



The CEIF Eye Care Scholarship; A Technician Scholarship Program

Education is a core element in the mission of The Cincinnati Eye Institute Foundation (CEIF). Traditionally, this has meant support of the University of Cincinnati's residents and fellows in ophthalmology. While the University does an excellent job training physicians, there are no local training programs for technicians supporting these physician practices. In an effort to improve the quality of eye care in our community, CEIF is offering scholarships for eligible, non-certified ophthalmology technicians to achieve JCAHPO certification.

To be eligible to receive the CEIF Eye Care Scholarship, the following requirements must be met:

- Must have successfully completed the AAO Independent Study Course.
- Be determined eligible to sit for the certification exam (i.e. a minimum of 1,000 worked (equivalent to 6 months of service) under an ophthalmologist)
- Have the endorsement of the immediate supervisor/manager.
- Have the signed endorsement of the appropriate physician attesting to the applicant's readiness to sit for the exam.
- Submit a brief statement of why becoming certified is important to the candidate.

Scholarships are for \$150 (one half of the COA fee to sit for the certification exam). Checks are made out to JCAHPO in the name of the applicant and must be accompanied by a completed JCAHPO application and the candidate's portion of the fee. An eligible applicant can only receive one scholarship from The Foundation.

Once the application has been received by The CEI Foundation and the applicant determined eligible, checks will be generated to JCAHPO. For questions, please contact the CEI Foundation by email at ajones@ceifoundation.org.

Send completed applications to:
CEIF Eye Caring Scholarship
Cincinnati Eye Institute Foundation
1945 CEI Drive
Cincinnati, OH 45242



For Admin use only:
 Volunteer
 Essay
 Home Study
 Signatures

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Name: _____ Application Date: _____

Work Dept: _____ Work Location: _____

Contact Information:

Home Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: _____ Work Phone: _____

Email: _____ Hire Date: _____

Home Study Completion Date: _____

Roselawn Volunteer dates in past 12 months: _____

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Becoming certified is important to me because...