

**OZARKS TECHNICAL COMMUNITY COLLEGE
ASSOCIATE of SCIENCE in NURSING PROGRAM
APPLICATION**

Date Fee Paid _____ Receipt # & Initials _____ <div style="text-align: right; padding-right: 20px;"><i>Office Use Only</i></div>
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International students must see Student Services before applying

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/alliedhealth/line-payment-options/>
- **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.
- ***SUBMIT A CURRENT RESUME WITH APPLICATION.***

Check which applies:

Current Licensed Practical Nurse _____ Current Paramedic _____

You may apply for more than one deadline at a time. Upon request your application will be moved to the next available deadline.

<input type="radio"/> February 15 deadline for hybrid cohort (Starts in June – graduate in March)	<input type="radio"/> April 15 deadline for hybrid cohort (Starts in August – graduate in May)
<input type="radio"/> July 15 deadline hybrid cohort (Starts in October – graduate in July)	<input type="radio"/> September 15 deadline for hybrid cohort (Starts in January – graduate in October)

Name: _____
 First Name *MI* *Last Name* *Maiden Name (if applicable)*

Mailing Address: _____
 Street and Apt Number (if applicable) *City* *State* *Zip Code*

Phone Number: _____ **OTC Email Address:** _____

PRACTICAL NURSING PROGRAM OR PARAMEDIC PROGRAM INFO:

Name of School : _____

City: _____ **State** _____

Dates of Attendance: _____ **Month/Year of Graduation:** _____

Employment History:

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 enough cause for rejection or dismissal. I understand that acceptance into and the completion of this program does not guarantee permission to sit for the State Board Test for licensing (Missouri Nursing Practice Act Statute Chapter 335). Please note that applicants from non-English speaking countries may be required to submit evidence of English language proficiency. **I also understand that my application will not be considered complete until all required documentation has been received by the Health Sciences office of OTC.**

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 Sciences 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

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.

Updated 11/17/21