

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

Date Fee Paid _____
Receipt # & Initials _____
<i>Office Use Only</i>

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 alliedhealth@otc.edu.

- Application fee may be paid with credit or debit card online 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 Tech. Community College, Attn: Allied Health, 1001 East Chestnut Expressway, Springfield, MO 65802-3625 (physical location: Lincoln Hall, room 210) **or**
- Ozarks Tech. Community College, 10698 Historic Hwy. 165, Hollister, MO 65672 (physical location)
 - Cash is not accepted at the Table Rock campus

SELECT ALL THAT APPLY:

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

Full Legal Name	Last:	First:	Middle Name:
All Previous Last Names Used:			
Social Security Number		OTC Email	
ADDRESS	Street Number & Name:		
City:	State & Zip Code:		
Home Phone # & Cell Phone #:		Work Phone #:	
May a message be left?	<input type="radio"/> Yes	<input type="radio"/> No	Email Address:

Practical Nursing Program	Name of School:		
City:			State:
Dates of Attendance:	Did you graduate?	<input type="radio"/> Yes	<input type="radio"/> No
Month & Year of Graduation:	If No, are you currently attending or plan to attend PN school?	<input type="radio"/> Yes	<input type="radio"/> No

Employment	List all jobs you have had in your nursing career, beginning with the most recent; an attached resume is preferred		
Employer	Position Held	Dates Of Employment	Reason For Leaving

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 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 must 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 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

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