

OZARKS TECHNICAL COMMUNITY COLLEGE APPLICATION FOR BEHAVIORAL HEALTH SUPPORT

International students must see Student Services before applying

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

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

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

SELECT ALL THAT APPLY: (One \$15.00 fee required for all options.)

| | | |
|--------------------|--|---|
| Choose one: | <input type="checkbox"/> Associate of Science in BHS | <input type="checkbox"/> Certificate in BHS |
| Choose one: | <input type="checkbox"/> April 5 deadline Seated (Springfield) summer start | <input type="checkbox"/> November 5 deadline Hybrid (Springfield) Spring start |
| | <input type="checkbox"/> April 5 deadline Seated (Table Rock) summer start | <input type="checkbox"/> November 5 deadline Hybrid (Table Rock) Spring start |
| | | <input type="checkbox"/> November 5 deadline Hybrid (Waynesville) Spring start |

Refer to BHS Checklist for full application instructions

Name _____
 Last First MI Maiden/Former Name

Address _____ Phone _____
 Street City State Zip

Social Security # _____ OTC EMAIL _____

Employment History - List your three most recent employers

| Name and Address of Employer | Dates of Employment | Type of Work |
|------------------------------|---------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Questions - Please answer the following questions in your own handwriting. **Please do not use a computer or typewriter.**

Briefly discuss your reasons for seeking entrance into the Behavioral Health Support program. Mention why you feel this would be a satisfying vocation for you. For additional comments attach a separate sheet to this application.

What experience do you have working with other people or in this field, which will transfer to your ability to work with patients and your allied health co-workers? For additional comments attach a separate sheet to this application.

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_____

Updated 9/28/21