clearinghouse. All rights reserved.

IMPORTANT: If you are forwarding this certificate to a 3rd party, we advise that you print your policy, account or other identifying information on each page.

Policy/Account Holder Name _____
Policy/Account/Group or Other ID # _____

Current Enrollment Verification Certificate

Transaction ID#: 027719308
Date/Time Notified: 03/16/2012 12:51 EST

The National Student Clearinghouse as Authorized Certifying Agent for
DARTMOUTH COLLEGE
verifies the enrollment below for
Dan Dartmouth

This document should not be used for loan deferment verification purposes. Those verifications are handled by lenders using online access to the Clearinghouse. Refer lenders with questions to service@studentclearinghouse.org.

Term Start Date	Term End Date	Enrollment Status	Status Effective Date	Date Certified by School
12/16/2011	03/15/2012	Full Time - END OF RECORD -	12/16/2011	03/13/2012

Dartmouth College's Undergraduate and Graduate Arts & Sciences programs, and the Thayer School of Engineering, offer four 10-week terms per year. The Tuck School of Business offers three 10-week terms per year.

This information verified has been obtained directly and exclusively from the individual's educational institution. The Clearinghouse specifically disclaims any responsibility or liability for errors or omissions in information supplied to the Clearinghouse by an educational institution, including direct, indirect, incidental, special or consequential damages based in contract, tort, or any other cause of action, resulting from the use of information supplied by the educational institution and verified.

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IRS Form 1098-T reflecting tuition paid for the
applicable academic year(s)

Official transcripts emailed or deliverable to the
Division office at 325 Gaines St., Suite 714,
Tallahassee, FL 32399

3333 ☐ VOID ☐ CORRECTED		1 Payments received for qualified tuition and related expenses \$ 45,678.00 2 Amounts billed for qualified tuition and related expenses \$		OMB No. 1545-1574 2015 Form 1098-T	Tuition Statement
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number HARVARDLIKE UNIVERSITY 2468 WANDERING LAKE BOSTON, PA 18733		3 Check if you have changed your reporting method for 2015 ☐		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.	
FILER'S federal identification no. 55-0000000	STUDENT'S social security number 246-81-0121	4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 10,278.00	6 Check this box if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2016 ☐	
STUDENT'S name URA STUDENT Street address (including apt. no.) 456 ELM STREET City or town, state or province, country, and ZIP or foreign postal code MYTOWN, PA 19123		7 Check this box if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2016 ☐	8 Ins. contract reimb./refund \$		
Service provider/Acct. No. (see instr.)		9 Check if at least half-time student ☒	10 Ins. contract reimb./refund \$		

The words "University of Central Florida" and "myUcf" appear on alternate pages when photographed.

Register's Office
P.O. Box 168114
Orlando, FL 32816-8114
(407) 825-3100

FICE 907094

Date Printed: 06/15/2008

Name
ID Number
Birthdate
Residency

Dean C. Boyd, University Registrar

For more information, please contact the Registrar's Office at (407) 825-3100 or registrar@ucf.edu

***** Academic Program

Major College of Business Admin
Degree Bachelor of Science in Business Administration

***** UCF Degree Awarded

Under Date 05/01/2008
Major Accounting
General Accounting Track

General Accounting Requirements Met

***** EASST Scores

EMGT-104 800/1000 MET-104 800/1000 Test Date:10/24/2005

***** Transfer Credits

Peck State College FICE: 001014

Course	Title	Peck State College	FICE: 001014	Scored	Grade	Ucf Points
--------	-------	--------------------	--------------	--------	-------	------------

1500 Fall Semester						
ACC 1010	GENL ACCOUNTING	5.00	C	5		
ACC 1020	GENL ACCOUNTING	5.00	C	5		
ACC 1030	GENL ACCOUNTING	5.00	C	5		
ACC 1040	GENL ACCOUNTING	5.00	C	5		
ACC 1050	GENL ACCOUNTING	5.00	C	5		

2001 Fall Semester						
ACC 1010	GENL ACCOUNTING	5.00	C	5		
ACC 1020	GENL ACCOUNTING	5.00	C	5		
ACC 1030	GENL ACCOUNTING	5.00	C	5		
ACC 1040	GENL ACCOUNTING	5.00	C	5		
ACC 1050	GENL ACCOUNTING	5.00	C	5		

