



**Ophthalmic Technician Education Program
Recommendation Form**

PART I: To be completed by applicant

To the Applicant: Please complete the first page of this recommendation form. When complete, please forward the recommendation form to the evaluator.

Applicant Name: _____

Applicant Email: _____

Applicant Telephone Number: _____

Waiver of Access

I have chosen to have this recommendation statement remain:

(A) _____ Confidential*

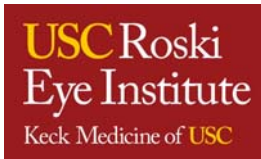
(B) _____ Not Confidential

(*Applicant will not have access to confidential evaluations)

I understand that the USC Roski Eye Institute does not require me to execute this waiver and will review my application without regard to my choice.

Signature _____

Date _____



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PART II: To be completed by employer, volunteer supervisor, counselor, or teacher

To the Evaluator: The applicant listed in Part I above is applying for admission to the USC Roski Eye Institute ***Ophthalmic Technician Education Program*** (OTEP). OTEP is a 21-month training program that prepares individuals interested in a career as ophthalmic technicians. Ophthalmic technicians are skilled allied health professionals who perform ophthalmic tests and procedures under the direction or supervision of a licensed ophthalmologist. Students in the OTEP program will take a series of courses and participate in clinical rotations at USC facilities.

Your evaluation is a critical component of the candidate's application process. You may electronically submit the evaluation to mayra.ornelas@med.usc.edu **or** place the completed evaluation form in a sealed envelope, sign across the closure and mail the evaluation form directly to:

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

Evaluator's Name: _____

Evaluator's Title: _____

Evaluator's Email: _____ **Evaluator's Phone: Number** _____

1. In what capacity is the applicant known to you?

2. How long have you known this candidate?

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3. The scale below should be used by the evaluator as a guide to evaluate the applicant in the areas indicated. Please complete the table by checking (✓) the appropriate box and include comments if needed.

	No Basis for Comment	5=Excellent	4=Good	3=Satisfactory	2=Fair	1=Poor
Academic Achievements						
Comments						
Initiative						
Comments						
Dependability						
Comments						
Ability to Express Self						
Comments						
Integrity						
Comments						
Self-Confidence						
Comments						
Leadership Ability						
Comments						
Teamwork						
Comments						
Attitude						
Comments						
Responsibility						
Comments						
Attendance/Punctuality						
Comments						
Analytic Ability						
Comments						
Emotional Maturity						
Comments						
Verbal Communication Skills						
Comments						
Written Communication Skills						
Comments						



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Please add any additional comments that may assist in the evaluation of the applicant in the box below.

Additional Comments:

I recommend this applicant **Without Reservation** **With Reservation** **Would not Recommend**

Recommender's Signature: _____ **Date:** _____

Thank You