



## APPLICATION FOR THE OPHTHALMIC ASSISTANT PROGRAM

### APPLICANT INFORMATION

**Rolling Admissions Applications for fall 2020 will be accepted until the class is full**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Banner ID (for community college students): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

May we text your cell phone? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

HCC E-mail: \_\_\_\_\_ Personal or alternate E-mail: \_\_\_\_\_

**Applicants who work in an ophthalmology/optometry practice or have professional health care experience (EMT, medical assistant, radiation technician: pharmacy technician, certified nursing assistant) will also submit:**

- 1 A letter of recommendation from the practitioner or office manager on official letterhead and in a sealed and signed envelope.
- 2 An essay (250 to 500 words) why you want to be an ophthalmic assistant and two of your characteristics or experiences that would support your application.

**Applicants with no ophthalmic or other professional health-care experience will also submit:**

- 1 Letter of recommendation from a workplace supervisor or academic advisor (high school or college) on official letterhead and in a sealed, signed envelope.
- 2 Essay (250 to 500 words) explaining why you want to be an ophthalmic assistant and two of your characteristics or experiences that would support your application.
- 3 Transcript from high school, technical school or college showing courses in mathematics and English. GED is acceptable.

**REFERENCE (ON OFFICIAL LETTERHEAD IF POSSIBLE)**

**Name and Job Title**

**Address**

**Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S SIGNATURE**

I authorize the verification of the information provided on this form, and, to the best of my knowledge, believe it to be complete and accurate. I understand that any falsification will result in dismissal from the program.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Scholarships are available**

"Application for accreditation of this program by the Commission on Accreditation of Ophthalmic Medical Programs (CoA-OMP) is in progress."

**Mail the completed application and required documentation to Housatonic Community College, 900 Lafayette Blvd., Bridgeport, CT 06604, Attention: Rosalee Creighton-Fuller, Math/Science Department Secretary Room C274**