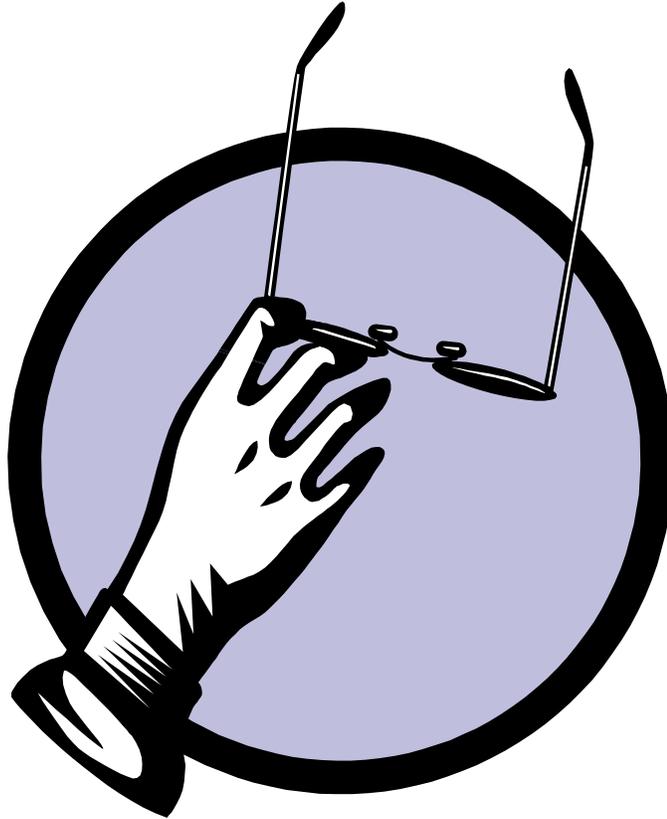


2022-23 HCC OPTICIANRY PROGRAM HANDBOOK



FOR MORE INFORMATION CONTACT

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**** These Pages are to be filled in completely, signed and turned into OPT1000 Ophthalmic Orientation class by the due date in the course.**

I. OVERVIEW OF THE OPHTHALMIC PROFESSION

OPTICIAN (L.D.O.)

A Licensed Dispensing Optician is a professional who has the responsibility for the dispensing of eyewear and contact lenses. The optician may fabricate, verify and fit eyeglasses, contact lenses and other optical devices upon the written prescription or may duplicate an existing prescription for eyeglasses. An optician's role in the eyecare delivery system is: prescription analysis and interpretation, determination of the lens forms best suited for the wearer's needs, the measuring and fitting of eyewear and contact lenses, selection of materials, styles, types of eyeglasses and contact lenses, and the accuracy of the product being delivered to the public. Other duties include adjustments, replacement, and repairs of lenses and frames.

EYE CARE TECHNICIAN

An Eye Care Technician performs pre-test, pre-screening, medical history, and office management for the Ophthalmologist (medical doctor). The educational training consists of a certificate program and/or on the job training by an Ophthalmologist.

OPHTHALMOLOGIST (M.D. OR D.O.)

An Ophthalmologist is a physician (Doctor of Medicine or Doctor of Osteopathy) who is a primary eyecare professional. The Ophthalmologist is a medically trained specialist qualified to diagnose and treat eye disease, do surgery on the eye and related areas, and do routine eye examinations. The educational training consists of four years of premed, four years in medical school, one year of internship, three years of residency, and some have additional years of fellowship.

OPTOMETRIST (O.D.)

An Optometrist is a Doctor of Optometry who is specifically educated and trained to examine the eye, diagnose visual problems, prescribe eyeglasses, contact lenses, vision therapy, low vision aids and in Florida and some other states, some pharmaceutical agents. The educational training required is four years of undergraduate college and four years of optometry school.

OPTOMETRIC TECHNICIAN (O.T.)

The Optometric Technician is a person trained to assist an Optometrist. Their duties consist of office skills, data collection, help in various pre-tests, fit and adjust the doctor's patient's eyeglasses. The educational requirements are one or two years of training at a vocational school or community college. They may also be trained on the job under the supervision of an Optometrist.

OPHTHALMIC LABORATORY TECHNICIAN

Laboratory Technicians are trained in the surfacing and edging of ophthalmic lenses. They are employed in optical laboratories, either in a wholesale laboratory or retail optical store. The training consists of on the job training or a one year certificate program.

II. HISTORY OF THE PROGRAM

In 1973, Hillsborough Community College started the first Opticianry Program in the Southeast United States and Florida. Through the efforts of a few St. Petersburg-Tampa Opticians, a curriculum was developed to meet the needs of the Florida State Board of Opticianry Licensing Examination. The program received approval for the presentation of an Associate in Science Degree.

The first year of the program consisted of only lecture classes, while the laboratory equipment was being ordered. The classes met off campus in temporary facilities. Upon receiving the equipment, the Opticianry Program was moved to the third floor of the Gordon Keller Complex on Davis Island, where classrooms and laboratories were established. In 1988 all of the Health Science Programs that were housed at Gordon Keller were moved into the Technology Building on the Dale Mabry Campus. New facilities were established and more up-to-date equipment was provided, thereby allowing the program to grow.

Over the years, the curriculum has changed to meet the growing needs of the profession. In 1978, a contact lens lecture and laboratory class was added. This was the beginning of a very dynamic program. More courses were added, such as business courses, more contact lens courses, practicum, and an on-campus clinic. In the first semester of 1994, a refractometry lecture course was offered as an elective. During the 1995-96 year it became, along with refracting laboratories, a requisite course.

The students who completed the Opticianry Program have been very successful. The majority of the students have passed their Boards on the first attempt. This success has led many of the graduates into management and/or ownership of optical establishments both in and out of State. The program has graduated over 1000 students who are working throughout the country.

