

Sales Leadership Center
Certificate of Professional Sales (CPS)
Sales Mentor Interaction
Verification Form

CPS

Certificate of Professional Sales

Student Name: _____ CWID: _____

Company: _____ Location: _____

Date with Sales Mentor: _____

Company Representative Name: _____

Company Representative Position: _____

Company Representative Contact Information:

Phone: _____ Email: _____

Provide a brief summary of what you gained or experienced during your time with the sales mentor.

Attach a typed one-page summary to this form.

I, _____, submit this form as successful completion of my interaction with a sales mentor, as listed above.

Student Signature: _____ **Date:** _____

The undersigned company representative indicates student completion of my interaction with a sales mentor, listed above.

Representative Signature: _____ **Date:** _____

For Internal Office Use Only

Form Received On: _____

Approved by: _____

USCA
UNIVERSITY SALES CENTER ALLIANCE