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**Professional & Community Education**4203 S. Providence Rd. · Columbia, MO 65203  
Ph: 573-214-3803 · Fax: 573-214-3811

## Laser/Optics Program

### Fall 2017 Application Packet

Thank you for your interest in the Columbia Area Career Center, Professional and Community Education's Laser/Optics program. This shop-based program involves hands-on instructor-led curriculum that will give the most up-to-date knowledge and innovative skills to enter the laser/optics industry.

CACC's Laser/Optics certificate program was developed through a National Science Foundation Grant that was awarded to Indian Hills Community College (IHCC). IHCC established and operates the Midwest Photonics Education Center, which includes CACC as its Missouri partner. What makes this program special is the local, regional and national support it has received to bring the most current technology, industry standards and employment trends to mid-Missouri.

The employer demand for qualified photonics/laser technicians is significant and has continued to grow in recent years. O\*NET Online projects 14,600 job openings for 2012-2022, and a study by IHCC found 1200 photonics/laser technicians are needed per year in the U.S., and only 300 students are graduating. CACC, IHSS and NSF are excited to bring this program to Columbia and the surrounding communities.

### GENERAL PROGRAM INFORMATION

This 600-hour program is taught in five blocks beginning Monday, October 2<sup>nd</sup>, 2017 and ending September 20<sup>th</sup>, 2018. Classes will meet Monday, Tuesday and Thursday from 4:30 pm – 9:00 pm.

The tuition *and* textbook fee for the program will be **\$4,500\***. *Tuition is due in full on September 28, 2017. Financial aid and/or a monthly payment plan is available; interested students should contact the Financial Aid Administrator at 573-214-3809, to immediately begin the application process. All financial arrangements must be made prior to the start date.*

*\*Reduced tuition for the 2017-2018 academic year only.*

## **ADMISSION CRITERIA**

1. Contact Financial Aid Administrator (573) 214-3809
2. Accurate completion of the application (form enclosed)
3. \$45 application fee, payable by cash, check or M/C, Visa, or Discover
4. Completion of NCRC Admission Test
5. Letter of intent (form enclosed)
6. Letter of professional recommendation from an employer or instructor in support of your application (form enclosed)
7. Submit copy of high school diploma or equivalent
8. Possible Interview (to be held after application deadline)

## **NCRC Test Dates:**

Thursday, September 21, 2017 9:00am – 1:00pm

## **ADMISSION TIMELINES**

- **APPLICATION DEADLINE – Thursday, September 21, 2017 at 4:00 pm**
- **Week of September 25, 2017** – Acceptance calls and letters sent
- **September 28, 2017** – All financial arrangements need to be made by this date. Please contact the Financial Aid Administrator to make sure arrangements are secured, 573-214-3809.
- **October 2, 2017** - Classes begin (orientation will be held during the first class session)

*Columbia Area Career Center complies with the Americans with Disabilities Act and will provide reasonable accommodations for individuals with disabilities. If you require special arrangements for testing, you must submit the following:*

- *Documentation of disability by a qualified professional. (This documentation must not be more than 3 years old and should be based upon adult norms.)*
- *Request for accommodations.*

*Please allow 30 days for accommodations to be coordinated. Direct your requests to: ADA Coordinator, Columbia Area Career Center, 4203 S. Providence Rd., Columbia, MO 65203.*

## **Mail the application packet to:**

Admissions Committee/ Laser/Optics Program  
Columbia Area Career Center  
Professional & Community Education – Room 147  
4203 South Providence Road  
Columbia, MO 65203

Or via email:  
adulted@cpsk12.org

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**Laser/Optics Program**  
**COLUMBIA AREA CAREER CENTER – PROFESSIONAL & COMMUNITY EDUCATION**

Please complete this application as accurately as possible in typed form, or print legibly in ink. The application for Fall 2017 program must be received no later than **September 21, 2017**.

**GENERAL INFORMATION**

Last	First	Middle	Maiden/Former Name
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Current Address	City	State	Zip
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Home Phone	Cell Phone
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Email address	Date of Birth
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Emergency Contact	Relationship to Applicant	Phone Number
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**WORK EXPERIENCE**

Employer Name & Address	Dates of Employment
Basic Duties	

Employer Name & Address	Dates of Employment
Basic Duties	

**PROFESSIONAL REFERENCES – please list 3**

Name, Company/School, & Phone #	Relationship
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Name, Company/School, & Phone #	Relationship
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Name, Company/School, & Phone #	Relationship
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List any current certificates, licenses or other credentials:

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List any previous employment, training, workshops, seminars or other educational opportunities you have experienced related to laser/optics.

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**I certify that the above information is correct and complete. I understand that I am responsible for notifying the Program Director of any changes of address or phone number. I also understand that I am responsible for my own transportation to and from Columbia Area Career Center.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Deadline for receipt of application packet is September 21, 2017.***



**Professional & Community Education  
Laser/Optics Program  
Letter of Intent**

Please discuss your interest in the Laser/Optics Program in the space provided below. Include in your discussion how these interests have developed, why you wish to train in the field of laser/optics and what you plan to do upon completion of this program. Please include in your response why specifically you want to work with lasers and what your goals are. If you have experience in the laser/optics field, please list examples.

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Name of Student

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Signature

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Date

***Deadline for receipt of application packets is September 21, 2017.***



**Professional and Community Education  
Laser/Optics Program  
Letter of Recommendation Form**

Application to the Laser/Optics Program requires a letter of recommendation. Please utilize this form to submit your recommendation.

Applicant's Name \_\_\_\_\_

*Please provide information below that led to your recommendation of this applicant.*

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date