

Power of Ten Leadership Academy
Veterinary Emergency and Critical Care Society

Employer endorsement in support of employee application to participate in the Power of Ten Leadership Academy powered by VECCS

Applicant Name: _____

Employer Information:

Business: _____

Work Address: _____

City: _____ State: _____ Zip code: _____

Supervisor: _____

Phone number: _____ Email: _____

Letter of endorsement:

- I certify that I am the employer/supervisor for this applicant, and I support their application to participate in the Power of Ten Leadership Academy.

- I understand that this is a commitment for my employee to participate in a minimum of 7 full days over 12 months and to participate, they must commit to attend all the scheduled modules.

Signed: _____

(Typed name will be approved as a signature if document is emailed from the mentor/supervisor email address)

Submit endorsement by saving completed file to be uploaded to the applicant's entry or by emailing to info@veccs.org, no later than Friday July 29th.