# Ozarks Technical Community College Application for Medical Laboratory Technician

Application Deadline: February 15 - Program Begins in June

#### The MLT Program and the Phlebotomy course is located at the Richwood Valley Campus

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 <u>alliedhealth@otc.edu</u>.

- Application fee may be paid online with credit or debit card using the link on the Allied Health webpage - <a href="https://academics.otc.edu/alliedhealth/">https://academics.otc.edu/alliedhealth/</a> - 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

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

#### PHLEBOTOMY INFORMATION:

The Phlebotomy course may be taken in two ways.

- #1 PLB 100 Introduction to Phlebotomy Spring semester, A block
  - PLB 101 Phlebotomy Clinical Spring semester, B block\*

#### \*Option One is open to both MLT and non-MLT students.

- #2 PLB 100 Introduction to Phlebotomy Spring semester, B block
  - PLB 101 Phlebotomy Clinical Summer semester\*\*

#### \*\*Option Two is only available for students accepted into the MLT program.

If you are interested in option ONE, email <a href="mlt@otc.edu">mlt@otc.edu</a> to discuss requirements and scheduling. You may also call the MLT office at (417) 447-7420.

PLB 101 is the clinical portion of the course that is required for the ASCP phlebotomy certification exam and entails practice of phlebotomy skills at a clinical facility for a total of 100 hours. <u>This requires four or more hours of availability at least twice a week.</u> PLB 101 is offered during the second block of the spring semester and the summer semester. **Phlebotomy is a pre-requisite for the MLT program.** 

Continue to page 2 for the application.

Click <u>here</u> for OTC's Anti-Discrimination Statement.

## MEDICAL LABORATORY TECHNICIAN APPLICATION

### **COMPLETE AND SIGN THE FOLLOWING:**

| Date Fee Paid        |  |  |  |  |  |
|----------------------|--|--|--|--|--|
| Receipt # & Initials |  |  |  |  |  |
| Office Use Only      |  |  |  |  |  |

| Name                       |  |  |                                     |  |  |  |
|----------------------------|--|--|-------------------------------------|--|--|--|
| Last                       | First  |  | MI                                  | Maiden/Former Name   |  |  |
| Address                    | ddress   |  |                                     |  |  |  |
| Street                     | City   | State                                    | Zip                                 |  |  |  |
| Social Security            |  |  | OTC Email                           |  |  |  |
| the school permission to   | verify such answers.<br>cause for rejection or o | I understand that dismissal. I also      | any false statem<br>understand that | my knowledge and belief and hereby grant<br>nent on this application may be<br>t my application will not be considered<br>fice of OTC. |  |  |
| SIGNATURE                  |  |  | DATE                                |  |  |  |
|                            |  | Waive                                    | r                                   |  |  |  |
| reference and statement    | s of recommendation inspect letters of reference | received by this or<br>rence and stateme | ffice for admission                 | aive your right to inspect the letters of on into the health occupations program. I endation received by the Allied Health             |  |  |
| SIGNATURE                  |  |  | DATE                                |  |  |  |
|                            | the Dean of Students,                            | to share any colle                       | ege disciplinary r                  | the OTC Student Affairs Division, records or other relevant information on ot limited to:  |  |  |
| Conduct, Policies &        | Procedures 5.15, loca ontrary to generally ac    | ited at <u>www.otc.ed</u>                | <u>du</u>                           | iolate OTC's Standards of Student avioral expectations of those seeking a  |  |  |
|                            |  |  |                                     | suspension or dismissal. The student will be Allied Health Department.   |  |  |
| Note: Students' OTC Co     | unseling Services reco                           | ords are confident                       | ial and will not b                  | e shared with the OTC Allied Health  |  |  |
|                            |  |  |                                     | ealth careers, can be obtained by sion that you are interested in pursuing.  |  |  |
| By signing below, I acknow | owledge that I have re                           | ad and agree to tl                       | ne above statem                     | ent.   |  |  |
|                            |  |  |                                     |  |  |  |
| SIGNATURE                  |  |  | DATE                                |  |  |  |