2004 Spring Semester						
ACC 1010	GENL ACCOUNTING	5.00	C	5		
ACC 1020	GENL ACCOUNTING	5.00	C	5		
ACC 1030	GENL ACCOUNTING	5.00	C	5		
ACC 1040	GENL ACCOUNTING	5.00	C	5		
ACC 1050	GENL ACCOUNTING	5.00	C	5		

2004 Fall Semester						
ACC 1010	GENL ACCOUNTING	5.00	C	5		
ACC 1020	GENL ACCOUNTING	5.00	C	5		
ACC 1030	GENL ACCOUNTING	5.00	C	5		
ACC 1040	GENL ACCOUNTING	5.00	C	5		
ACC 1050	GENL ACCOUNTING	5.00	C	5		

2005 Spring Semester						
ACC 1010	GENL ACCOUNTING	5.00	C	5		
ACC 1020	GENL ACCOUNTING	5.00	C	5		
ACC 1030	GENL ACCOUNTING	5.00	C	5		
ACC 1040	GENL ACCOUNTING	5.00	C	5		
ACC 1050	GENL ACCOUNTING	5.00	C	5		

2006 Spring Semester						
ACC 1010	GENL ACCOUNTING	5.00	C	5		
ACC 1020	GENL ACCOUNTING	5.00	C	5		
ACC 1030	GENL ACCOUNTING	5.00	C	5		
ACC 1040	GENL ACCOUNTING	5.00	C	5		
ACC 1050	GENL ACCOUNTING	5.00	C	5		

2007 Fall Semester						
ACC 1010	GENL ACCOUNTING	5.00	C	5		
ACC 1020	GENL ACCOUNTING	5.00	C	5		
ACC 1030	GENL ACCOUNTING	5.00	C	5		
ACC 1040	GENL ACCOUNTING	5.00	C	5		
ACC 1050	GENL ACCOUNTING	5.00	C	5		

School Totals						
Accepted	Accepted	Accepted	Accepted	Accepted	Accepted	Accepted
40.00	80.00	160.00	5.00	5.00	5.00	5.00

Tuition reimbursement documentation



FLORIDA STATE UNIVERSITY

State Employee Tuition Waiver Form
(In accordance with Section 1009.285, Florida Statutes)

Revised 07/07/2014

Personal Data				
Last Name		First Name	Middle Name	
Agency Name		Job Title		
Work Phone		Email		

Course Subject & Number (e.g. ABC1234)	Course section & Ref# (e.g. 0001 & EC11234)	Course Title	Credit Hours	Dept Approval

Fall 2014 state employee tuition waiver registration/submission date is:
August 29, 2014

FAXES WILL NOT BE ACCEPTED

Ineligible Courses/Programs
Florida State University does not accept State Employee Waivers for the following:

- Graduate courses in the Colleges of Law and Medicine
- Undergraduate limited access programs
- Dissertation, thesis, directed individual study, internship, or other one-to-one instructional courses
- Audited courses
- Center for Academic and Professional Development
- All non-state funded courses (including some distance learning courses that are funded solely by student tuition and fees) - **contact the academic department to inquire about course funding.**

Procedures

- Complete this form.
- Obtain the approval of your supervisor and agency head (or designee).
- Obtain the approval of the academic department offering the course *after* the drop/add period has ended. Approval is granted only for eligible courses which have space available.
- Take the waiver form to Student Financial Services on the date listed above between 7:00 am and 5:00 pm.

The tuition waiver will not be accepted for any courses added to your schedule prior to the designated state employee registration day.

Section 127, Internal Revenue Code, permits employers to offer undergraduate and graduate education benefits to employees on a tax-free basis, up to \$5,250 per calendar year. If the annual value of the state employee fee waivers exceeds \$5,250, then the excess will be reported to State Payrolls as taxable income.

Employment

Career education student follow-up questionnaire completed per Rule 6A-10.0341, F.A.C.

Third-party employment collection vendors (e.g., Equifax Workforce Solutions reports)

> Chapter 6A-10 - MISCELLANEOUS > Fla. Admin. Code Ann. R. 6A-10.0341 - Career Education Student Follow-Up Requirements

Fla. Admin. Code Ann. R. 6A-10.0341 - Career Education Student Follow-Up Requirements

State Regulations Compare

(1) To meet public information requirements of Section 1008.42(1), F.S., school districts; independent postsecondary career education, trade and business schools; Florida colleges and community colleges shall determine a postsecondary career education student's placement using one (1) or more of the following procedures:

- The written questionnaire outlined in this rule;
- State-level computerized employment data collected by the Florida Education and Training Placement Information Program (FETPIP);
- Written verification from the employer.

