



Thank you for your interest in the Elks Children's Eye Clinic Orthoptic Program at Casey Eye Institute, OHSU. Orthoptists are members of an ophthalmic health care team whose goal is to provide evaluations, understanding and treatment to children and adults with disorders affecting visual function. Our orthoptic curriculum includes didactic course work and clinical work at the Elks Children's Eye clinic at Casey Eye Institute, OHSU. One-on-one lectures with orthoptists, department grand rounds, division journal clubs, and division lectureships & case conferences are also included in the curriculum

Career prospects for certified orthoptists are very positive. The demand for orthoptists increases every year. The number of new orthoptists each year is not enough to fill openings. Fewer than 20 certified orthoptists enter the profession every year and they replace those who leave, rather than fill new openings.

American Orthoptic Council regulations require completion of an undergraduate degree prior to sitting for the certification exam. Most students have a basic science background. The only prerequisite is undergraduate general psychology, and biology. The GRE is not required. We cannot accept applications from those who are not U.S. Citizens, unless the applicant has a Green Card.

The program is structured such that students are required to be in full time attendance Monday-Friday (approximately 40 hours/week) during 24 months of training. The workload is demanding. Vacation is limited to approximately three weeks during the second year rotation. Sick time is allocated as needed. The first four months is considered probationary and the faculty carries out an evaluation at the end of this period to determine an individual's suitability to continue with the program. Students are required to complete a major research project within the training period. The student is encouraged to present the findings at a regional/national ophthalmic meeting. Tuition for the two year program is \$10,000. Elks Children's Eye Clinic at Casey Eye Institute, OHSU accepts one student per year.

Scholarship opportunities are available through FOREA. The Costenbader Society offers a low interest loan for those who are eligible. Find more information at [orthoptics.org](http://orthoptics.org).

A personal interview is part of the admissions process. Applicants will be contacted after review of all required materials.

Please submit the following enclosed application form by mail and other materials by the application deadline.



Do you have, or have you had any illness or physical disability that might in any way interfere with your education and responsibilities as an orthoptic student? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List education and activities chronologically from high school to present:

START	END	NAME OF SCHOOL	LOCATION	DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any memberships in societies, professional organizations, or others: \_\_\_\_\_  
\_\_\_\_\_

Do you have any hobbies that you enjoy? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Orthoptics as a career? \_\_\_\_\_  
\_\_\_\_\_

Why does the field of Orthoptics appeal to you? \_\_\_\_\_  
\_\_\_\_\_

What other professions have you considered? \_\_\_\_\_  
\_\_\_\_\_

Three letters of recommendation are required. List below the names of all of your references and ask them to write directly to: **Dusty Gronemyer, CO Attention: Orthoptic Program; OHSU Casey Eye Institute, 3375 SW Terwilliger Blvd., Portland, OR 97239-4197; [stoltzd@ohsu.edu](mailto:stoltzd@ohsu.edu)**

1. \_\_\_\_\_  
NAME ADDRESS

2. \_\_\_\_\_  
NAME ADDRESS

3. \_\_\_\_\_  
NAME ADDRESS

Enclose with this application:

Please provide a letter of interest with your application. This narrative should include a short biographical and career goals statement and the reasons you have chosen to apply to this program.

Please provide complete curriculum vitae; including information on academic background, honors, and work/volunteer experience.

Please sign and date your application. A recent photograph is requested.

I certify that all the information I have provided on this application form and in all other admission application materials is complete, accurate and true to the best of my knowledge.

I understand it is my responsibility to request all transcripts from each academic institution I have attended and to have them submitted *directly* to the Orthoptics Program attn: Dusty Gronemyer, CO.

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Applicant's Signature

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Date