

**Eye Care Assistant**

**Program Application**

***Application Deadline: November 12, 2021***



Dear Prospective Student:

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

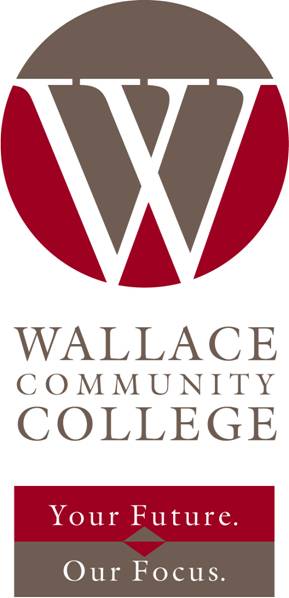
A checklist is included in this packet to help ensure that you have met all admission requirements and have submitted all required documentation**. Application packets must be complete at the time of submission. Incomplete application packets will be disqualified.**

For questions regarding the program, please contact the Workforce Development Office at (334) 556-2219 or via email [kforehand@wallace.edu](mailto:kforehand@wallace.edu)



## 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 14 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **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 12, 2021** | |
| ✔ | **Application Requirements** |
|  | **Completed** application form for the Eye Care Assistant program. All forms must be complete and signed, where requested. |
|  | **Attached** copy of a **photo ID**…can be driver’s license, military ID,or school ID. |
|  | **Attached** copy of **proof of** **High School Diploma or High School Equivalency (GED).** |

**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

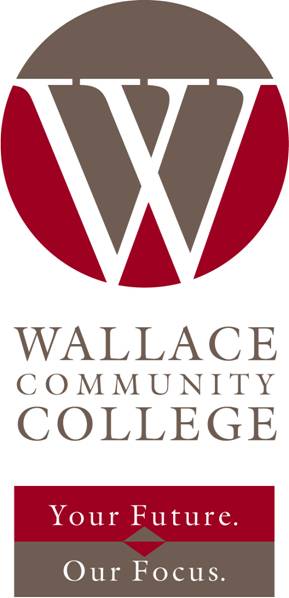
Dothan, AL 36303

**In Person:** Wallace Community College

Workforce Development Office

Gary Hall Bldg. 401

Kecia Forehand - Office 140-F

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**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 12, 2021**.No applications will be accepted after the deadline.

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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 2022\_\_\_\_ 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**.