



Certificate of Professional Sales

Sales Leadership Center
Certificate of Professional Sales (CPS)
Job Shadow / Ride- Along
Verification Form

Student Name: _____ CWID: _____

Company: _____ Location: _____

Date of Job Shadow/Ride- Along: _____

Company Representative Name: _____

Company Representative Position: _____

Company Representative Contact Information:

Phone: _____ Email: _____

Provide a brief summary of what you gained or experienced during the job shadow/ride-along.

Attach a typed one-page summary to this form.

I, _____, submit this form as successful completion of the job shadow/
ride-along listed above.

Student Signature: _____

Date: _____

The undersigned company representative indicates student completion of the job shadow/ride-along listed above.

Representative Signature: _____

Date: _____

For Internal Office Use Only

Form Received On: _____

Approved by: _____



UNIVERSITY SALES CENTER ALLIANCE