

Sales Leadership Center
Certificate of Professional Sales (CPS)
Sales Internship / Employment
Verification Form

CPS

Certificate of Professional Sales

Student Name: _____ CWID: _____

Company: _____ Location: _____ Circle the

option that best applies: Sales Internship Part-Time Employment Full-Time Employment Duration of

Employment: Start Date: _____ End Date (or "present"): _____

Title of Position: _____

Company Representative's Contact Information:

Supervisor's Name: _____

Supervisor's Title: _____

Phone: _____ Email: _____

Provide a brief summary of what you gained or experienced during the sales internship/ employment. Attach a typed one-page summary to this form.

I, _____, submit this form as successful completion of the internship/ employment listed above.

Student Signature: _____ Date: _____ The

undersigned company representative indicates student completion of the internship/ employment listed above.

Representative Signature: _____ Date: _____

For Internal Office Use Only

Form Received On: _____

Approved by: _____

USCA
UNIVERSITY SALES CENTER ALLIANCE