

**APPLICATION FOR ADMISSION
SCHOOL OF OPHTHALMIC MEDICAL TECHNOLOGY**

864 Terrace Ct
St. Paul, Minnesota 55130
(651) 254-3000

PERSONAL DATA

1. FULL NAME: _____
Last First Middle
2. Birth name or other name(s) that may be on your previous school transcripts: _____
3. MAILING ADDRESS: _____
Street City/State Zip
4. PERMANENT ADDRESS: _____
Street City/State Zip
5. HOME PHONE: () _____ WORK/CELL PHONE:() _____
6. EMAIL: _____
7. CITIZENSHIP: United States Other: _____
8. _____ - _____ - _____ 9. Date of Birth: _____ / _____ / _____
Social Security Number

EDUCATIONAL DATA

Please contact the academic institutions (Items 10 and 11) and request that an "Official Transcript" be mailed directly to the School of Ophthalmic Medical Technology, 864 Terrace Ct., St. Paul, MN 55130.

10. Name of High School from which you graduated:

<small>Name of School</small>	<small>City/State</small>	<small>Date of Graduation</small>

11. Colleges, universities, or vocational-technical schools you have attended:

<small>Name of Institution</small>	<small>City/State</small>	<small>From: mo/yr</small>	<small>To: mo/yr</small>

12. Honors, awards, offices held, etc. in high school and/or college.

WORK EXPERIENCE

13. List your employment record, indicating most recent employment first (including military service):

<u>Employer/organization</u>	<u>city/state</u>	<u>type of work</u>	<u>dates of employment from / to</u>	<u>reason for leaving</u>

REFERENCES

14. Please list the complete names and addresses of the three individuals you have authorized to provide references with regard to your application to the School of Ophthalmic Medical Technology (i.e., employers, teachers).

Name street city/state zip () telephone

Name street city/state zip () telephone

Name street city/state zip () telephone

INTERVIEW

15. List several dates when you would be able to appear for a personal interview.

AUTOBIOGRAPHICAL DATA: Please include a detail description of your background, autobiographical in nature, which will give us a picture of you as a person. You may wish to include your interests and hobbies, extracurricular activities and/or community involvement, etc. The narrative should include reasons you have chosen ophthalmic medical technology as a career.

CERTIFICATION

YOUR APPLICATION MUST BE SIGNED AND DATED.

17. I certify that the information I have provided on this application form and in all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that it is my responsibility to request that Official Transcripts from each academic institution I have attended be mailed directly to the School of Ophthalmic Medical Technology.

I understand that misrepresentation of application information is sufficient grounds for cancelling the admission or registration.

Applicant's Signature

Date

**AN APPLICATION IS NOT COMPLETE, NOR WILL PERSONAL INTERVIEWS BE CONDUCTED,
UNTIL ALL SUPPORTING DOCUMENTS HAVE BEEN RECEIVED BY ADMISSIONS.**

Acceptance is competitive and satisfaction of basic requirements does not guarantee admission. The admissions committee considers grade-point average, courses taken, experience, letters of recommendation and interviews and selects applicants it considers most qualified for the study and practice of ophthalmic technology and the rigors of the ophthalmic technology program.

The Regions Hospital School of Ophthalmic Medical Technology is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to age, sex, race, color, national origin, handicap or marital status.