

OZARKS TECHNICAL COMMUNITY COLLEGE

Paramedicine EMT (Emergency Medical Technician) Application

International students must see Student Services before applying

- ✓ Submit a completed application to the Paramedicine department.
 - Email the application to paramedic@otc.edu
 - Applications can also be dropped off at any student services location.

When do you intend to take the EMS 101 course?

<input type="checkbox"/> Fall start (apply by July 13 th)	<input type="checkbox"/> Spring start (apply by Dec 3 rd)	<input type="checkbox"/> Summer start (apply by May 3 rd)
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What location works best for you to attend the EMS 101 course?

<input type="checkbox"/> Springfield	<input type="checkbox"/> Table Rock	<input type="checkbox"/> Lebanon
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Name _____
Last First MI Maiden/Former Name

Address _____ Phone _____
Street City State Zip

Social Security No _____ OTC Email _____

Do you have adequate transportation to clinical sites? **Yes**____ **No**____

Have you taken college courses previously? **Yes**____ **No**____

Do you plan to take other college courses while taking EMT? **Yes**____ **No**____

Do you plan to pursue the paramedic program? **Yes**____ **No**____ Certificate or Degree? _____

Why are you taking the EMT course? _____

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**____

Before being eligible to attend clinical you must have a clear drug screening, a clear comprehensive background check, have proof of required immunizations, obtain an American Heart Association BLS CPR certification, and complete the onboarding processes for the clinical affiliates. Do you agree to this requirement? **Yes**____ **No**____ (more information about all of this will be presented in orientation)

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

Is there any reason you might be unsuccessful in this course?

Yes____ **No**____ If yes, how can we help you have a better chance of success? _____

Do you want to be contacted to set up a one-on-one advising appointment to plan your paramedicine degree? **Yes**____ **No**____

I hereby certify that the foregoing statements (on the previous page) 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.

SIGNATURE

DATE

Waiver

OTC Paramedicine 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. 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 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.

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.

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