As of today, the Opticianry Program at Hillsborough Community College is one of the most successful programs in the United States. It has the most up-to-date equipment, facilities, and faculty that any school could possibly offer a student.

One of the major strengths of the program is that the graduate has the theoretical and working knowledge of all the facets of Ophthalmic Dispensing. The students are encouraged to take and pass the following registration, certification and licensing examinations:

1. National Competency Examination (ABO).
2. Contact Lens Registry Examination (NCLE)
3. Florida State Board of Opticianry Licensure Examination.
4. Any other State or Board possible.

Many changes in the program go without recognition, simply because of a dynamic group of educators dedicated to the education of the Optician.

Last, but not least, the student has also made this program work with their motivation, desire to learn, and support of the program after graduation. It has been a group effort.

The Opticianry Program is accredited by:

Commission on Opticianry Accreditation
PO Box 592
Canton, NY 13617
(703) 468-0566

III. DESCRIPTION OF THE OPTICIANRY PROGRAM

The Opticianry Program is a two year program consisting of 72 credit hours designed to develop opticians that are qualified to measure, adapt, and fit eyeglasses and/or contact lenses for the aid or correction of visual or ocular anomalies.

Students are selected for admission on a first come basis, if he/she meets the following minimum requirements:

1. Minimum GPA of 2.00.
2. All applicants to the program have achieved satisfactory scores within the past three years on any one of the following four placement tests: **CPT, SAT, ACT,** or **PERT**, or provide a transcript from an accredited institution evidencing college-level in English and Mathematics with a grade of "C" or above.
3. Evidence of satisfactory health.
4. All applicants must be graduates of an accredited high school or recipient of a general education development (GED). A minimum total standard score of 225 is required.
5. Applicants are accepted for full time matriculation. Part time applicants would be accepted on a space available basis.

Please contact the counseling office for additional criteria that may be required for this course.

Students in the program are required to earn a minimum grade of "C" or "S" grade in all program required courses. Those not earning the minimum grade will need to retake the failed course if failure two times, Student will be asked to withdraw from the program. They may petition to return to the program.

IV. **PHILOSOPHY OF THE OPTICIANRY PROGRAM**

The Opticianry Program is one of fifteen programs within the Division of Health Science at HCC. The purpose of the program is to provide instruction to enable the student to develop into a competent entry-level licensed optician. To accomplish this, equal attention is given to the laboratory, practical (clinical) and the didactic portions of the curriculum. It is the goal of the Health Science Division to provide maximum opportunity for the student to learn and develop so that upon graduation he/she will be able to function as a knowledgeable, self-directed individual. The program also assists the college in meeting a segment of its mission of being an education leader and meeting the needs of the community.

Hillsborough Community College recognizes the need for change within its programs. Diversification of curriculum content, upgrading content, and keeping up with advanced technology is the goal of the Opticianry Program, Health Science Division and the College. Many common areas have developed in the optical community over the years, and the Opticianry Program views this as a positive step forward.

The Opticianry Program continues to keep a watchful eye on revolutionary methods to teach and guide students into a profession that will create a high level life-style for that individual. This has proven to be the result, as demonstrated by the students passing the State Board Examinations and the employability of the graduates. Graduates are now enjoying challenging and rewarding careers in the ophthalmic eyecare delivery system.

V. GOALS-MISSION OF THE PROGRAM

2022-2023 GOALS OF THE HCC OPTICIANRY PROGRAM

The goals for the Hillsborough Community College's Opticianry Program were developed in concert with the program's philosophy and the mission and goals of the college. The following are the program goals.

1. The Hillsborough Community College Associate in Science Degree Opticianry Program is a two-year program consisting of six semesters, designed to prepare an individual for a challenging and rewarding career as a licensed optician.
2. The program is academically designed to prepare the graduate for successful completion of the Florida Board of Opticianry Examination, National Opticianry Competency Examination and Contact Lens Registry Examination.
3. It is the program's intent that all program graduates obtain employment. The program faculty and the college job placement office will assist the graduate in acquiring employment.
4. The program desires that all graduates become licensed or certified and will provide the guidance for obtaining such credentials.
5. It is the intent of the program that all graduates be competent and knowledgeable in state-of-the-art equipment and procedures. Consequently, the program will keep the student abreast of the current trends in the ophthalmic profession.
6. The program will provide the student with the basic knowledge of procedures and equipment related to the field.
7. The program will introduce the student to the basic principles of management of an Ophthalmic Dispensing facility.
8. The program will provide the student with the basic knowledge and skills involved in quality assurance procedures.
9. The Ophthalmic Dispensing Program is designed to develop Opticians qualified to fabricate, measure, adapt and fit spectacles and contact lenses for aid in correction of ocular abnormalities.
10. It is the intent of the program to produce entry level competent ophthalmic professionals with ethical behavior.

11. The program will provide instruction to prepare the graduate to effectively communicate with the eye care professional and laboratory personnel.
12. The program will provide instruction concerning general education curricula in the areas of communication, mathematics, civics, and natural/social science.
13. It is the intent of the program to eliminate hazardous waste and to reduce non-hazardous waste to the minimum levels economically and technically practical, and to be in full compliance with all federal and state environmental regulations.

The interests and welfare of the community, students, faculty, institution, and ophthalmic health care professionals focus on many points and the needs are met by striving for and reaching the stated goals of the program. The program goals are consistent and compatible with the stated goals of Hillsborough Community College. The faculty is confident that students during their educational process attain all the goals. The past record demonstrates the program's success.

Mission

The mission of the HCC Opticianry program is to provide instruction to enable the student to develop as a competent entry level licensed optician. Continue to advance Opticianry by providing education and instruction to address the evolving scope of practice to meet the needs of the community.

VI. THE OPTICIANRY PROGRAM

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The Opticianry Program is designed to develop Opticians qualified to fabricate, measure, adapt, and fit spectacles and contact lenses for the aid or correction of vision and/or ocular anomalies.

