

## 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

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

**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)).

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

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

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

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 professional references*
5. *Secondary and post-secondary (if applicable) education transcripts (original transcripts not required)*
6. ***Submit through email, regular mail or in person by the program application deadline, June 14<sup>th</sup>, 2019 before 4:30pm.***

Please email or send in 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](mailto:Kent_Rose@gov.nt.ca)**



**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, provide an up-to-date immunization record and will be required to have a basic eye exam 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\_\_\_\_\_