

Ophthalmic Assistant Training Program

At Dartmouth-Hitchcock Medical Center

For office use only:
 Received by the
Program Admin Office _____
(Date / Time)

Student Application

Each section of this application **MUST** be completed in full, even if a resume is attached. **Please print.**

Today's Date _____

Please check one:

- Current Dartmouth-Hitchcock Employee
 External Applicant Seeking Employment at Dartmouth-Hitchcock
 Employee of an Ophthalmology/Optometry Practice (Practice Name: _____)

Applying for: Summer 2018

PERSONAL INFORMATION

Mr. Mrs. Ms.

Last Name

First Name

Middle Initial

Mailing Address: Street/PO Box

City/Town

State

Zip

Email Address: _____

Phone: _____

Home Cell Work Other _____

How did you hear about the Ophthalmic Assistant Training Program at DHMC? D-H website Employee Former Student Other: _____

Have you ever used another name? Yes No If YES, what? _____

"YES" answers to any of the following questions please submit describing documentation of the event:

Have you been convicted of a felony in the last five years? Yes No

Are you currently excluded, suspended, debarred, or otherwise ineligible to participate in the federal health care programs? Have you ever been convicted of a criminal offense related to the provision of health care items or services and have not been reinstated in the federal health care programs after period of exclusion, suspension, debarment, or ineligibility? Yes No

Has any hospital or licensed facility restricted or terminated your professional training, employment or privileges or have you voluntarily resigned or withdrawn from such association to avoid imposition of such action due to professional misconduct, unprofessional conduct, incompetence, or negligence? Yes No

Are you currently (pending), or have you ever been, the subject of professional misconduct proceedings or received notice of any impending actions? Yes No

For Candidates seeking employment at D-H: Are you Legally Eligible for Employment in US? Yes or No
Will you now or in future require sponsorship for employment? Yes or No

EXPERIENCE – (List Most Recent Position First)

Company / Employer	Employment Dates	Hours / week	Job Title and Brief Description of Duties:
Name: _____ Address: _____ Company Phone Number: _____		<input type="radio"/> FT <input type="radio"/> PT	Name of Supervisor: _____
Name: _____ Address: _____ Company Phone Number: _____		<input type="radio"/> FT <input type="radio"/> PT	Name of Supervisor: _____
Name: _____ Address: _____ Company Phone Number: _____		<input type="radio"/> FT <input type="radio"/> PT	Name of Supervisor: _____

Education:

High School: _____ Graduated: Yes No GED
 Address: _____

Street City/Town State Zip

College / University Address Graduation Dates Degree Major
 Professional /Technical School

Awards/honors/etc. _____

Please attach copies of any current professional certifications.

Note: Employment/Training is contingent upon successful completion of required post-offer, pre-placement screenings which include but are not limited to: (1) health assessment, (2) drug test, and (3) a background check.

I certify that the information on this application is true and I understand that false statements may be considered grounds for dismissal from the program.

Signature of Applicant: _____