



Student Name:

FY:

Local Program Name: Vision Care Assistant

Student Type:

Schedule Type:

Cohort/Block Number:

Campus

Offsite Location:

Block/Instructor(PID):

CTSO	Distance Education	HOURS:
HOSA		ADDITIONAL BREAK/INTERSSION DATES:
Class Schedule:		Start Date:
Day: Hours:		End Date:
Monday	Tuesday	Wednesday
Thursday	Friday	
Weeks of Instruction	OCAS Code: 9359	CIP Code: 51.1803
	CM Code: HL0016020	SOC Code: 29-2057

COURSE #	OCAS	ACAD & OHLAP	COURSES	Theory	Lab	Clinicals	Total	START DATE	END DATE	#DAYS	Grade	Notes
			OMP Clinical Roles	45	20	0	65					
			Ocular Anatomy & Physiology	30	10	0	40					
			Ocular Disease & Ocular Pharmacology	30	20	0	50					
			Optics & Vision Correction	40	20	0	60					
			Core Medical Terminology	45	0	0	45					
			Vision In Office Procedures	40	40	0	80					
			Vision Clinical Practicum I	0	0	85	85					
			Vision Clinical Practicum II	0	0	85	85					
TOTAL HOURS				230	110	170	510					
			Vision Professional Development	15	0	0	15					
TOTAL HOURS				15	0	0	15					
TOTAL COMPLETED HOURS				245	110	170	525					

TOTAL COMPLETED HOURS 245 110 170 525

Comments:		
Students enrolled in this program may complete hours using distance education		
B & I Certifications		
Certification Name	Number	A-F?
Primary: CPR/First Aid		N
Additional:		

SIGNATURES:

Student: _____

Instructor: _____

Coordinator: _____

Administrative: _____