



WALLACE  
COMMUNITY  
COLLEGE

# Eye Care Assistant Program Application

***Application Deadline: November 13, 2020***

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Dear Prospective Student:

Thank you for your interest in the Eye Care Assistant program at Wallace Community College-Dothan. Please read all information carefully.

A checklist is included in this packet to help ensure that you have met all admission requirements and have submitted all required documentation. **Application packets must be complete at the time of submission. Incomplete application packets will be disqualified.**

For questions regarding the program, please contact the Workforce Development Office at (334) 556-2414 or via email [sblackmon@wallace.edu](mailto:sblackmon@wallace.edu).

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## General Information

- 14-week program
- Classes meet **Monday and Wednesday from 6:00 p.m. to 8:30 p.m. at Eye Center South.**
- **The cost of the course is \$1,675 – due at time of acceptance into program.**
- The course fee is inclusive of all materials, supplies, and textbooks.
- **WIOA approved** – students should apply at their local Career Center to determine eligibility.
- The maximum class capacity is 16 with a minimum class size of 6.
- **This is a certificate course. Students may apply for the Certified Ophthalmic Assistant (COA) Exam after completing this course and after working with a physician for a total of six months.**
- We do **not** provide job placement services.
- Students will receive a certificate upon successful completion (skills check-off portion) of the program.



## Eye Care Assistant Program Application Checklist

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**All required documents must be submitted with a completed application packet. Incomplete application packets will not be considered in the application process.**

**Application deadline: November 13, 2020**

✓	Application Requirements
	<b>Completed</b> application form for the Eye Care Assistant program. All forms must be complete and signed, where requested.
	<b>Attached</b> copy of a <b>photo ID</b> ...can be driver's license, military ID, or school ID.
	<b>Attached</b> copy of <b>proof of High School Diploma or High School Equivalency (GED)</b> .

**Classes for the Eye Care Assistant program are only offered in Dothan; however, applications may be submitted via:**

**Mail:** Wallace Community College  
Workforce Development Office  
Attn: Eye Care Assistant Program  
1141 Wallace Drive  
Dothan, AL 36303

**In Person:** Wallace Community College  
Workforce Development Office  
Gary Hall Bldg. 401  
S. Barnes-Blackmon - Office 140-F



## Eye Care Assistant Program Application

**For Office Use Only**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

It is the responsibility of the applicant to submit a **completed** application packet. Mailing information and submission locations are listed on the Application Checklist for this application. Applications should be submitted on or before the deadline of **November 13, 2020**. No applications will be accepted after the deadline.

### I. PERSONAL DATA

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### II. EDUCATION

High School Graduation Year: \_\_\_\_\_ High School Name: \_\_\_\_\_

GED or Equivalent (if applicable): Yes \_\_\_\_\_ No \_\_\_\_\_ Date Completed: \_\_\_\_\_

Are you currently taking college courses? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what college? \_\_\_\_\_

**I understand that completion of this application is a component of the student profile and does not in itself guarantee admission to the Eye Care Assistant program. I also understand this application must be resubmitted if I am not selected for the February 2021 class. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss a student and/or refuse admission to the Eye Care Assistant program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Admission to the eye care assistant program is competitive, and the number of students is limited by the number of faculty available. Meeting minimal requirements does not guarantee acceptance.**