Graduates of the program receive the Associate in Science Degree in Opticianry. They are eligible to take the Florida State Licensure Exam given by the Florida Board of Opticianry. The Commission on Opticianry Accreditation accredits the program.

The program is a two-year program. It is sequentially designed with start dates in Summer, Fall, and Spring Semesters. The program is offered through numerous learning mediums; campus-based, distant learning based, and a hybrid based. You must follow the designated course sequence for the start date you begin the program in. The program requirements include a limited number of general education courses in addition to the ophthalmic courses. General education courses may be taken at any time schedule by the college. However, the program reserves time and recommends general education courses be taken during the regular sequence. The ophthalmic courses include practical experience in laboratory, both on and off campus as well as Ophthalmic Dispensing theory. The five categories of laboratories include (1) surface and finishing lab (2) dispensing lab, (3) contact lens lab (4) refractometry lab, and (5) an Opticianry clinic.

The total cost of the program is approximately \$10,000.00 for the two years. This includes \$7800.00 for tuition then plus books, lab fees, tool kit, and miscellaneous supplies. Tuition is paid each semester. Any applicants who wish to inquire about financial assistance should contact the financial aid office of the college. Students are required to have access to a set of ophthalmic hand tools that may cost approximately \$250.00.

VII. OPTICIANRY DEGREE REQUIREMENTS

General Education Requirements:

Group I ENC – 1101 Freshman English I	3 CR
Group II Humanities Course from approved list	3 CR
Group III General Math Course from approved list.	3 CR
Group IV Natural Science & Civics Course from approved list	6 CR

TOTAL 15 CR

Many students have taken, or prefer to take, the general education requirements for the program before they are accepted into the program. The course load is lighter, doing this does not allow you to finish the program faster.

Program Requirements (The sequence may vary) Verify your Sequence based off the term you started in. You will review sequence in Orientation class. Below is the August Start Sequence.

YEAR ONE

FALL SEMESTER (August to December/ 13cr)

1. OPT1000 Ophthalmic Orientation (1cr)
2. OPT1155 Ophthalmic Lens Theory I (3cr)
3. OPT1460 Ophthalmic Dispensing I (3cr)
4. OPT1460L Ophthalmic Dispensing Lab I (3cr)
5. OPT2204 Anatomy and Physiology of the Eye (3cr)

SPRING SEMESTER (January to May/ 16cr)

1. OPT1156 Ophthalmic Lens Theory II (3cr)
2. OPT1400L Ophthalmic Lab I (3cr)
3. OPT2500 Contact Lens Theory I (3cr)
4. OPT2500L Contact Lens Lab I (2cr)
5. OPT2800L Vision Care Clinical I (2cr)
6. General Education Course (3cr)

SUMMER SEMESTER (May to June/ 8cr)

1. OPT2461 Ophthalmic Dispensing II (3cr)
2. OPT2801L Vision Care Clinical II (2cr)
3. General Education Course (3cr)

YEAR TWO

FALL SEMESTER (August to December/ 15cr)

1. OPT1430L Ophthalmic Lab II (3cr)
2. OPT2375 Refractometry Theory (2cr)
3. OPT2461L Ophthalmic Dispensing Lab II (3cr)
4. OPT2501 Contact Lens Theory II (2cr)
5. OPT2802L Vision Care Clinical III (2cr)
6. General Education Course (3cr)

SPRING SEMESTER (January to May/ 14cr)

1. OPT2375L Refractometry Lab I (2cr)
2. OPT2463L Ophthalmic Skills Lab (2cr)
3. OPT2501L Contact Lens Lab II (2cr)
4. OPT2803L Vision Care Clinical IV (2cr)
5. OPT2910 Directed Research (3cr)
6. General Education Course (3cr)

SUMMER SEMESTER (May to June/ 6cr)

1. OPT2030 Board Review (1cr)
2. OPT2376L Refracting Lab II (1cr)
3. OPT2502L Contact Lens Lab III (1cr)
4. General Education Course (3cr)

VIII. OPTICIANRY OBJECTIVES

Upon completion of the program the graduate will be able to demonstrate all of the below skills as set forth by the Florida Department of Education Frameworks:

1. Layout single vision and multifocal lenses.
2. Grind, fine and polish single vision and/or multifocal lenses.
3. Demonstrate knowledge to select lenses and supplies.
4. Inspect lenses.
5. Layout and block lenses.
6. Machine and hand edge lenses.
7. Demonstrate knowledge of Air temper glass lenses.
8. Demonstrate knowledge of Chemical temper glass lenses.
9. Tint hard resin lenses.
10. Select appropriate lenses.
11. Insert lenses into zyl frames.
12. Insert lenses into metal frames.
13. Mount lenses into rimless and semi-rimless mountings.
14. Perform final inspection of eyeglasses.
15. Demonstrate knowledge of lens accessories.
16. Analyze written prescriptions.
17. Duplicate prescriptions from existing lenses.
18. Evaluate clients life-style needs.
19. Use selected instruments to assist in the calculation of fitting measurements.
20. Calculate lens size and availability.
21. Discuss changes with clients.
22. Demonstrate knowledge of Managed vision care procedures
23. Order lenses and frames.
24. Verify finished prescriptions to specifications.
25. Align frames.
26. Adjust and fit optical devices to clients.
27. Evaluate client suitability.
28. Use selected instruments to conduct and assess fittings.
29. Identify types of single vision, multifocal, and progressive lenses.
30. Identify types of contact lenses.
31. Conduct contact lens training.
32. Outline potential complications.
33. Conduct follow-up evaluations.
34. Demonstrate knowledge of restoring finish and replace/repair trim on frames.
35. Replace repair nosepieces on zyl and metal frames.
36. Demonstrate knowledge to solder metal frames.
37. Repair/replace temples, fronts, monofilament, & drill mounts.
38. Reshape damaged frames to lenses.
39. Modify frames for special needs.
40. Demonstrate knowledge of legal and ethical standards of vision care professionals.
41. Demonstrate the uses of several means of communication.
42. Maintain and file client records.

