

# OZARKS TECHNICAL COMMUNITY COLLEGE

## Application for EMT (Emergency Medical Technician)

International students must see Student Services before applying

- ✓ Submit a completed application to the Allied Health office.
  - Email the application to [alliedhealth@otc.edu](mailto:alliedhealth@otc.edu) or
  - Fax to (417) 447-8806

Select all the deadlines you would like to apply to:

<input type="checkbox"/> July 3 deadline (Springfield) Fall start	<input type="checkbox"/> November 3 deadline (Springfield) Spring start	<input type="checkbox"/> April 3 deadline (Springfield) Summer start
<input type="checkbox"/> July 3 deadline (Table Rock) Fall start	<input type="checkbox"/> November 3 deadline (Table Rock) Spring start	<input type="checkbox"/> April 3 deadline (Ft. Leonard Wood) Summer start
<input type="checkbox"/> July 3 deadline (Waynesville) Fall start	<input type="checkbox"/> November 3 deadline (Waynesville) Spring start	
<input type="checkbox"/> July 3 deadline (Ft. Leonard Wood) Fall start	<input type="checkbox"/> November 3 deadline (Ft. Leonard Wood) Spring start	

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Name \_\_\_\_\_  
Last First MI Maiden/Former Name

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

Social Security No \_\_\_\_\_ OTC Email \_\_\_\_\_

Are you a current student with the Fire Science program at OTC? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have adequate transportation to clinical sites? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you at least 17 years of age and will turn 18 during the course? Yes \_\_\_\_\_ No \_\_\_\_\_

Other education (explain) \_\_\_\_\_

Are you Emergency Medical Responder trained? Yes \_\_\_ No \_\_\_

Are you associated with an EMS agency or hospital? Yes \_\_\_ No \_\_\_ If yes: Name of Agency \_\_\_\_\_

Dates of Affiliation \_\_\_\_\_ Type of Agency or Department \_\_\_\_\_

### EMPLOYMENT HISTORY

Is EMT required for your employment? Yes \_\_\_ No \_\_\_

List your two most recent employers: (include additional sheet if needed)

Name and Address of Employer

Dates of Employment

Type of Work

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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**

**Waiver**

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](http://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**

**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.**

**Background Check – Students with a felony or a significant criminal history may not be able to participate in clinical experiences at some of our sites and may not be able to apply for a license to practice. Contact the Allied Health Office for additional information ([alliedhealth@otc.edu](mailto:alliedhealth@otc.edu)).**

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

Updated 11/8/19