

Academic Honors Awarded or Related Education/Experiences:

PREREQUISITE REQUIREMENTS

Prerequisites do not need to be completed before the application deadline, only before matriculation into the program. Add additional coursework on a separate sheet as needed.

- Passing score on the Test of Essential Academic Skills (TEAS) Allied Health Test
- AND** one of the following:
- Associates Degree or higher
 - Graduate of an Allied Health Program with a High School diploma or equivalent (*i.e. medical assistant, patient care technician, nursing assistant, etc.*)
 - 2 years of work experience in a medical setting with a High School diploma or equivalent
 - 2 years as a member of HOSA – Future Health Professionals Organization with a High School diploma or equivalent **and** one of the following:
 - Clinical internship in a health science field
 - Industry certification in a health science field (*i.e. medical assistant, patient care technician, nursing assistant, etc.*)

Please note:

A passing score of 62% or better and a score of proficient in all areas on the [TEAS-Allied Health Test](#) is required for admission to the program.

You will [register](#) to take your TEAS-Allied Health Test at a national [PSI](#) testing center. There are locations across the country and fees are the responsibility of the applicant.

*It is **YOUR** responsibility to request/order a TEAS Score Report be sent to **Vanderbilt U Med Center AH**, through the online store in your ATI Account. When asked where you would like your one free score report to be sent, select **Vanderbilt U Med Center AH**—this is extremely important as your transcript must be sent to the correct location for consideration.*

EXPERIENCES

Professional Organizations:

Extra-Curricular Activities:

Volunteer Work:

EMPLOYMENT INFORMATION

Please list in reverse chronological order (starting with the most recent).

From: _____ To: _____ Employer's Name: _____

City, State: _____ Phone Number: _____

Position/Responsibilities: _____

May we contact this employer? Yes No If no, please state reason: _____

From: _____ To: _____ Employer's Name: _____

City, State: _____ Phone Number: _____

Position/Responsibilities: _____

May we contact this employer? Yes No If no, please state reason: _____

From: _____ To: _____ Employer's Name: _____

City, State: _____ Phone Number: _____

Position/Responsibilities: _____

May we contact this employer? Yes No If no, please state reason: _____

PROFESSIONAL LICENSURE/CREDENTIALS

License/Credential: _____ Issuing State / ID #: _____

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REFERENCES

List names and affiliations of three professionals that you have asked to write recommendation letters on your behalf. Recommendations from academic and work-related experiences are considered professional. Only three references will be evaluated with your application; additional references need not be sent.

Name: _____ Relationship: _____ Length of Relationship: _____

Name: _____ Relationship: _____ Length of Relationship: _____

Name: _____ Relationship: _____ Length of Relationship: _____

PERSONAL STATEMENT

Your personal statement should address your motivation to become an ophthalmic technician, meaningful experiences you have had that will allow you to succeed in the program as well as the profession, how you heard about the program, and your future goals following completion of the program. Your personal statement should not exceed two pages in length.

ACTIVITY STANDARDS

Physical and Verbal Activity Standards

An ophthalmic technician must be able to perform a variety of physical movements. Any student admitted to the program must acknowledge his/her ability to carry out the physical standards with or without reasonable accommodations:

- Push, pull or lift 50 pounds routinely and more than 50 pounds occasionally.
- Stand, bend, stoop, kneel, squat or sit and reach for a long period of time.
- Frequent walking, standing and sitting
- Adequately control and manipulate equipment weighing up to 500 pounds on wheels.
- Sufficiently distinguish audible differences including audio signals, patient and co-worker communication and patient conditions.
- Fluently demonstrate English language skills to provide optimum communication with patient and healthcare team members.
- Follow verbal and written instructions to provide optimum care for patients.

Intellectual and Emotional Standards

An ophthalmic technician must also possess intellectual and emotional qualities that permit adequate care for patients and response to unexpected or emergent situations. Any student admitted into the program must acknowledge his/her ability to demonstrate the following qualities with or without reasonable accommodations:

- Problem solve and interpret data in both routine and emergent situations
- Empathy
- Emotional stability and maturity
- Courtesy and compassion to patients and their families, as well as co-workers
- Adaptability and flexibility to clinical or didactic schedule changes
- Follow protocols and organize data accurately to facilitate management of nuclear medicine studies
- Maintain patient confidentiality

IMMUNIZATION REQUIREMENTS

Upon acceptance, students must provide written documentation of the following:

- Two (2) negative TB skin tests within the past 12 months with the most recent being within the past three (3) months. If history of a positive skin test is present, a chest x-ray within the past 6 months will be necessary.
- If born on or after January 1, 1957: two (2) live measles vaccinations after the 1st birthday at least one month apart OR MMR vaccination since 1989 OR laboratory evidence of immunity to measles, mumps and rubella
- Laboratory evidence of immunity to varicella (chickenpox) or immunization series
- Hepatitis B immunization (series of 3 injections), immunization series in progress or informed refusal of immunization
- Tetanus/Diphtheria booster within the past 10 years (Routine adult Td boosters and the childhood DTP/DTaP vaccines do not satisfy this requirement)
- Annual influenza vaccine

APPLICANT CHECKLIST

Applications must be delivered to the address below, with postmarks dated on or before the deadline listed below. **ALL SUPPORTING APPLICATION DOCUMENTS FOUND IN THE CHECKLIST BELOW MUST BE SECURED BY THE APPLICANT AND INCLUDED WITH THE APPLICATION FOR ADMISSION IN ONE MAILING ENVELOPE.** Failure to follow these instructions will result in points deducted from your final applicant ranking score.

Full submission of application materials by the applicant MUST include the following:

- _____ Completed application (postmarked by: May 15, 2020)
- _____ \$50 non-refundable application fee (check/money order payable to Vanderbilt Eye Institute – DO NOT send cash)
- _____ Passport sized photo
- _____ Personal statement
- _____ 3 letters of reference and [reference forms](#) in sealed envelope(s)
- _____ Official transcripts for ALL post-secondary coursework in sealed envelope(s). For education obtained at a non-U.S. Institution, translation into the U.S. equivalency (i.e., equivalence of credits per course and of degree conferred) must be submitted with this application (translation into English language only is NOT accepted). All coursework completed at an institution outside of the United States must be evaluated by an approved third-party organization. A list of such organizations may be found on the program website.

APPLICANT SIGNATURE

I certify that the information given on this application is complete and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for dismissal or denial of consideration. I understand that an offer of admission will require compliance with the Activity Standards and Immunization Requirements outlined in this application. I understand that if selected for admission to this program, my acceptance is conditional on successfully completing a background check conducted by Vanderbilt University Medical Center. I understand that my acceptance to the program is contingent upon the successful completion of any outstanding prerequisites (if applicable) and that verification must be provided to the Program prior to matriculation. I understand that all documents submitted to Vanderbilt University Medical Center will be retained permanently by the Program regardless of my admission status.

Signature: _____ Date: _____

Mail completed application packet (reference checklist above) to the following address:

*Homise W. Johnson, COMT
Sr. Program Manager | Director, Technician Education
Vanderbilt University Medical Center
Vanderbilt Eye Institute
2311 Pierce Ave, Nashville, TN 37232
homise.w.johnson@vumc.org
(615) 936-0133*