43. Bill and collect current and overdue accounts.
44. Practice office supply control.
45. Develop a small business plan of operation.
46. Develop an office policy/procedure manual.
47. Demonstrate knowledge of business finance and operating expense.
48. Set up a pay scale and benefit for employees.
49. Set up a bookkeeping system.
50. Demonstrate a knowledge of tax forms, payroll records, insurance needs and inventory needs.
51. Demonstrate a knowledge of employee hiring and orientation.
52. Diagram and explain the anatomy of the visual system.
53. Recognize and discuss physiological conditions of the eye.
54. Demonstrate knowledge of basic mathematical principles that are involved in ophthalmic and geometrical optics.
55. Describe the influence of thick and thin lenses on the behavior of light.
56. Describe the influence of prism on the behavior of light.
57. Describe the relationship and optical properties of cylindrical lenses.
58. Demonstrate knowledge of the theory of lens surface power measuring devices.
59. Create and eliminate prismatic effect by decentration.
60. Demonstrate the influence of lens thickness and surface curvature.
61. Demonstrate a knowledge of technical computer functions.
62. Demonstrate a knowledge of business applications of computers.
63. Conduct a job search.
64. Identify documents that may be required when applying for a job.
65. Complete a job search.
66. Demonstrate competence in job interview techniques.
67. Identify or demonstrate appropriate responses to criticism from employer, supervisor, or other persons.
68. Identify acceptable work habits.
69. Demonstrate knowledge of how to make job changes appropriately.
70. Demonstrate acceptable employee health habits.
71. Demonstrate knowledge of the theory of refraction.
72. Demonstrate the ability to do a subjective and objective refraction.
73. Demonstrate the ability to take phoria measurements.
74. Demonstrate the ability to take and record visual acuity.
75. Demonstrate ability to determine the near power.
76. Identify or demonstrate proper handling procedures for hazardous and non-hazardous chemicals.

IX. OPERATIONAL POLICIES

Disclaimer Clause:

The Opticianry Program at Hillsborough Community College reserves the right to make changes in the regulations and policies announced in this handbook as circumstances arise. If changes in this handbook are required during the academic year, the student will be given notice of those changes and asked to verify by signature that the required changes were received and understood.

Disabilities Act Statement:

Hillsborough Community College is an Equal Employment Opportunity Employer committed to Affirmative Action that makes employment and education-related decisions without regard to race, color, sex, religion, national origin, age, disability or marital status or any other bias that is or may be prohibited by law. In addition, the College does not discriminate in the admission and treatment of students. The College reasonably accommodates qualified individuals with disabilities and complies with and fully supports the Americans with Disabilities act.

Please contact the Office of Services to Students with Disabilities if you require an accommodation due to a physical or learning impairment. The office is located in the Student Services Building, Room 102. You may also reach the officer by telephone at (813) 253-7035 (voice line) or, (813) 253-7031 (TTD). You will be evaluated on the basis of your ability and no one asking for accommodation will be discriminated against in any way.

Nondiscrimination and Harassment policy

It is Hillsborough Community College's (HCC) policy that personnel, students and applicants for employee positions and admission to the College have the right to work and to attend classes in an environment free of discrimination, which includes freedom from harassment, based on sex, age, race, color, gender, religion, ethnicity, national origin, age, disability, pregnancy, sexual orientation (including gender identity), marital status, genetic information, protected veteran's status or affiliations. HCC prohibits harassment of its employees and students in any form. The College shall actively promote equal opportunity policies, procedures and practices that conform to laws prohibiting discrimination. The HCC community is committed to the elimination of conditions that create any form of discrimination. This commitment applies in all areas and to students, faculty, staff and the administration.

Discrimination, including sexual harassment, is expressly prohibited by this policy. Whether it is directed against individuals or groups and whether it is consciously malicious or thoughtlessly unkind, such behavior threatens the integrity of the community and the College.

The College assumes an affirmative posture to prevent and eliminate all forms of discrimination at College sites, events, and activities, which may include off campus and online social media platforms, by any student, employee, vendor, contractor or other community member. Any practice or behavior which constitutes discrimination will be timely addressed and will not be tolerated to prevent reoccurrence and to remedy its effects.

HCC strongly encourages the prompt reporting of all allegations of discrimination including discriminatory harassment. Personnel and students who experience or have knowledge of discrimination should contact the Equity, Diversity and Special Programs Department, which also includes the College's Title IX Coordinator which handles complaints of discrimination, sexual harassment, bullying, domestic violence, dating violence and stalking under Title IX.

All complaints will be thoroughly and objectively investigated without threat of retaliation. Where investigations confirm the allegations, appropriate corrective action will be promptly taken. Such conduct by an employee or student may result in disciplinary action, with appropriate action taken where needed. Retaliation against a complainant or participant in an investigation is prohibited and may result in disciplinary action. For information or to file a complaint:

Cheryl S. Gonzalez
Chief Diversity Officer
Equity, Diversity and Special Programs
Dr. Gwendolyn W. Stephenson District Administration Center
39 Columbia Drive, Seventh Floor
Tampa, Florida 33606-3584
Phone: (813) 253-7043
Email: cgonzalez159@hccfl.edu

Elina "Tina" Bivins, MBA, CLI
Equity Manager & Title IX Coordinator
Hillsborough Community College
Dr. Gwendolyn W. Stephenson District Administration Center
39 Columbia Drive, Room 717
Tampa, Florida 33606-3584
Phone: 813.253.7591
Email: ebivins2@hccfl.edu

MEDICAL INSURANCE

All students are strongly encouraged to check his/her personal health insurance policy to ensure that s(he) is covered by the policy for illness or injury resulting from the clinical (or Practicum) experience. **Certain number of the College's affiliate hospitals require all students attending the facility to provide proof of medical insurance. Students attending these sites must comply with this condition of affiliation.** Emergency care for a student injured in the clinical (or Practicum) setting is addressed in this document under the section titled **"Emergency treatment in the clinical/Practicum setting."**

EMERGENCY CARE IN THE CLINICAL/PRACTICUM SETTING: STUDENT MEDICAL EXPENSES

In the event a student requires emergency treatment, the affiliate will provide such treatment according to the conditions of the affiliation agreement between the College and the hospital/affiliate. The affiliate **reserves the right to bill the student** for such emergency

treatment. The student is **liable** for any medical expenses incurred in the clinical setting from any emergency medical treatment administered.

