

# Ozarks Technical Community College

## Application for Occupational Therapy Assistant

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.*

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

- Application fee may be paid with credit or debit card online using the link on the Health Sciences 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

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

**Application Deadline**

**April 15**

**Program begins in the fall**

Name \_\_\_\_\_  
Last First MI Maiden/Formal Name  
Address \_\_\_\_\_  
Street City State Zip Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_ OTC Email \_\_\_\_\_

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 enough 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 Sciences 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](http://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 Sciences careers, can be obtained by contacting the professional organization that represents the Health Sciences profession that you are interested in pursuing.

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

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**SIGNATURE**

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**DATE**

Updated 8/23/21