What Does an Ophthalmic Assistant Do?

Some of the duties of an ophthalmic assistant include:

• Taking a general medical and ophthalmic history

• Taking basic anatomical and functional measurements

• Testing ocular functions (visual acuity and basic color vision)

• Using specialized test equipment

• Administering topical ophthalmic medications under the direction of a physician

• Instructing patients in personal eye care

• Caring for and maintaining ophthalmic instruments and equipment

• Caring for, maintaining, and sterilizing surgical instruments

Call us today to get started on your new career path.

334.556.2203 or 1.800.543.2426, ext. 2203

www.wallace.edu
About the Ophthalmic Assistant Program...

Ophthalmology is the medical and surgical specialty concerned with the eye, its surrounding structures, and its proper function. Ophthalmologists are physicians who perform eye surgery and treat eye diseases and injuries. A vital member of the eye care team, the ophthalmic assistant takes patient histories and performs preliminary tests which help the ophthalmologist diagnose and treat patients.

PROGRAM INFORMATION

• Individuals must have a high school diploma or equivalent to enter the program.

• Ophthalmic Assistant is a 14-week program. Classes will meet Monday and Wednesday evenings from 6:00 p.m. until 8:30 p.m. at the Center for Economic and Workforce Development in Dothan.

• "Hands-on" clinicalexperience will take place at local eye care clinics. Call for the clinical schedule for your session.

Clinical hours are from 8:00 a.m. - 4:00 p.m., Monday through Friday.

Fees:

• $1,400 (includes textbooks and related materials)
• WIA approved

Students may sit for the Certified Ophthalmic Assistant (COA) Exam after completing this course and after working with a physician for a total of six months.

Registration Form
Ophthalmic Assistant

SS#: _____________________________
Name: _____________________________
Address: _____________________________
City/State/ZIP: _____________________________
Phone: _____________________________
E-mail: _____________________________
Male* Female* Race* D.O.B. ________

Place of Employment: _____________________________

Payment Method:

_____ Check (make payable to WCC)
_____ Visa/MasterCard  _____ Cash

Visa/MC Acct. # Exp. CVV#
Cardholder: _____________________________

Mail to

Center for Economic & Workforce Development
ATTN: Ophthalmic Assistant Program
5565 Montgomery Hwy.
Dothan, AL 36303

*For reporting/registration purposes only.