PROFESSIONAL LIABILITY INSURANCE

Students are assessed a lab fee for each clinical/Practicum course to provide for professional liability insurance.

DRUG TESTING POLICY STATEMENT

When in attendance at clinical/Practicum affiliate for purposes of clinical/Practicum education, students will be required to abide by the policies and procedures of the affiliate as well as those established by the College. Please be advised that some affiliates may require a student to submit to a drug test, which is required for its employers. Failure to submit to the test will not result in program dismissal unless refusal results in the student's inability to complete the program's terminal competencies for clinical/Practicum performance.

INFECTIOUS DISEASE STATEMENT

As a student performing in the clinical/Practicum facilities, I understood that I may be exposed to environmental hazards and infectious diseases including, but not limited to tuberculosis, Hepatitis B and HIV (AIDS).

Hillsborough Community College **recommends** that all Health Science Program students obtain the Hepatitis B vaccine prior to entering the clinical/Practicum experience portion of the program.

Proof of vaccination from Hepatitis B **may be required before participating at certain affiliate sites.** All hospital policies and procedures supersede College policy regarding prevention of infectious diseases and, in accordance with the affiliation agreement between the College and the hospital/ agency, the student must abide by those policies and rules.

I understand and assume the risks involved in the clinical portion of Health Science Programs at Hillsborough Community College, especially the risk of contracting Hepatitis B through human blood spills, tuberculosis, HIV (AIDS) and other related infectious diseases while I am participating in the required clinical experiences. **I agree to abide by all hospital/agency policies regarding exposure to infectious diseases.**

DISMISSAL POLICY

Please refer to HCC Administrative Procedure 3.200 (at the rear of the handbook) for detailed information regarding dismissal from and readmission to this and any other Health Science Program.

VETERAN'S BENEFITS

The Opticianry Program is approved for veteran's benefits. However, the short College terms (Summer) may not yield full-time student status. The veteran benefit student should see the veteran's representative at the onset of the program to review the program of studies with relation to possible veteran's benefits to be received.

X. OPTICIANRY GUIDELINES

ATTENDANCE

The program has very specific attendance policies. These are outlined in each of the course syllabi. Not adhering to these policies can adversely affect the student's final grade.

DRESS CODE

A laboratory dress code is enforced for the protection of all students. The code requires that clothing not be a loose fitting style. Shirts and blouses must have short sleeves or have the sleeves rolled up so that they cannot be caught in machinery. Shoes must be worn. No flip-flops or shoes that are open toed may be worn in the lab. Long hair must be tied back. No long dangling type of jewelry may be worn during the lab sessions.

A vision care clinical dress code is required and is established by the clinic and/or sponsor. The Opticianry clinic dress code is for the student to be attired professionally. The men must wear dress shirts, slacks, and shoes. Ties are recommended. The women must wear dress skirts, blouses, dresses, slacks and shoes. Not permitted are shorts, T-shirts, flip-flops, sneakers, or other sloppy attire. The clinic supervisor will have the final say as to whether the attire worn is appropriate. If it is not, the student will be excused from the clinic for that day and the time made up later or there will be a grade reduction.

INCIDENT REPORTS

Incident reports will be filled out by the student and submitted to the Program Manager and the Dean of Health Sciences.

TEXTBOOK REQUIREMENTS

Each student is required to have his or her own textbooks. Some books are used for more than one course.

COURSE SUBSTITUTION

Any student may request a substitute for a general education course. This request must be through the Director of the Division for that course. A substitute request cannot be made for a course in which the student is currently registered. It is recommended that any substitutions be completed during the first year in the program.

GRADING

In lecture courses, the grading is based on an average of all the written evaluations and assignments. In most cases the final evaluation is comprehensive and in some cases will count double. This will be included in the course syllabi along with the letter grade assignment according to the averages.

In laboratories and clinics, the grading is based upon the completion of certain assigned projects or objectives. This along with written evaluations and hours completed and sponsor evaluations will be used to compute the final grade. The specifics will be included in each course syllabi.

TOOL KIT

All students are required to have access to an optical tool kit. This kit must be acquired prior to the end of the first semester. A list of the tools required will be given should the student desire to purchase the kit elsewhere.

LIMITED LABORATORY SEATS

Due to the limited amount of equipment and space, only a specific number of seats will be available in each of the lab courses. Once a lab section is filled, there will be "no over-rides". Any student that does in some manner acquire an over-ride when there is space available in another lab section will be automatically changed by the instructor.

FAILURE OF ANY OPTICIANRY PROGRAM REQUIRED COURSES

Any student receiving a grade less than "C" in any Opticianry required course will be automatically dropped from the program. They may reapply for admission back into the program the following year. The application for re-admission will be subject to the established Hillsborough Community College's re-admission policy.

A student may only re-apply for the program one time. Following the second failure, or two failures in one semester, no student will be permitted to re-enter the Opticianry Program.

TIME INVOLVED

The actual amount of time involved in the classroom per day and the days per week will vary depending upon the scheduling of courses.

The time involved is based upon the following:

1. Lecture courses are 50 minutes per week for each credit hour.
2. Laboratories are 100 minutes per week for each credit hour.
3. Vision care clinicals are based upon the vision care clinical and what is to be achieved in each.

