

OPTOMETRY INFORMATION SHEET

Enclosed is an application packet for the 2010-2011 Western Interstate Commission for Higher Education (WICHE) Professional Student Exchange Program (PSEP). The WICHE support fee in optometry for 2010-2011 is *estimated* to be \$15,600.

Selection to receive the support fee, or certification, does not ensure your admission to or retention in optometry school. You must submit an application for admissions to the school separately.

Only students who enroll in optometry at one of the schools listed below are eligible to receive partial support under this program. If you are selected for certification, the state of Washington will make a support payment in an amount established by WICHE to the optometry school you attend.

Southern California College of Optometry
Fullerton, CA

Pacific University
College of Optometry
Forest Grove, OR

The state of Washington provides limited funding for the WICHE PSEP. Because of this, only a few applicants receive certification each year, subject to legislative appropriation. WICHE PSEP applicants in the state of Washington are selected, according to statute, on the basis of financial need. Those with the greatest need are given priority for certification. Funds for certified students are sent directly to the school, and provide an off-set to tuition charges. Once awarded, you will continue to receive the yearly support until you graduate, with a maximum of four years.

The Washington State Legislature passed legislation for the WICHE PSEP to be a conditional loan. Students who receive certification incur an obligation to provide one year of optometry care in a Washington state shortage area for each year of WICHE PSEP support (minimum three years). Health care shortage areas are determined by the state of Washington and are subject to change. Recipients who do not complete the full service obligation will be responsible for repaying the entire amount awarded, plus interest, within five years.

Rural Health Service Shortage Areas in the state of Washington:

Arlington	Enumclaw	McCleary	Othello	Snoqualmie
Brewster	Forks	Monroe	Port Townsend	Sunnyside
Coupeville	Ilwaco	Newport	Shelton	Toppenish

Urban Health Service Shortage Areas in the state of Washington:

Auburn	Bellingham NW	Benton County	Bremerton Area
Bothell	Edmonds	Hwy 99 Corridor	Kent
Parkland	Pierce County N & S	Puyallup	Renton
Seattle SE County	Seattle SW	Seattle N Central	Seattle N/N County
S Kitsap County	Spokane N County	Spokane SW County	Spokane SW City
Sumner	Tacoma N	Vancouver Area	West Seattle
Whatcom Central County	White Center	Yelm	

Providing service in an office anywhere in Washington where more than 40% of its caseload is Medicare and sliding-fee scale patients will also qualify.

Instructions

1. Please print legibly in ink or type your Application for Certification, Residency Questionnaire, and Consent and Waiver Form.
2. You must apply for federal financial aid using the 2009-2010 Free Application for Federal Student Aid (FAFSA). You can submit this application online at www.fafsa.ed.gov. Submit your FAFSA at least three weeks prior to the WICHE PSEP October 15 deadline to allow for processing time. Within three weeks, you will receive a Student Aid Report (SAR). **Please send a copy of your SAR with your application.** If your financial circumstances will be dramatically altered in the award year, not represented on the SAR, you may attach a letter to your application documenting these circumstances.
3. Submit your most recent academic transcript (may be unofficial).
4. Submit your most recent financial aid award letter, if you attended college within the last two years.
5. Send the Application for Certification, Residency Questionnaire, Consent and Waiver Form, Student Aid Report (SAR), academic transcript, and financial aid award letter to:

**WICHE Certifying Officer
Higher Education Coordinating Board
917 Lakeridge Way SW
PO Box 43430
Olympia, WA 98504-3430**

If you have questions, please contact Dawn McAferty at (360) 753-7846 or dawnc@hecb.wa.gov.

Application Deadline is October 15, 2009

STATE OF WASHINGTON
WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION
PROFESSIONAL STUDENT EXCHANGE PROGRAM
2010-2011 APPLICATION FOR CERTIFICATION
OPTOMETRY

Name: _____ / _____ / _____ **SSN:** _____ - _____ - _____
Last First Middle

Birthdate: _____ / _____ / _____ **Male** **Female** **Phone:** (____) _____ - _____
Month Day Year

Mailing Address: _____
Street/PO Box City State Zip

Permanent Address: _____
Street/PO Box City State Zip

Permanent Phone: (____) _____ - _____ **E-Mail:** _____

Ethnicity (*Optional – for reporting purposes only*): African American/Black Asian
American Indian or Alaska Native Native Hawaiian or Pacific Islander White/Caucasian
Hispanic/Spanish Other

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• If you are *currently enrolled* in a school of optometry, indicate the college and year in program:

• If you are *not currently enrolled* in a school of optometry, complete the following:

• I have been accepted for 2010-2011 and will be a first-year student at:

• I will be applying to the following Western Interstate Commission for Higher Education (WICHE) optometry school, listed in order of preference:

1. _____

2. _____

I expect to complete all requirements for admission by: _____
Month/Year

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Please include the following information with your application for certification:

- Residency Questionnaire.
- Consent and Waiver Form.
- 2009-2010 Student Aid Report (SAR).
- Most recent academic transcript (may be unofficial).
- Most recent financial aid award letter (within the last two years).

Over

REFERENCES

List three adults, who are not students, who will know your address in the future:

1. _____ (_____) - _____
Full Name - Parent Phone number

Address/PO Box City State Zip

2. _____ (_____) - _____
Full Name Phone number

Address/PO Box City State Zip

3. _____ (_____) - _____
Full Name Phone number

Address/PO Box City State Zip

EDUCATIONAL HISTORY

Please list all colleges you have attended:

<u>College</u>	<u>City/State</u>	<u>From/To</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Educational loans to date (*student loans only*):

Amount borrowed: \$ _____ **Current unpaid balance:** \$ _____

I certify that this application is accurate and complete to the best of my knowledge. I will notify the WICHE Certifying Officer if there is any change to my name, address, or residency status.

