Attn: Office of Lifelong Learning
1555 South Raisinville Road
Monroe, MI 48161

MONROE COUNTY COMMUNITY COLLEGE
enriching lives

(734) 384-4127
Fax (734) 384-4190

Application for Ophthalmic Assistant Certificate

Name: _____
Last *First* *Middle*

Address: _____
City *State* *Zip*

Phone Number: ( ) ( ) ( )
Day *Evening* *Other/Cell*

E-mail Address: _____

Emergency Contact Person & Phone Number: _____

Date of Birth: / / Social Security Number: / / Gender: ___Male ___Female

Lab Coat Size: ___XXS ___XS ___S ___M ___L ___XL ___2XL

Educational Background

High School Name_____ Address_____
Year of Graduation_____ Diploma_____

College: Name_____ Address_____
Major_____ Year of Graduation_____ Degree_____

Other School: Name_____ Address_____
Major_____ Year of Graduation_____ Degree_____

Number of Years in Ophthalmic Field: _____ Current Ophthalmic Skills: _____

Employment Information

Current Employer: Name_____ Address_____
Job Title_____ Current Hourly Wage_____

FOR OFFICE USE ONLY

Spring ____ Fall____ Winter _____ Course #: _____ Course Start Date: _____ Amount Paid: $_____
Method of Payment: __Waiver __ Cash __Check/Money Order __Visa/MasterCard/Discover #_____
*Exp. Date*_____