COURSE SCHEDULING

The published course schedule may change during your time in the program due to the need of the college/or program.

APPLICATION FOR GRADUATION

The college has established deadlines for graduation applications. They are published in the school catalog. It is the student's responsibility to have all graduation requirements completed prior to that date, such as course substitutions, transcript evaluations, application for the degree, all college financial obligations met, and the application for graduation. In the event that these have not been completed on time, you will not be able to receive your final transcripts allowing the student to take the State Boards.

APPLICATIONS FOR BOARDS AND NATIONAL TESTS

It is the responsibility of each student to acquire the necessary paperwork and application to the various testing agencies. This is not the program's or the college's responsibility.

FINANCIAL AID

Financial aid is available for students. Those wishing information on financial aid should contact the financial aid office at any HCC Campus or review the college catalog.

CHECK LIST OF REQUIRED COURSES

A student checklist is supplied in the back of this book for the student to use to assure that they have completed the courses required and have the proper credits for graduation. It is not the program's or the faculty's responsibility to see that the student has taken the proper courses, especially the general education courses.

ADVISING

Students should request written documentation of advice received from counselors and advisors. A copy should be given to the Program Manager to be placed in their folder.

IN CASE OF EMERGENCY

In the event of an emergency, the Safety and Security should be called at extension 7040. Telephones directly connected to Safety and Security are located in each elevator. The closest hospital is St. Joseph's Hospital on Martin Luther King Boulevard. The telephone is (813) 870-4104. There are first aid kits in each of the laboratories.

OPTICIANRY ADVISORY COMMITTEE

The advisory committee consists of practicing opticians, doctors, manufacturers and one first year and one second year student. The committee meets a minimum of twice a year. The President of the Student Organization (APSO) is automatically on the committee and the Program appoints a first-year student. The student representatives are to report committee activities to their class.

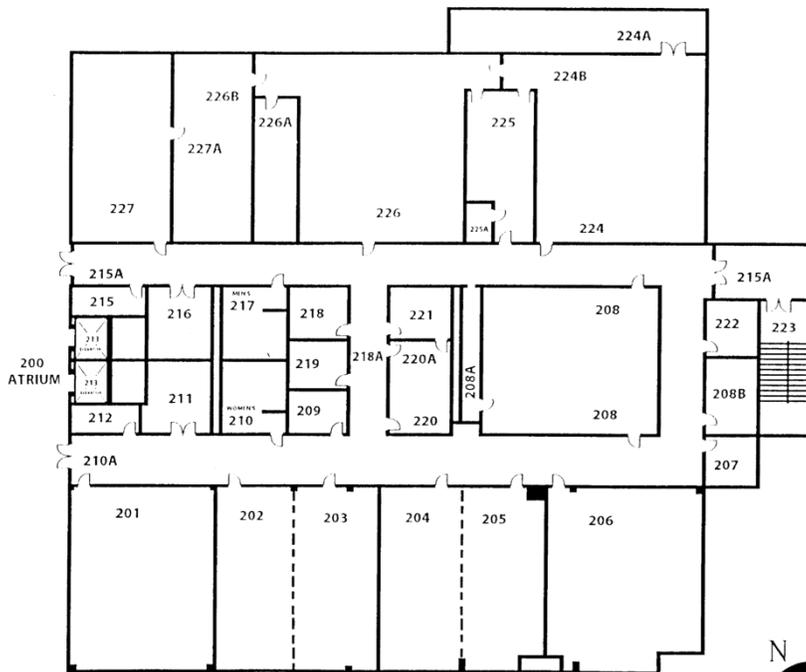
XI. CAMPUS MAPS

HCC Dale Mabry: Tampa



1. **DALE MABRY TECHNOLOGY BUILDING FLOOR 2**
 Hillsborough Community College 4001 W. Tampa Bay Blvd.
 Tampa, FL 33614-7820

Rooms: 206, 224, 208, 226, 227



HILLSBOROUGH Dale Mabry Campus-Bldg 106
 Community College Technology Building-DTEC
 2nd Floor Plan - South



XII. INFORMED CONSENT AND HANDBOOK RECEIPT SIGNATURE PAGES

The following signature pages must be read, signed and submitted to the Opticianry Program by the end of the second week of the first semester of enrollment. Failure to submit these forms may result in restrictions that inhibit participation in the program.

HILLSBOROUGH COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS

INFORMED CONSENT (Drug Testing in Clinical Affiliates)

HILLSBOROUGH COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
OPTICIANRY PROGRAM

*THIS POLICY APPLIES TO ANY AND ALL VISION CARE CLINICAL SITES
UTILIZED BY THE OPTICIANRY PROGRAM FOR THE ENTIRE LENGTH OF THE
PROGRAM.*

WHILE IN ATTENDANCE AT A VISION CARE CLINICAL SITE FOR PURPOSES OF CLINICAL EDUCATION, STUDENTS WILL BE REQUIRED TO ABIDE BY THE POLICIES AND PROCEDURES OF THE AFFILIATE AS WELL AS THOSE ESTABLISHED BY THE COLLEGE. PLEASE BE ADVISED THAT SOME AFFILIATES MAY REQUIRE A STUDENT TO SUBMIT TO A DRUG OR HIV TEST IF IT IS ALSO A REQUIREMENT FOR ITS EMPLOYEES.

FAILURE TO SUBMIT TO THE TEST WILL NOT RESULT IN PROGRAM DISMISSAL UNLESS THE REFUSAL RESULT'S IN THE STUDENT'S INABILITY TO COMPLETE THE PROGRAM'S TERMINAL COMPETENCIES FOR THE PRACTICUM PERFORMANCE.

