



Ophthalmic Technician Education Program Application

*The **Ophthalmic Technician Education Program (OTEP)** provides students interested in an allied health career in ophthalmology, the opportunity to train at the Southern California Eye Institute.*

OTEP is an education and workforce training program that includes on-line didactic lectures and in-person clinical training at the Southern California Eye Institute and its affiliated clinics. The program's duration is 12 months.

Program Dates: July 8, 2025 to June 26, 2026

Tuition: Please contact OTEP at carlos.lastra@sceyes.org for information on tuition costs. Upon acceptance into the program, a \$350.00 non-refundable deposit must be made to secure your position. This fee will be applied towards tuition.

Admission: *Applications for admission to OTEP are available on our website: www.sceyes.org/OTEP.* Upon receipt and review of all application materials, an admissions committee will invite qualified candidates for virtual interviews via Zoom.

Applicants to OTEP must have a high school diploma or high school equivalency certificate (GED) by the start date of the program.

Applications for admission must include (refer to OTEP Application and Supplemental Materials Checklist below):

1. A completed Southern California Eye Institute OTEP application form
2. High school transcript
3. Transcripts from all universities and colleges attended (if applicable)
4. A resume
5. Responses to short-answer questions
6. Two letters of reference
7. Proof of full major medical insurance

Questions or concerns about OTEP should be addressed to carlos.lastra@sceyes.org or call (833)270-3937. Application materials may be sent electronically to carlos.lastra@sceyes.org

The Ophthalmic Technician Education Program at the Southern California Eye Institute does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, or disabilities in its admission policies.



Ophthalmic Technician Education Program Application

SOUTHERN CALIFORNIA EYE INSTITUTE OPHTHALMIC TECHNICIAN EDUCATION PROGRAM

APPLICANT INFORMATION (CURRENT)

| | | | | | | | | | | | | | | |
|--|--|--|------------------------|-----------|--|---------------------------------|----------|----------|------------------|----------|----------|-----------------|----------|----------|
| First Name: | | | Middle Initial: | | | Last Name: | | | | | | | | |
| Date of Birth: | | | SSN: | | | Preferred Contact Phone: | | | | | | | | |
| Current Address: | | | | | | | | | | | | | | |
| City: | | | | | | State: | | | ZIP Code: | | | | | |
| Email: | | | | | | Gender: | | | | | | | | |
| Are you a US Citizen or Permanent Resident? | | | Yes | No | If non-US, list country of citizenship: | | | | | | | | | |
| Are you a Veteran | | | Yes | No | How did you hear about us? | | | | | | | | | |
| Please circle language(s) you speak? | | | English | | | Spanish | | | Other 1: | | | Other 2: | | |
| Please circle your language fluency (L=low, M=Medium, H=High) | | | L | M | H | L | M | H | L | M | H | L | M | H |

ETHNICITY/RACE

ETHNICITY - ARE YOU OF HISPANIC/LATINO HERITAGE? **MARK THE "NO" BOX IF NOT HISPANIC/LATINO.**
 NO, NOT HISPANIC/LATINO YES I CHOOSE TO NOT PROVIDE

RACE – WHAT IS YOUR RACE? (*SELECT ALL THAT APPLY*):

AI = AMERICAN INDIAN / ALASKA NATIVE
 A = ASIAN (E.G., ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, VIETNAMESE, KOREAN, OTHER ASIAN)
 AA = AFRICAN AMERICAN / BLACK
 C = CAUCASIAN / WHITE
 NH = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (E.G., GUAMANIAN OR CHAMORRO, SAMOAN)
 I CHOOSE TO NOT PROVIDE

DISABILITY STATUS

DEFINITION: A "DISABILITY" IS AN IMPAIRMENT THAT SUBSTANTIALLY AFFECTS ONE OR MORE ACTIVITIES OF DAILY LIVING AND IS NOT CORRECTABLE WITH ASSISTIVE DEVICES.

DO YOU HAVE A DISABILITY? (MARK ANSWER BELOW)

NO
YES; PLEASE SPECIFY: **HEARING IMPAIRMENT** **VISUAL IMPAIRMENT** **MOBILITY/ ORTHOPEDIC IMPAIRMENT**
OTHER **I CHOOSE TO NOT PROVIDE**

EDUCATIONAL INFORMATION

| | | | | | |
|--|------------------------|--------------------|--|--------------------|---------------|
| High School Name: | | | Year graduated from HS or receipt of GED: | | |
| High School Address: | | | | | |
| Name of post-secondary education institution/college, technical, military (if applicable) | Inclusive Dates | Major/Focus | | Certificate | Degree |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



Ophthalmic Technician Education Program Application

| CLINICAL TRAINING (IF APPLICABLE) | | |
|-----------------------------------|-----------------|---------------------|
| Name and Location | Inclusive Dates | Area(s) of Training |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| PROFESSIONAL EXPERIENCE (IF APPLICABLE) | | |
|--|---------------------------------|-----------------|
| List in chronological order the positions you have held during the last five years | | |
| Firm/Institution | Job Title/Description of Duties | Inclusive Dates |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| SIGNATURE | |
|---|-------|
| <i>I certify that all information submitted in this application process—including the application, the personal essay, resume, transcript and any other supporting materials—is my own work, factually true, and honestly presented, and that these documents will become the property of the institution to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation to the program, should the information I have certified be false.</i> | |
| Signature of applicant: | Date: |

The Southern California Eye Institute does not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, marital status, parental status, physical disability, learning disability, political affiliation, veteran status, or sexual orientation.

Short Answer Responses

On the space provided below, please address the following prompts. (250-500 words per question)

1. What are your professional career aspirations and why?



Ophthalmic Technician Education Program Application

2. What are your expectations of and reasons for participating in the Southern California Eye Institute Ophthalmic Technician Educational Program?

Letters of Reference

Please provide 2 letters of reference using the OTEP Applicant Evaluation Form. Evaluations must be completed by employer, supervisor, counselor, or teacher only.

OTEP APPLICATION AND SUPPLEMENTAL MATERIALS CHECKLIST

Checklist:

In order to consider your application to be complete, you must submit the following materials:

Completed application with date and signature.

If your highest level of educational attainment is high school, please include a high school transcript or a High School Equivalency (GED) Certificate.

If you have attended a post-secondary educational institution/college or received a certificate or college degree, please include transcripts from all colleges attended.

If you have previous clinical training experience, please provide the requested information.

If you have previous job experience, please include your most recent 5 positions held.

One-page resume. Please include any organizations/clubs in which you were a member, and a list of honors or awards that you have received.

Your responses to the 2 short-answer questions.

2 letters of reference.

Application Deadline: May 22, 2025*

* Applicants are encouraged to apply early, as the number of spaces in the program is limited. Applications are reviewed as they're received.

All applications and supplemental information must be submitted electronically to carlos.lastra@sceyes.org