Signature Date

ALL APPLICATION MATERIALS MUST BE RECEIVED BY OCTOBER 15, 2009

**WICHE Certifying Officer
Higher Education Coordinating Board
917 Lakeridge Way SW
PO Box 43430
Olympia, WA 98504-3430**

RESIDENCY QUESTIONNAIRE

State support under the Western Interstate Commission for Higher Education (WICHE) Professional Student Exchange Program (PSEP) in optometry is available only to residents of Washington. Eligibility for certification is based on Washington residency for at least one continuous year, for purposes other than attending college, prior to the time of application for WICHE certification. *If you declare residency in another state while attending college, you will relinquish your Washington residency and your WICHE certification will become inactive.*

Have you attended a Washington public college classified as a resident student? Yes No

Name of College: _____ **Dates attended:** _____
From: Month/Year – To: Month/Year

Date you became a legal resident of Washington State: _____
Month/Year

Purpose of moving to Washington: _____

Chronologically list your physical residence(s) for the last two years.
(Attach additional sheet if necessary)

From: Month/Year – To: Month/Year City State Occupation/Activity

From: Month/Year – To: Month/Year City State Occupation/Activity

Chronologically list your employment for the past 12 months. (Attach additional sheet if necessary)

From: Month/Year – To: Month/Year City State Employer

From: Month/Year – To: Month/Year City State Employer

Washington Driver's License? Yes No **Driver's License Number:** _____

Do you have a checking account? Yes No **Date opened:** _____
Month/Year

Name of Bank: _____ **Location:** _____
City State

List motor vehicles that you own:

Make Model License Plate Number State

Make Model License Plate Number State

Are you registered to vote in Washington? Yes No

I certify that it is my intention to make Washington my true, fixed and permanent residence, and that each of the foregoing statements is a true and correct statement of fact, and proof will be provided if requested by the Higher Education Coordinating Board.

Name SSN

Signature Date

CONSENT

to Transfer Student Records through the Student Exchange Program

Western Interstate Commission for Higher Education
P.O. Box 9752, Boulder, CO 80301-9752 (303) 541-0214

PURPOSE FOR REQUESTING STUDENT SIGNATURE ON CONSENT AND WAIVER FORM: Public Law 93-380, the Federal Family Educational Rights and Privacy Act of 1974, requires all who hold custody of student records to ensure protection of personally identifiable information. Administration of WICHE Student Exchange Program requires the exchange of educational information about student applicants in order to provide for consideration of enrollment and transfer of funds by the state in the case of admission by the school. In order to facilitate exchange of necessary documents, the student applicant is asked to sign a "Consent and Waiver" statement.

Student willingness to sign a consent statement is not a requirement for participation in the program.

DESCRIPTION OF USE OF PERSONAL RECORDS: The program collects and uses information concerning student eligibility for the program; admission; enrollment; academic progress; graduation and/or termination from the professional program; and payment of fees by the state through WICHE to the receiving school.

This information is exchanged between and among the certifying office of the student's home state; the staff of the Student Exchange Program, Western Interstate Commission for Higher Education; and the professional school(s) to which the student makes application and is admitted. The WICHE Commissioners of the sponsoring state may also review applications to consider eligibility of student(s).

Periodic accounting for the Student Exchange Program in the state and in the region may result in publication of reports that may contain the student's name, home address, year of enrollment, enrolling institution, and money spent by the state to support the student's effort to reach an educational objective.

NOTIFICATION CONCERNING STUDENT ACCESS TO PERSONAL RECORDS: Any student participant or applicant for participation in the Student Exchange Program has access to his/her personal records maintained as a part of the exchange activity. He/she may inspect and/or receive copies at a cost not to exceed the actual cost of reproduction.

Consent and Waiver

- I understand that it is necessary to process student records in order to carry out the purpose of the Student Exchange Program, providing access to educational opportunities for residents of the western states.
- I understand that the record-keeping process requires preparation, transmission, receipt, filing, and reporting of information appropriate to the effectiveness and continuity of the program.
- I hereby consent to the transfer of personally identifiable educational records between and among the participants in the Student Exchange Program of the Western Interstate Commission for Higher Education to include the following:
 - Information concerning student eligibility, acceptance, and educational attainment
 - Information concerning fees paid by the sending state through WICHE to the receiving school
 - Lists of applicants certified as eligible for support
 - Admissions reports, withdrawal reports, and annual reports for WICHE Exchange Students
 - Support Agreement forms and invoices
 - Special letters of inquiry and response as required to address questions and concerns identified by program participants
- I understand that the information referred to herein will be available only to Student Exchange Program staff members, designated institutional officials, and sending state officials as required to carry out their official duties.
- I further **consent** to the transfer of all or a portion of the above educational records to admissions officers and certifying officers as required to accommodate the needs of the Student Exchange Program provided that the officers receiving the information will

not permit any other party to have access to such information without the express written consent of the undersigned.

- I hereby **waive** my right to receive specific notification of the transfer of such records. I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Student Exchange Program including reasonable research studies necessary to evaluate and improve the program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Student Exchange Program director or other designated staff member, the request for information is wholly consistent with my best interests and the purposes of the Student Exchange Program.
- I understand that a log will be maintained to identify access to my records, which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational records.

Name _____
(please print)

Signature _____

Permanent Address _____
Street

City State Zip

Date _____