

# Ozarks Technical Community College

## Application for Paramedicine AAS Degree or Certificate

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](mailto:alliedhealth@otc.edu).

- Application fee may be paid online with credit or debit card 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 Technical Community College, Attn: Allied Health, 1001 East Chestnut Expressway, Springfield, MO 65802 (physical location: Lincoln Hall, room 210)

<input type="checkbox"/> <b>July 3 Deadline (Table Rock) Fall Start</b>	<input type="checkbox"/> <b>November 3 Deadline (Springfield) Spring Start</b>
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Name \_\_\_\_\_  

Last
First
Middle Initial
Maiden/Former Name

Address \_\_\_\_\_  

Street
City
State
Zip
Phone

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

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

Employer	Job Title	Dates of Employment

EMT Basic License Number \_\_\_\_\_ **\*EMT-Basic must be completed by the end of the Fall semester to begin the Paramedic program in the Spring.** Attach a copy of your 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.

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**SIGNATURE**

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**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**

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

Updated 6/12/20