(2) The written questionnaire process shall collect post-instruction outcome data and shall not include information from exit interviews. For questionnaires, documentation for audit purposes shall be kept on file for three (3) years and include at least:

- Student name and social security or identification number.
- Student address and telephone number.
- Whether continuing in postsecondary education.
- If continuing postsecondary education, the name and address of the institution where enrolled.



The Work Number

Verification of Employment (VOE) — Sample Verification

ORDER DETAILS			
Requestor:	<requestor name>	Inquiry Date:	XXXXXX/XX/XX
Organization:	<organization name>	Inquiry SSN:	XXX-XX-XXXX
Email:	<email>	Inquiry Type:	VOE
Address:	123 Main Street	Permissible Purpose:	Consumer's application for credit
Cell Phone:		Tracking Number:	Optional provided by requestor
Work Phone:	123-456-7890		

THE WORK NUMBER™ VERIFICATION OF EMPLOYMENT

ROSEANNE SMITH XXX-XX-5001 - RECORD 1 OF X

EMPLOYER: ENTERPRISE USA (91001) CURRENT AS OF XX/XX/XXXX

Order Information

Verified On: XXXX/XXXX/XXXX
Reference #: 7800038978

Employer

Employer: Enterprise USA (91001)
Headquarters Address: 11432 Lackland Road
St Louis MO 63146
Data not provided

Federal Employer Identification Number (FEIN):
Employer Disclaimer: Should the employer provided a disclaimer, it will appear here

Employment

Division: Midwest
Job Title: ASSOCIATE
Employment Status: ACTIVE
Most Recent Start Date: XXXX/XXXX/XXXX

Original Hire Date: XXXX/XXXX/XXXX
Total Time With Employer: X Years, X Months

NOTICE: INFORMATION CONTAINED IN THE WORK NUMBER VERIFICATIONS SECTION OF THIS REPORT IS CONSUMER REPORT INFORMATION OBTAINED FROM THE WORK NUMBER. IT CAN BE USED FOR THE FCRA PERMISSIBLE PURPOSE FOR WHICH THIS CONSUMER REPORT WAS OBTAINED, AND THE USER MUST ADHERE TO FCRA REQUIREMENTS, INCLUDING BUT NOT LIMITED TO THE RELEVANT REQUIREMENTS CONTAINED IN THE CPF'S NOTICE TO USERS OF CONSUMER REPORTS. This verification is system generated and contains data that originated from the employer's payroll system. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is showing as "Data Not Provided." Note, if this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service. Questions? Call 1-800-367-6600 between 7am-7pm CT Monday through Friday (hearing impaired clients may call 1-800-424-6253/TTY).

Verifiers: info@theworknumber.com • theworknumber.com
Employers: workforce@equifax.com • equifax.com/workforce

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CTE Audit Phase Out Process: Technical Assistance Paper

Military Orders

IRS tax forms showing employment or self-employment (e.g., W2, 1099, 1040, 1065)

Current Orders on File

RTTUZYUW RUCCBWF0550 0742339-UUUU-RHMCSUU,
 ZNR UUUUU
 R 150845Z MAR 10 SYB
 FM COMNA VPERSCOM ENLISTED ORDERS MILLINTON TN//PERS405/PERS455//
 TO USS ABRAHAM LINCOLN
 SUBASE KINDS BAY GA//JJJ//
 INFO COMNAVAIRPAC SAN DIEGO CA//JJJ//
 COMNAVREG SE JACKSONVILLE FL//JJJ//
 BT
 UNCLAS FOUON01326//
 MSGID/GENADMIN/COMNAVPERSCOM//
 SUBJ/BUPERS ORDER//
 RMKS/
 BUPERS ORDER [REDACTED] MM1 GENDER: MALE PERS-N405FC
 OFFICIAL CHANGE DUTY ORDERS FOR
 MM1 WANNA MOVE, USN 00PC 3001/
 XXX
 IN CARRYING OUT/PROCESSING THESE ORDERS, BOTH PARTS ONE AND TWO MUST BE
 AND LISTED INSTRUCTIONS COMPLIED WITH.
 FOR OFFICIAL USE ONLY
 XXX
 PART ONE
 FORMAT FD100: REMEMBER TO READ YOUR ORDERS IN THEIR ENTIRETY
 *****DETACHING ACTIVITY (M)*****

Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code		2 Federal income tax withheld	
d Control number		3 Social security wages	
e Employee's first name and initial Last name Suffix		4 Social security tax withheld	
f Employee's address and ZIP code		5 Medicare wages and tips	
g Employee's date of birth		6 Medicare tax withheld	
h Employee's date of death		7 Social security tips	
i Employee's date of separation		8 Allocated tips	
j Employee's date of return		9	
k Employee's date of rehire		10 Dependent care benefits	
l Employee's date of termination		11 Nonqualified plans	
m Employee's date of reinstatement		12a See instructions for box 12	
n Employee's date of reassignment		12b	
o Employee's date of reassignment		12c	
p Employee's date of reassignment		12d	
q Employee's date of reassignment		13 Statutory employee	
r Employee's date of reassignment		14 Other	
s Employee's date of reassignment		15 Local wages, tips, etc.	
t Employee's date of reassignment		16 Local income tax	
u Employee's date of reassignment		17 Local income tax	
v Employee's date of reassignment		18 Local wages, tips, etc.	
w Employee's date of reassignment		19 Local income tax	
x Employee's date of reassignment		20 Locality name	

Form W-2 Wage and Tax Statement 2023

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS
 (See Notice to Employee on the back of Copy B.)

Safe, accurate, FAST! Use **e-file**

CTE Audit Phase Out Process: Technical Assistance Paper

Bank statements showing deposits from
an employer

(Check# 4240 Continued.)

Earnings Statement

Check Date 02/29/2016
Period Begin 02/16/2016
Period Ending 02/29/2016

Check / VCR # 4240
Net Pay 1,703.53
Check Amount 0.00

SSN [REDACTED] EEID [REDACTED]
Filing Status S-2 Staff 100

Time Off Balance Available Hours
ILL 166.00
VAC 194.00
Available hours as of 02/29/2016.

Employment Verification Letter



Date: XX-XX-XXXX

11 Wrexham Road
FENCOTT OX5 4AS
brian@braunmcculloughhill.com
890-765-8080

Employment Verification Letter

To whom it may concern

We wish to inform you that Susan D. Armando is presently employed at Braun, McCullough and Hill as a full-time Technical Writer. She has been a permanent employee since XX-XX-XXX and is given an annual compensation of \$67,500. Susan is a dedicated employee who is deeply committed to her job.

For more inquiries, please feel free to contact the company. Thank you.

Sincerely,

Anna Jolene.

Anna Jolene
Brian Houston
CEO
Braun, McCullough and Hill

Paystubs or Earnings Statements

EARNINGS STATEMENT						
Sample Company Name 123 E Indian School Rd Phoenix, AZ 85014			Sample Employee Name 123 N. McAllister Ave Tempe, AZ 85281			
MARITAL STATUS	EXEMPTIONS	SSN	EMPLOYEE ID	PAY PERIOD	PAY DATE	
Single	1	XXX-XX-1234	DC002023	11/15/2023 - 11/28/2023	12/01/2023	
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES	37.00	80.00	2,960.00	FICA MED TAX	45.86	1,100.72
OVERTIME	51.50	2.00	103.00	FICA SS TAX	196.11	4,706.54
BONUS	100.00		100.00	FED TAX	434.57	10,429.68
				AZ ST TAX	69.35	1,664.40
YTD GROSS	YTD DEDUCTIONS	YTD NET PAY	CURRENT TOTAL	CURRENT DEDUCTIONS	NET PAY	
75,912.00	17,901.35	58,010.65	3,163.00	745.89	2,417.11	

Retention or Success Rate

See screenshots for Continuing Education supplemental evidence for retention. Supplemental evidence for success must demonstrate that a student left postsecondary education with an approved completion type in the baseline or following year.

CTE Audit Phase Out Process: Technical Assistance Paper

In Demand Occupation

MCL

2025-2026 Master Credentials List Non-Degree Programs of Study

Credential applications are received throughout the year and evaluated on a quarterly basis for inclusion on the state Master Credentials List. This version of the 2025-2026 Master Credentials List includes the credentials approved by the Credentials Review Committee on November 6, 2025.

