

Student Name:

FY:

Local Program Name: Vision Care Technician

Student Type:

Schedule Type:

Cohort/Block Number:

Campus

Offsite Location:

Block/Instructor(PID):		CTSO	Distance Education	HOURS:			
		HOSA		ADDITIONAL BREAK/INTERSSION DATES:			
Class Schedule:	Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Start Date:
	Hours:						End Date:
Weeks of Instruction	OCAS Code:	9359	CIP Code:	51.1803	CM Code:		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					
			Vision In Office Procedures	40	40	0	80					
			Core Medical Terminology	45	0	0	45					
			Vision Clinical Practicum I	0	0	85	85					
			Vision Clinical Practicum II	0	0	85	85					
			Vision Clinical Practicum III	0	0	310	310					

TOTAL HOURS 230 110 480 820

			Vision Professional Development	15	0	0	15					
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TOTAL HOURS 15 0 0 15

TOTAL COMPLETED HOURS 245 110 480 835

Comments:
In order to complete all hours of the academic programs, students must complete additional hours outside of the scheduled class time.

B & I Certifications

Certification Name	Number	A-F?
Primary: Certified Ophthalmic Assistant		
Additional:		

SIGNATURES:

Student: _____

Instructor: _____

Coordinator: _____

Administrative: _____