

**Ozarks Technical Community College  
Application for Paramedicine - Community Paramedic  
Certificate of Specialization**

**International students must see Student Services before applying**



**July 26 Application Deadline  
(Springfield) Fall Start**

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Name \_\_\_\_\_  
Last First Middle Initial Maiden/Former Name

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

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

**Work Experience (attach additional sheets if necessary)**

Employer Job Title Dates of Employment  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Paramedic License Number** \_\_\_\_\_

**Two years of experience is required. Attach a copy of the license to your application.**

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**

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 health occupations program. I hereby waive my right to inspect letters of reference and statements of recommendation received by the Allied Health office of OTC when used for admission purposes.

\_\_\_\_\_  
**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](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.

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**SIGNATURE**

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**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