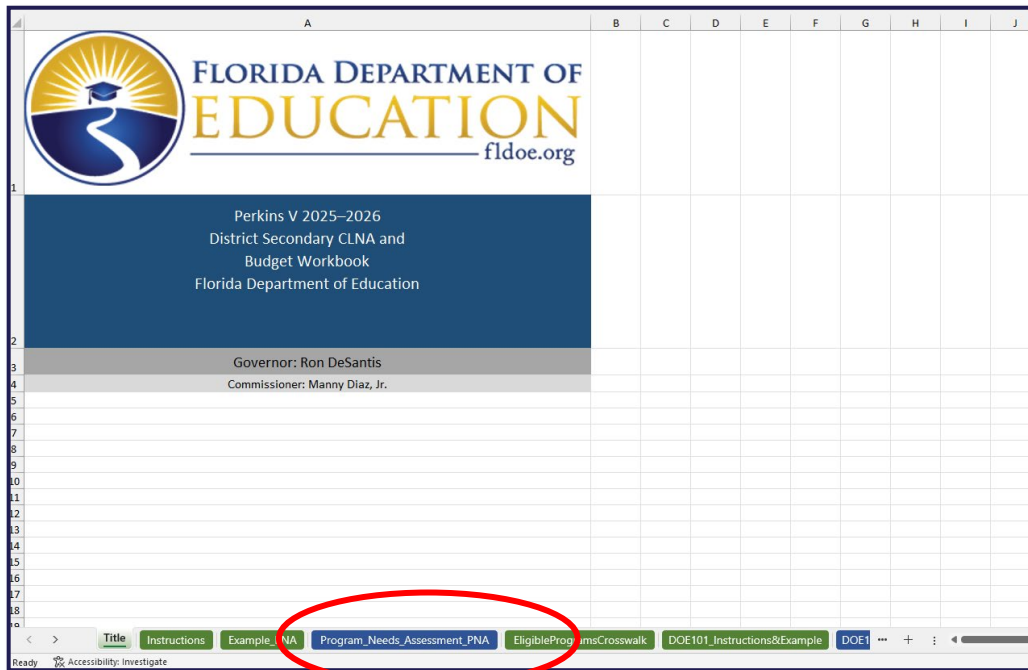
Credentials highlighted in yellow are in their first year of "flagged-for-removal" status based on demand and/or wage deficiencies. Credentials on the 2025-26 MCL whose demand/wage deficiencies are not cured by February 2026 will remain on the list for a second year. See Notes column for details.
The local demand and credential sequencing fast-track applications can be found near the top of the page [here](#).

Beginning with the initial 2025-26 MCL published in February 2025, these credentials will be highlighted in orange to indicate they are in their second year of "flagged-for-removal" status.
Additional information to cure the demand/wage deficiencies associated with credentials highlighted in orange must be submitted by no later than December 1, 2025, to prevent the removal of these credentials from the initial 2026-27 MCL published in February 2026. See Notes column for details.

Green Highlights = Credential is new to the MCL in 2025-2026.

Educational Sector	6-digit CIP Code (NCES 2020)	10-digit CIP Code (NCES 2020)	Program/Profession Title	Program Type	New to the 25-26 MCL	Degree or Non Degree Designation	SOC Code Linkage(s)	Major SOC Code	Major SOC Title	Representative SOC Code	Pass Demand Criteria	Pass Wage Criteria	Credential Identified for Removal
FCS/Districts	110203	0511020314	NET Application Development And Programming	Career Certificate	No	Non Degree	15-1232; 15-1252; 15-1254	15-0000	Computer and Mathematical Occupations	15-1232	Yes	Yes	

CLNA



Appendix B: Supplemental Evidence Packet Example


CTE Audit Supplemental Evidence Coversheet

Program Information
NOTE: Submit only one form per student, per metric.
Program Unique ID: 0101030777.FCS.79

Select the metric and target for which supplemental evidence is being submitted:
Postsecondary Metric 2: Continuing Education or Employment Rate

Select the target rate for which supplemental evidence is attempting to impact:
Primary Target Rate

Reporting year of evidence activity: 2024-25

Student Information
NOTE: Name and ID MUST match the student information provided in the student level file.
Student First Name: Johnny
Student Last Name: Example
Student ID: FL123456789121
Student Address: 1450 Oakly Ridge Drive, Tallahassee, FL 32308
Student Telephone #: (850) 555-1234

Evidence Information
NOTE: Ensure that this file follows the below naming convention using the student and program information provided in the student level file. [Agency Name_Student ID_UniqueID_Metric Year_Metric #]. For each piece of evidence included, provide a brief description. For example, official transcription, 1099, etc.)

