NORTHWEST TERRITORIES
Health and Social Services Authority

Ophthalmic Medical Technologist Training Program

Application Form

Please complete all boxes attach resume

Surname	Middle Name	First Name

Address	Date of Birth (mm/dd/yr) (optional)

City	Province	Postal Code

Telephone (Primary)	Telephone (Alternate)	Email

Education	**Name of school/university /college**	**Location of school/university /college**	**Month/ Year attended (mm/yy) to (mm/yy)**	**Degree/ diploma completed**	**Credits Completed**
Post secondary					
Post secondary					
High School					**N/A**

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Stanton Territorial Hospital
PO Box 10, 550 Byrne Rd
Yellowknife, NT X1A 2N1

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Please check the box if applicable

☐ I have the minimum academic requirements (High School Diploma with minimum 65% average in English 30, Math 30 applied and Biology 30 (Physics 30 or Chemistry 30 are suitable alternatives).

Employment History	
Name/Address of present or most recent employer	Employment dates
Position title	Reason for leaving

Employment History	
Name/Address of 2nd last position	Employment dates
Position title	Reason for leaving

Employment History	
Name/Address of 3rd last position	Employment dates
Position title	Reason for leaving

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Other information (Professional Associations/Volunteering/Courses/Licenses)
1.
2.
3.

In order to maximize our advertising efforts, please tell us how you heard of the Ophthalmic Medical Technologist Training Program: -

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Application Checklist

1. *Complete Application Form*
2. *Letter of Interest – Topic: "Why I want to become an Ophthalmic Medical Technologist." Essay should be typed and between 250 and 500 words in length*
3. *Résumé and cover letter outlining your reasons for applying to the program*
4. *Three references (professional or personal)*
5. *Secondary and post-secondary (if applicable) education transcripts (original transcripts not required)*

Please **email**, **mail** or **drop off** your completed application package to the address below:

Kent Rose, COMT
OMTTP Clinical Educator/Program Director
C/o NTHSSA Stanton Territorial Hospital Eye Clinic
PO Box 10
Yellowknife, NT X1A 2N1
ph: 867-873-9285
email: Kent_Rose@gov.nt.ca

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Conditions for Admission to the OMTTP:

1. I understand that all candidates offered a position to the NTHSSA- Stanton Territorial Hospital OMTTP will be required to pay for a criminal records check and will be required to have a comprehensive eye exam prior to Program start, at no charge to the candidate.
2. I understand that in order to receive recognition for educational qualifications, candidates must provide copies of certificates, diplomas, or degrees upon request.
3. I understand if I am offered a student position, I will be required to sign a student contract provided by NTHSSA Stanton Territorial Hospital OMTTP.
4. I understand if I am offered a student position, there is no guarantee of employment at the end of the training program.
5. I understand there is no tuition cost for this Program. NTHSSA- Stanton Territorial Hospital OMTTP will cover all costs associated with the Program (airfare, accommodations, per diems on travel clinics) but I am responsible for all other costs (lodging, food, etc.) while taking the training in Yellowknife over a 2-year period.
6. I understand only those candidates picked for an interview will be contacted. Those picked for an interview will be notified by phone or email.

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 OMTTP.

I agree to all of the conditions listed above.

Signature_____
Date_____

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