

Date Fee Paid \_\_\_\_\_  
 Receipt # & Initials \_\_\_\_\_  
*Office Use Only*

*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.*

- 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
- 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](mailto:alliedhealth@otc.edu).
- **Table Rock location:** Ozarks Technical Community College, 10698 Historic Hwy. 165, Hollister, MO 65672
  - **Cash, checks of any kind and money orders are not accepted at the Table Rock location.**

<input type="checkbox"/> April 1 deadline for fall start – Springfield	<input type="checkbox"/> October 1 deadline for spring start – Springfield
<input type="checkbox"/> April 1 deadline for fall start – Table Rock	<input type="checkbox"/> October 1 deadline for spring start – Lebanon

Social Security # \_\_\_\_\_ OTC Email \_\_\_\_\_

### Type of Work


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 documentation has been received by the Allied Health office of OTC.**

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**SIGNATURE**

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**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**

The OTC Practical Nursing Program has received full approval by the [Missouri State Board of Nursing](#).

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