

OZARKS TECHNICAL COMMUNITY COLLEGE APPLICATION FOR DENTAL ASSISTING & DENTAL HYGIENE PROGRAM

International students must see Student Services before applying

Applications must be renewed every year after the deadline.

We will not hold applications that are over one year old.

Date Fee Paid _____

Receipt # & Initials _____

Renewed _____

Check address/phone _____

Office Use Only

OTC cannot guarantee that students classified under the Deferred Action for Childhood Arrivals (DACA) program will receive approval to take the licensure exam after program completion. Please contact the state or national agency that administers the professional licensure exam to inquire about licensure exam requirements.

Submit a completed application and \$15 fee (**nonrefundable**) to office listed below. You may also email your application and paid receipt to alliedhealth@otc.edu.

- Application fee may be paid online with credit or debit card using the link on the Allied Health webpage - <https://academics.otc.edu/alliedhealth/> - **PROVIDE A PAID RECEIPT WITH YOUR APPLICATION, or**
- Pay with cash at the OTC cashier window (Springfield campus) - **PROVIDE A PAID RECEIPT WITH YOUR APPLICATION**
- Checks of any kind and money orders are not accepted
- One \$15.00 fee no matter how many selections student makes below.

Ozarks Technical Community College, Attn: Allied Health, 1001 East Chestnut Expressway, Springfield, MO 65802
(physical location: Lincoln Hall, room 210)

<input type="checkbox"/> May 31 deadline for fall start Dental Hygiene Program	<input type="checkbox"/> June 15 deadline for fall start Dental Assisting	<input type="checkbox"/> October 31 deadline for spring start Dental Assisting
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Name _____

Last
First
MI
Maiden/Former Name

Address _____ Phone _____

Street
City
State
Zip

Social Security # _____ OTC Email _____

Education

Did you graduate from an accredited dental assisting institution accredited by the Commission on Dental Accreditation by the American Dental Association?

- N/A _____
- Yes – list the institution: _____
- No - where did you receive your dental assisting education (List name & address)?

Employment History - List your three most recent employers

Name and Address of Employer	Dates of Employment	Type of Work

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and hereby grant the school permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection or dismissal.

I also understand that my application will not be considered complete until all documentation has been received by the Allied Health office of OTC.

SIGNATURE

DATE

OTC Allied Health program applicants and admitted students give permission to the OTC Student Affairs Division, specifically the Office of the Dean of Students, to share any college disciplinary records or other relevant information on file with the Allied Health Department. Relevant information may include, but is not limited to:

1. History of conduct contradictory to the mission and goals of OTC or which violate OTC's Standards of Student Conduct, Policies & Procedures 5.15, located at www.otc.edu
2. History of conduct contrary to generally accepted codes of conduct and behavioral expectations of those seeking a career in Allied Health.*

The content of these records may serve as grounds for non-admission, program suspension or dismissal. The student will be notified of any information shared between the Student Affairs Division and the Allied Health Department.

Note: Students' OTC Counseling Services records are confidential and will not be shared with the OTC Allied Health Department.

* Generally accepted codes of conduct and behavioral expectations, for Allied Health careers, can be obtained by contacting the professional organization that represents the Allied Health profession that you are interested in pursuing.

By signing below, I acknowledge that I have read and agree to the above statement.

SIGNATURE

DATE

Click [here](#) for OTC's Anti-Discrimination Statement.