

**Sales Leadership Center**  
Certificate of Professional Sales (CPS)  
Executive Officer of Business College  
Professional Student Organization  
Verification Form

**CPS**

Certificate of Professional Sales

Student Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Name of Student Organization: \_\_\_\_\_

Duration of Involvement: **Start Date:** \_\_\_\_\_ **End Date** (or "present"): \_\_\_\_\_

Title of Position: \_\_\_\_\_

**Student Organization's Staff Advisor Contact Information:**

Staff Advisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Provide a brief summary of your duties and responsibilities as an executive officer.***

***Attach the typed summary to this form. No more than one-page.***

I, \_\_\_\_\_, submit this form as successful completion of the Executive Officer of Business College Professional Student Organization listed above.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The undersigned representative indicates student completion of the above listed Executive Officer of Business College Professional Student Organization.*

**Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_