File Name: SunnyCC_FL123456789121_2024-25_2

Evidence Description: 1099 tax form verifying contracted payment

Evidence Description: Independent Contractor Offer letter

Evidence Description: Click here to enter text.

Evidence Description: Click here to enter text.

Evidence Description: Click here to enter text.

Evidence Description: Click here to enter text.

Evidence Description: Click here to enter text.

Evidence Description: Click here to enter text.

Evidence Description: Click here to enter text.

CTE Audit Supplemental Evidence Form

1 | Page

CTE Audit Phase Out Process: Technical Assistance Paper

In the text box below, provide contextual information for each piece of evidence attached that substantiates student placement into a metric numerator or removal from the cohort to recalculate the applicable metric target(s) in accordance with the published CTE Audit business rules on the [CTE Audit Data & Reports webpage](#). Please refer to the [CTE Audit Phase Out Process: Technical Assistance paper](#) for additional guidance.

Student Johnny Example completed Information Technology program and obtained employment with ABC Tech Solutions as an independent contractor. The 1099 tax form and the offer letter confirm full time employment while the offer letter confirms employment within 2025 to be counted in the following year of the student's program completion reporting year.

For Division Internal Use: Approval Status

Division Personnel: Applications that do not fully answer all questions or do not provide sufficient evidence are to be marked as "not approved" and be returned to the agency with a description of missing elements.

Approved ☐ Not Approved ☐

If approved - Included in numerator ☐ Removed from cohort ☐



CTE Audit Phase Out Process: Technical Assistance Paper

7171 ☐ VOID ☐ CORRECTED		OMB No. 1545-0116	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ABC Tech Solutions 11001 Big Brains Ave PO Box 67 Tallahassee, FL 32308		Form 1099-NEC (Rev. April 2025) For calendar year 2025	
PAYER'S TIN XXXXXXXXXXXX		RECIPIENT'S TIN XXXX XXXX	
RECIPIENT'S name Example, John		Nonemployee compensation 15,000.00	
Street address (including apt. no.) 1450 Oakly Pk Dr		4 Federal income tax withheld 0.00	
City or town, state or province, country, and ZIP or foreign postal code Tallahassee FL 32308		5 State tax withheld 0.00	
Account number (see instructions) XXXXXXXXXXXXXXXXXXXX		6 State/Payer's state no. _____	
2nd TIN not ☐		7 State income \$ _____	
Form 1099-NEC (Rev. 4-2025) Cat. No. 72590N www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page			



LETTERHEAD

ABC Tech Solutions
1101 Big Brains Ave PO Box 67

Tallahassee, FL 32308

Date: May 1, 2025

To:

Johnny Example
1450 Oakly Ridge Drive, Tallahassee, FL 32308

Re: Independent Contractor Engagement

Dear Mr. Example,

ABC Tech Solutions, LLC is pleased to offer you an opportunity to provide services to our organization as an Independent Contractor (IT Support Services).

Engagement Details

- Contract Start Date: June 1, 2025
- Contract Type: Independent Contractor (2099)
- Work Location: On-site and remote assignments, Tallahassee, FL
- Schedule: As needed based on project assignments

Scope of Services

As an Independent Contractor, you will be responsible for providing the following services:

- Technical support for hardware and software systems
- Network troubleshooting assistance
- Installation and configuration of IT equipment
- Documentation of service requests and resolutions

You will maintain control over the manner and means of performing these services and agree to operate as an independent business entity.

Compensation

- Rate: \$30.00 per hour



INDEPENDENT CONTRACTOR OFFER LETTER

- Payment will be issued based on submitted invoices and approved work completed
- No taxes will be withheld; contractor is responsible for all applicable taxes

Term and Termination

This agreement will remain in effect on a project basis and may be terminated by either party with written notice.

Acceptance of Agreement

Please indicate your acceptance of this engagement by signing below and returning a copy of this letter by May 30, 2025.

We look forward to working with you.

Sincerely,

Awesome Human
Human Resource Manager
ABC Training Solutions

Acceptance and Acknowledgment

I, Johnny Example, acknowledge and accept the terms of this Independent Contractor engagement.

Signature: Johnny Example

Date: May 30, 2025

