

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 nationally ranked USC Roski Eye Institute.

OTEP is a full time program that includes didactic lectures and clinical training at USC facilities including satellite clinics and the LAC+USC Medical Center. The program's duration is 21-months beginning in January each year.

Program Dates: Year 1, January 8, 2018 to December 14, 2018 (49 weeks)
Year 2, January 7, 2019 to August 23, 2019 (33 weeks)

Tuition: \$3,500.00/semester. The 21-month program consists of 5 semesters for a total tuition cost of \$17,500.00. Upon acceptance to the program, a \$300.00 non-refundable deposit must be made. This will be applied toward tuition. All students are required to carry full major medical insurance throughout their enrollment in the program.

Admission

Application for admission to OTEP is on a rolling admission basis.* Upon receipt and review of all application materials, an admissions committee will invite qualified candidates for in-person interviews at the USC Roski Eye Institute.

*Please note that acceptance into OTEP is on an rolling admission 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 USC Roski Eye Institute OTEP application form, including a \$50.00 non-refundable processing fee by check payable to USC Ophthalmology
2. Proof of earning a high school diploma, or a passing GED score.
3. Official transcripts from all universities and colleges attended, if applicable.
4. A resume
5. Responses to 2 short-answer questions
6. Three letters of recommendation

Questions or concerns about OTEP should be addressed to mayra.ornelas@med.usc.edu.
Application materials may be sent electronically to mayra.ornelas@med.usc.edu or mailed to:

**USC Roski Eye Institute
Attention: Mayra Ornelas
1450 San Pablo Street, Suite 4700
Los Angeles, CA 90033**



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USC ROSKI 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:								
Do you wish to be considered for Financial Aid			Yes	No									
Are you a Veteran			Yes	No									
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, KOREAN, 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	Inclusive Dates	Major/Focus	Certificate	Degree			

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CLINICAL TRAINING		
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>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 University of Southern California 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.

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OTEP APPLICATION AND SUPPLEMENTAL MATERIALS CHECKLIST

Checklist:

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

Completed Applications with date and with signature.

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 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 awards or honors that you have received.

Your responses to the 2 short-answer questions (see below)

3 Letter of Recommendations.

Short Answer Responses

On a separate piece of paper, please address both of the following prompts. Retype the prompt followed by your response. *(250-500 words per question)*

1. What are your professional career aspirations and why?
2. What are your expectations of and reasons for participating in the USC Roski Eye Institute Ophthalmic Technician Educational Program?

Letters of Recommendation

Please provide 3 letters of recommendation using the Applicant Recommendation Form. Recommendations must be completed by employer, volunteer supervisor, counselor, or teacher.

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Application Deadline: Rolling Admission*

*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 supplemental information may be submitted electronically to mayra.ornelas@med.usc.edu or mailed to:

USC Roski Eye Institute
Attention: **Mayra Ornelas**
1450 San Pablo Street
Suite 4700
Los Angeles, CA 90033

A non-refundable \$50.00 application processing fee should be mailed to:

USC Ophthalmology
Attention USC Business Office
1450 San Pablo Street
Suite 3610
Los Angeles, CA 90033

Make check payable to: *USC Ophthalmology*, in the memo section of the check please print OTEP and the applicant's name.

*Questions or concerns about OTEP should be addressed to:
mayra.ornelas@med.usc.edu. Telephone: (323)442-6780 - or - (323)865-6994*