



**HOUSATONIC  
COMMUNITY COLLEGE**

**APPLICATION FOR THE OPHTHALMIC ASSISTANT PROGRAM**

**APPLICANT INFORMATION**

**Rolling Admissions Applications for fall 2019 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.
3. Proof of High School graduation.

**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.
4. Proof of High School graduation.

**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 L274**