



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 a education and workforce training program that includes online didactic lectures and clinical training at the Southern California Eye Institute and its affiliated clinics. The program's duration is 21-months divided into 5 semesters.

Tuition: All tuition and fees have been waived for the first semester of classes, with a reduced tuition of \$2,300 per semester for subsequent semesters.

Admission: Applications for admission to OTEP are available on our website (www.sceyes.org/OTEP). The deadline for applications for the August start date is June 30, 2020. Applications are reviewed on a rolling basis. Upon receipt and review of all application materials, an admissions committee will invite qualified candidates for an online interview.

**Please note that acceptance into OTEP is on an open-enrollment basis and applications will be reviewed as they are received.*

Applicants to OTEP must have a high school diploma or a high school equivalence 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. A resume
3. Responses to short-answer questions

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



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

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**
 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		Inclusive Dates	Major/Focus		Degree



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CLINICAL TRAINING (IF APPLICABLE)

Name and Location	Inclusive Dates	Area(s) of Training

PROFESSIONAL EXPERIENCE

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 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.

Signature of applicant:	Date:
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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?



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

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

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

If you have previous job experience, please provide the requested information for 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 response to the 2-short answer questions

Application Deadline: June 30, 2020*

*Applications for admission to OTEP are on a rolling admission basis. Students are encouraged to apply early, as the number of spaces in the program is limited. Applications are reviewed as they are received.

**All applications and resumes may be submitted electronically to
carlos.lastra@sceyes.org**