

Application for Admission for Academic Session 2016

Submission Deadline: 1	MAY 25, 2016
NAME:	

Note: A small number of applicants will be offered an interview after the submission deadline. Applicants may be notified via email or phone.

Please return to:

Colleen Schreiber, OC(C) COMT CCRP

Clinical Instructor / Program Director Ophthalmology Clinic Rockyview Hospital 7007-14th Street SW Calgary, Alberta T2V 1P9 Phone 403.943.3903 Fax 403.943.3392

Application Checklist

- o Application
- o Resume
- Essay
- Copy of transcripts from <u>All</u> high school AND post secondary educational institutes (original transcripts not required)
- List of 3 professional references
- English language proficiency (if required, see condition 10, page 4 of application))
- Application must be mailed in or dropped off at the clinic (NOT BY EMAIL OR FAXED)

ESSAY INSTRUCTIONS

Please type a 250 – 500 word essay on the following topic: "Why I want to become an Ophthalmic Medical Technologist"

Please submit essay with the application form.



APPLICATION FOR ADMISSION TO COMTP

The personal information on this form will be used for the sole purpose of determining eligibility of

	o the Calgary Ophthal t the Program Director		hnology P	rogram (C	COMTP). For more	information	
Surname		First Name			Middle Name		
Address DOB (mm/dd/yr)(optional)							
City		Province		Postal Cod	le		
Telephone (prim	ary)	Telephone (alternate	e)	Email			
	•	•	,				
Education	Name of	Location of	Months	s/Vears	Degree /	Total Number of	
Laucation	Institution	Institution	Attended (i.e.		Diploma	Credits	
			Sept 2013- April 2015)		Completed	Completed (MUST FILL IN)	
Post			F			,	
Secondary							
Post Secondary							
						1.	
High							
School							
Other							
Other							
Please fill i	n the above and at	tach your resu	me as we	ell.			
Please chec	ck one of following	g boxes.					
I have completed:							
 □ Less than 2 years of college or university level classes □ 2 years or more of college or university level classes 							
\square I have no	ot attended a post s	econdary colle	ege or un	niversity			

educational courses (If these courses have not been taken prior to the program, the student will be responsible for completion of these courses, including costs by graduation) NOT HAVING THESE COURSES DOES NOT AFFECT YOUR APPLICATION: ___ CPR (State what level- i.e Health Care Provider/ Level C) (provided by AHS) _____ Medical Terminology _____ Psychology ____ Anatomy and Physiology _____ Human/ Workplace Relations Please complete the following and attach you resume. **Employment History** Last Position: Name and Address of Employer Employment dates Position Held Reason for Leaving **Employment History** 2nd Last Position: Name and Address of Employer Employment dates Position Held Reason for Leaving **Employment History** 3rd Last Position: Name and Address of Employer Employment dates Position Held Reason for Leaving

Please check below if you have completed any of the following post-secondary

Professional Associations / Registrations/ Volunteering (i.e societies, associations, licenses)
1.
2.
3.
Please provide the following information: □ English is my first language □is my first language (see condition 9 below) □ Other:
In order to maximize our advertising efforts, please tell us how you heard of the COMTP (AHS website, ALIS website, google search, poster, advertisement, patients, word of mouth etc).

Conditions for Admission to the COMTP

- 1. I understand this is a full-time in house program (Monday to Friday) 7:30- 16:00.
- 2. I understand if I am offered a student position, I will be required to pay a \$1000 deposit by July 1, 2016. This amount is non-refundable but will be used towards my tuition of \$5000 per year. Tuition does not include distance education courses that I may be required to complete prior to graduation. I will be informed which courses, if any, that I will require. I understand I will have two years to complete the courses while in the program.
- 3. I understand that all candidates offered an interview are responsible for the cost of travel and lodging to attend the interview at the Rockyview General Hospital. In person interviews are preferred; however, those who live more than 200 km from Calgary may be offered an initial telephone or Skype interview.
- 4. I understand that all candidates offered a position to the COMTP will be required to pay for a criminal records check.
- 5. I understand that all candidates must produce 3 professional references including how I know them.
- 6. I understand that in order to receive recognition for educational qualifications, candidates must provide copies of certificates, diplomas, or degrees upon request.
- 7. I understand that all candidates offered a position will be required to have a basic eye exam at no charge and will also be required to supply their immunization records and have a consult with occupational health and safety.
- 8. I understand if I am offered a student position, I will be required to sign a student contract provided by Alberta Health Services.
- 9. I understand I cannot obtain government student loans (i.e. government of Canada, Alberta student aid).

(continued)

10. If English is not an applicant's first language, the applicant must demonstrate English language proficiency to be considered for admission TOEFL score report or alternate should sent to the program director at the time of application or conditionally offering a student position. The minimum TOEFL score is 560 (paper based) or 92 (ibt) with a minimum score of 23 in each sub-score of the TOEFL iBT. Other tests for English proficiency may be acceptable and would need to be discussed with the program director.

NOTE: Students who have completed at least three years of formal full-time study at an English secondary or two years of formal full-time study at an English post-secondary institution may be exempt and would need to discuss their English requirements with the program director upon receipt of application.

Please note:

Recently the CMA has announced it will not be providing accreditation services to Canadian programs effective Feb 1, 2018. Canadian programs are currently seeking an alternate accreditation body. This will discussed with candidates at the time of interviews.

I hereby certify that the information and answers given by me in this application are true and complete in every respect and I understand that any false answers or statements made by me may be grounds for termination of the application process or expulsion from the COMTP. I also understand that if I am accepted into the COMTP I will be required to provide personal information including date of birth and emergency contact information.

I agree and understand all of t	e conditions listed above.	
Signature	Date	