

Ozarks Technical Community College Application for Surgical Technology

Date Fee Paid _____
Receipt # & Initials _____
Office Use Only

International students must see Student Services before applying

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.

Email a completed application and \$15 fee (**nonrefundable**) paid receipt to healthsciences@otc.edu.

- Application fee may be paid online with credit or debit card using the link on the Health Sciences webpage found here: <https://academics.otc.edu/healthsciences/required-reading-for-applicants/>
- **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** when submitting to the Health Sciences office (Lincoln Hall room 210)
- Checks of any kind and money orders are not accepted.

Application Deadline

April 3

Classes start in August

Name _____
Last First M.I. Maiden/Former Name

Address _____
Street City State Zip Phone _____

OTC ID _____ OTC Email _____

Are you 18 years of age or older? Yes _____ No _____ (This is required by clinical sites for practicum hours.)

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 Health Sciences office of OTC.**

SIGNATURE _____

DATE _____

Waiver

The Family Educational Rights and Privacy Act permits us to request that you waive your right to inspect the letters of reference and statements of recommendation received by this office for admission into the health occupations program. I hereby waive my right to inspect letters of reference and statements of recommendation received by the Health Sciences office of OTC when used for admission purposes.

SIGNATURE

DATE

OTC Health Science 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 Health Sciences 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 Health Sciences*.

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 Health Sciences Department.

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

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

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

SIGNATURE

DATE

Updated 6/22/21