

# OZARKS TECHNICAL COMMUNITY COLLEGE

## Paramedicine

### Critical Care Program Application

International students must see Student Services before applying

<input type="checkbox"/> <b>September 28<sup>th</sup> Deadline</b> <b>Fall Start (Oct – Dec)</b>	<input type="checkbox"/> <b>March 1<sup>st</sup> Deadline</b> <b>Spring Start (Mar – May)</b>
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Name \_\_\_\_\_  
Last First Middle Initial Maiden/Former Name

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Social Security Number # \_\_\_\_\_ OTC Student Email \_\_\_\_\_

Paramedic License/NREMT Number \_\_\_\_\_

Please submit a copy of your license, ACLS, and PALS with your application.

#### Work Experience

Employer Job Title Dates of Employment

\_\_\_\_\_

\_\_\_\_\_

To successfully complete this course, you will be required to attend clinical, and internship on your own time, and outside of normal class time. Do you agree to this requirement? **Yes**\_\_\_ **No**\_\_\_

Do you agree to attend orientation, abide by all program guidelines, and college policies pertaining to this course? **Yes**\_\_\_ **No**\_\_\_

Have you made the necessary arrangements to ensure you can meet the course expectations and time commitments required of this program? **Yes**\_\_\_ **No**\_\_\_

#### Medical Director Approval

By signing below, I attest to the clinical competence of this paramedic and to their ability to be successful in this Critical Care Course. I support their decision to take this course.

Medical Director Name: \_\_\_\_\_ Signed: \_\_\_\_\_

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.

\_\_\_\_\_  
**Student 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 program.

I hereby waive my right to inspect letters of reference and statements of recommendation received by the paramedicine department when used for admission purposes.

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**SIGNATURE**

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**DATE**

OTC Paramedicine 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. 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 paramedicine.\*

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 Paramedicine Department.

Note: Students' OTC Counseling Services records are confidential and will not be shared.

\* Generally accepted codes of conduct and behavioral expectations are explained in orientation, in the student handbook, and in the course syllabi.

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**

Click [here](#) for OTC's Anti-Discrimination Statement

Submit completed applications to:

[paramedic@otc.edu](mailto:paramedic@otc.edu)

Updated 8-10-22