

# APPLICATION FOR ADMISSION | 2024

## OPHTHALMIC TECHNICIAN PROGRAM

*In compliance with federal law, including the provisions of Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University Medical Center does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship or loan programs; or employment. In addition, the Vanderbilt University Medical Center does not discriminate on the basis of sexual orientation consistent with the Medical Center nondiscrimination policy.*

### PERSONAL INFORMATION

Full Name of Applicant (Mr.) (Mrs.) (Ms.): \_\_\_\_\_  
FIRST MIDDLE LAST

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

E-mail Address: \_\_\_\_\_ Skype ID/username: \_\_\_\_\_

Telephone: \_(\_\_\_\_\_) \_\_\_\_\_ H  W  M  Alt Phone: \_(\_\_\_\_\_) \_\_\_\_\_ H  W  M

### CITIZENSHIP / RESIDENCY INFORMATION

\* US Citizenship or permanent residency (a.k.a., green card) is required for all applicants for the 2024 application cycle.  
 \*\* The Test of English as a Foreign Language test (TOEFL) is required for students for whom English is not their first language. A total TOEFL score of at least 88 on the internet-based version and 570 on the paper-based version is required.

Are you a US citizen?  YES  NO If not a US citizen, are you a permanent resident?  YES  NO

If permanent resident, USCIS # \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

*Enclose a copy of your Permanent Resident Card (I-551/Green Card) or asylee or refugee documentation with this application.*

### EDUCATION INFORMATION

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

List all higher education institutions attended. (Please add separate sheet if additional space needed.)

College/University	Degree Earned and Major	Dates of Attendance
1. _____	_____	_____ to _____
2. _____	_____	_____ to _____
3. _____	_____	_____ to _____

\*\* Transcripts of postsecondary education are required for all institutions attended. This includes both completed and courses in progress.  
 \*\*\* 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) by an independent evaluation provider must be submitted with this application (translation into English language only is NOT accepted). The following are examples of foreign transcript and degree evaluators. VUMC does not endorse any evaluators.  
 Foreign Consultants: <http://www.foreignconsultants.com/>  
 Educational Perspectives: <http://www.educational-perspectives.org/>  
 International Research Foundation, Inc.: <http://www.ierf.org/>  
 Educational Credential Evaluators: <http://www.ece.org/>  
 International Consultants of Delaware: <http://www.icdeval.com/>  
 World Education Services: <http://www.wes.org/>

Academic Honors Awarded or Related Education/Experiences:

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## 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, 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:

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Extra-Curricular Activities:

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Volunteer Work:

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**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 #: \_\_\_\_\_

License/Credential: \_\_\_\_\_ Issuing State / ID #: \_\_\_\_\_

License/Credential: \_\_\_\_\_ Issuing State / ID #: \_\_\_\_\_

**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: October 30, 2023)
  - \_\_\_\_\_ \$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.
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## 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 and a drug screen. 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, Eye Institute*  
*2311 Pierce Ave, Nashville, TN 37232*  
[homise.w.johnson@vumc.org](mailto:homise.w.johnson@vumc.org)  
*(615) 936-0133*