PRINT NAME: _____

HCC IDENTIFICATION NUMBER: _____

STUDENT SIGNATURE: _____

DATE OF SIGNATURE: _____

- Original signature copy will be retained in the student's program file.
- A copy of the signature form will be transmitted to and retained by the Office of the Dean of Health Sciences

HILLSBOROUGH COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS

INFORMED CONSENT (Infectious Diseases)

As a student performing in the clinical facilities, I understand that I may be exposed to environmental hazards and infectious diseases including, but not limited to, Tuberculosis, Hepatitis B, and HIV (AIDS).

Hillsborough Community College recommends that all Health Science Program students obtain the Hepatitis B vaccine prior to entering the clinical experience portion of the program.

Proof of vaccination from Hepatitis B may be required before participation at certain clinical affiliate sites. All hospital policies and procedures supersede College policy regarding prevention of infectious diseases and, in accordance with the Affiliation Agreement between the College and the hospital/ agency, the student must abide by those policies and procedures.

I, _____ understand and assume the risks involved.
(Print or Type Name)

in the clinical portion of Health Science Programs at Hillsborough Community College, especially the risk of contracting Hepatitis B through human blood spills, Tuberculosis, HIV (AIDS) and other related infectious diseases while I am participating in the required clinical experiences. **I agree to abide by all hospital/ agency policies regarding exposure to infectious diseases.**

PRINT NAME: _____

HCC STUDENT IDENTIFICATION NUMBER: _____

STUDENT SIGNATURE: _____

DATE OF SIGNATURE: _____

- Original signature copy will be retained in the student's program file.
- A copy of the signature form will be transmitted to and retained by the Office of the Dean of Health Sciences

HILLSBOROUGH COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS
INFORMED CONSENT
(Alcohol/ Drug Policy and Release of Liability)

As stated in the Bill of Student Rights, the unlawful manufacture dispensation, possession or use of controlled substances while at school or on college property is strictly prohibited. In addition, a student is prohibited from being under the influence of alcohol or any drug while at school or on College property. This statement outlining HCC Drug and Alcohol Policy is for informational purposes only and in no way condones, recognizes, supports or encourages off-campus events that Association of Professional Scholastic Optician members may attend.

The College recognizes student organizations and clubs. However, in accordance with its established rule in regards to alcohol and drugs, the College will not endorse, support or sponsor any campus activities or off-campus events that are organized by a club, that may include the availability of alcoholic beverages. Any monies accumulated as the result of club activities cannot be used to provide alcohol or controlled substances for club members, minors or other participants. The College and faculty will not participate or assume responsibilities for the actions of individuals who may wish to participate in events where alcohol will be served. Students will assume full responsibility for their behavior and actions.

Under the laws of the State of Florida, it is unlawful: (a) for any reason to sell, give, serve or permit to be served alcoholic beverages, including beer and wine, to persons under 21 years of age; for any person to misrepresent or misstate his or her age, or the age of any person for the purpose of inducing someone to sell, give or deliver an alcoholic beverages to a person under 21 years of age. Any person under the age of 21 years violating these provisions shall be within the jurisdiction of the juvenile court.

I, _____ have read the above statements and understand the
Print or Type Name

material contained within. I understand that if I choose to participate in an off-campus event for the Association of Professional Scholastic Optician Club, I will assume full responsibility for my actions and behavior; that my participation in or my decision not to participate will not in any way affect my academic or clinical standings with the program; that any such event is not endorsed, recognized, sponsored or supported by the Hillsborough Community College Opticianry Program and as a result, the College and program faculty will not assume responsibility for any occurrences that may result from non-College related events that I elect to attend with other students, without the knowledge or approval of Hillsborough Community College or the program faculty.

PRINT NAME: _____

HCC STUDENT IDENTIFICATION NUMBER: _____

STUDENT SIGNATURE: _____

DATE OF SIGNATURE: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____
(IF STUDENT IS UNDER 21)

DATE: _____

HILLSBOROUGH COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS

INFORMED CONSENT (Liability for Medical Expenses)
AFFILIATES

This is to inform you that Hillsborough Community College is NOT responsible for payment of any medical services that result from injuries occurring while you are a student participating in clinical experiences as part of the program within the Division of Health Sciences. Therefore, be advised that if you receive any medical treatment in a clinical agency as a result of an injury or illness, such as a needle stick, fall, fainting, etc., in accordance with the conditions of the College's Affiliation Agreement with the hospital/ agency, the hospital/ agency has the right to bill you for any services rendered. You will be responsible for payment for all related medical services provided by the hospital agency.

I have read and understand and agree to be responsible for payments for all related medical services provided by the hospital/ agency for any illness or injury that may occur while at the hospital/ agency as part of my clinical experience with a Health Science program at Hillsborough Community College.

PRINT NAME: _____

HCC STUDENT IDENTIFICATION NUMBER: _____

STUDENT SIGNATURE: _____

DATE OF SIGNATURE: _____

HILLSBOROUGH COMMUNITY COLLEGE

HEALTH SCIENCE PROGRAMS

INFORMED CONSENT

(Medical / Professional Liability Insurance)

As a student performing in the clinical facilities, I _____
(Print Name)

understand that I may come in exposed to environmental hazards and infectious diseases including, but not limited to, Tuberculosis, Hepatitis B and HIV (AIDS).

Neither Hillsborough Community College nor any of the clinical affiliates used by the College to provide practical experience or competence for the student is injured while at the clinical affiliate site for such experience unless the injury is a direct result of negligence by the College or clinical affiliate. I understand that I am responsible for the cost of any healthcare for any personal injury or illness I may incur during my participation in a Health Science Program.

I understand that in order to attend the clinical education sites, Hillsborough Community College requires that I purchase private health insurance. (Those students who currently have such insurance should contact their carriers to see if there is a policy exclusion for any illness and/ or injury while performing as a student in the clinical affiliate environment.)

I understand that I am required to have professional liability insurance (malpractice insurance while enrolled in any clinical education course. This type of insurance coverage is automatically purchased by Hillsborough Community College for students by assessment of a laboratory fee for each clinical course.)

