Ozarks Technical Community College Application for Practical Nursing Program

Date Fee Paid			
Receipt # & Initials			
Office Use Only			

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 <u>not</u> accepted
- One \$15.00 fee no matter how many locations are selected
- Springfield and Lebanon locations: Email application and \$15.00 application fee paid receipt to alliedhealth@otc.edu.
- > Table Rock location: Ozarks Technical Community College, 10698 Historic Hwy. 165, Hollister, MO 65672
 - o Cash, checks of any kind and money orders are not accepted at the Table Rock location.

	April 1 deadline for fall s Springfield	october 1 start – Sp	deadline for spring ringfield
	April 1 deadline for fall s Table Rock	start – October 1 start – Le	deadline for spring banon
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me Last	First	MI	Maiden/Former N
dress			Phone
Street	City	State Zip	
cial Security #		OTC Email	
ıployment History- Lis	st your three most recent employers		
Name and Addre	ess of Employer D	ates of Employment	Type of Work

Chapter 335). Please note that applicants from n	the State Board Test for licensing (Missouri Nursing Practice Act Statue on-English speaking countries must submit evidence of English y application will not be considered complete until all d Health office of OTC.
SIGNATURE	DATE
	Waiver
reference and statements of recommendation rec	ermits us to request that you waive your right to inspect the letters of seived by this office for admission into the health occupations program. Indee and statements of recommendation received by the Allied Health
SIGNATURE	DATE
	mitted students give permission to the OTC Student Affairs Division, share any college disciplinary records or other relevant information on file mation may include, but is not limited to:
Policies & Procedures 5.15, located at www.	n and goals of OTC or which violate OTC's Standards of Student Conduct, otc.edu epted codes of conduct and behavioral expectations of those seeking a
	nds for non-admission, program suspension or dismissal. The student will e Student Affairs Division and the Allied Health Department.
Note: Students' OTC Counseling Services reco Department.	rds are confidential and will not be shared with the OTC Allied Health
	ioral expectations, for Allied Health careers, can be obtained by contacting 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

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

Updated 1/25/21

The OTC Practical Nursing Program has received full approval by the Missouri State Board of Nursing.

Click <u>here</u> for OTC's Anti-Discrimination Statement.