I understand that I am responsible for the competencies and requirements for each requires course within a program's curriculum. I hereby verify that I have read, understand and agree to policies, competencies, and requirements for each course as well as the inherent risk of participation within the clinical environment.

I understand and assume responsibility for the policies, competencies, and course requirements as well as the inherent risks involved in the educational process for Health Science students at Hillsborough Community College.

PRINT NAME: _____

HCC STUDENT IDENTIFICATION NUMBER: _____

STUDENT SIGNATURE: _____

DATE OF SIGNATURE: _____

- Original signature copy will be retained in the student's program file.
- A copy of the signature form will be transmitted to and retained by the Office of the Dean of Health Sciences

HILLSBOROUGH COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS

INFORMED CONSENT
(Medical/ Professional Liability Insurance)

AFFIDAVIT

I, _____, am a student at
(Print Name)

Hillsborough Community College participating in a clinical
experience at

(Print/ Type Name of Hospital/ Clinic)

as a part of the HCC **OPTICIANRY PROGRAM** offered at the
College.

I currently have medical insurance or student accident
insurance that will provide coverage for emergency care for
any injury or illness that may occur during or as the result of
my participation in the clinical or instructional activities
provided by the hospital/ clinic and agree that the hospital/
clinic shall not be responsible for any costs associated with
such treatment. I agree to maintain such medical insurance
coverage throughout the term until my assignments at the
hospital/ clinic is completed.

PRINT NAME: _____

HCC STUDENT IDENTIFICATION NUMBER: _____

STUDENT SIGNATURE: _____

DATE OF SIGNATURE: _____



**HILLSBOROUGH COMMUNITY
COLLEGE RELEASE AND
HOLD HARMLESS FORM FOR
COLLEGE-RELATED
ACTIVITIES**

This form must be completed, signed and returned before you may participate in a course or program in addition to specific activities at Hillsborough Community College (HCC). HCC is responsible for preparing the attachment detailing the activities planned for the course/program/activity.

Name _____ Student ID # _____

Home Address _____ City/State/Zip _____

Telephone # _____ Campus _____

I, _____, in full recognition of the activities
for
(Print Name)

(Specify Activity)

as described in detail in the attachment to this form, understand that these activities may pose certain danger or injury to myself and/or my property (or my child if participant is under 18). I agree to fully assume all risks on my behalf (or for my child if under 18), and agree to indemnify and hold harmless HCC, its Board, officers, employees and agents or any third persons associated with these activities and from any and all claims, demands, liabilities or course of action of any kind. I have no medical condition that would prevent my active participation in the activities/course or program. Further, I acknowledge that I have health insurance in the event of an illness or injury.

In the event of an emergency, illness or accident, I permit HCC to authorize transport to and use of hospital emergency facilities and I will assume responsibility for any costs incurred.

I have read and understand this release/hold harmless form and attachment. This form and the attachment must be signed prior to participating in these activities.

Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____
(Only required if student is under 18 years old)

Print Parent/Guardian's Name _____ Phone # _____

(06/11)

HILLSBOROUGH COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS

INFORMED CONSENT (Pregnancy)

As a student performing in the clinical facilities, I understand that I may be exposed to environmental hazards and infectious diseases including but not limited to, Tuberculosis, Hepatitis B Virus and AIDS. I also understand that clinical work requires vigorous duties that I will be required to successfully complete. Pregnant students must notify the Dean of Health Sciences and provide a physician statement indicating that you are able to meet the requirements of course.

Hillsborough Community College recommends that Health Science Program students in the Allied Health and Nursing Programs obtain the Hepatitis B vaccine prior to entering the clinical experience portion of the program.

Proof of vaccination from Hepatitis B may be required before participating at certain clinical affiliate sites. All hospital policies and procedures supersede College policy regarding prevention of infectious diseases and, in accordance with the Affiliation Agreement between the College and the hospital/ agency, the student must abide by those policies and procedures.

I, _____ understand and assume the risks involved
(Print Name)

in the clinical portion of Health Science Programs at Hillsborough Community College. I understand that due to my exposure to blood or other potentially infectious materials, I may be at risk of contracting the Hepatitis B Virus, Tuberculosis, AIDS and other infectious diseases while I am participating in the required clinical experiences. I agree to indemnify and hold harmless the District Board of Trustees of Hillsborough Community College, its officers, agents and employees from any and all claims, demands and liabilities or causes of action, including attorney fees and costs by or as a result of my participation in the clinical portion of the Health Science programs at Hillsborough Community College, where I may be exposed to environmental hazards and infectious diseases. I agree to abide by all hospital/ agency policies, procedures and practices regarding exposure to infectious diseases.

PRINT NAME: _____

HCC STUDENT IDENTIFICATION NUMBER: _____

STUDENT SIGNATURE: _____

DATE OF SIGNATURE: _____

Original signature copy will be retained in the student's program file.
A copy of the signature form will be transmitted to and retained by the Office of the Dean of Health Sciences.

HILLSBOROUGH COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS

OPTICIANRY PROGRAM HANDBOOK (Signature of Receipt)

I, _____ acknowledge that I have received a
(Print Name)

copy of the Hillsborough Community College Opticianry Program Student Handbook and that the information has been discussed with me. I understand that I am responsible for knowledge of the guidelines and policies of the Opticianry Program, the Division of Health Sciences, and the HCC Catalog in effect when I enrolled. I further understand that those policies are subject to change and that such changes will be made available to me as soon as possible and be binding at such time.

PRINT NAME: _____

HCC STUDENT ID NUMBER: _____

STUDENT SIGNATURE: _____

DATE OF SIGNATURE: _____

WITNESS SIGNATURE: _____

DATE OF SIGNATURE: _____

FACULTY SIGNATURE: _____

DATE OF SIGNATURE: _____