

Ozarks Technical Community College Application for Respiratory Therapy

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**) paid receipt to healthsciences@otc.edu.

- Application fee may be paid online with credit or debit card using the link on the Health Sciences webpage found here: <https://academics.otc.edu/alliedhealth/line-payment-options/>
- **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** when submitting to the Health Sciences office (Lincoln Hall room 210)
- Checks of any kind and money orders are not accepted.

Application Deadline

February 15

Classes start in June

Name			
Last	First	MI	Maiden/Formal Name

Address _____ Phone _____

Street City State Zip

Social Security # _____ OTC Email _____

Employment History – List work experiences beginning with the most recent.

- List full and part-time work since high school or during the last ten years
- Use another sheet of paper if necessary

Name and Address of Employer

Dates of Employment

Type of Work

PLEASE ANSWER THE FOLLOWING QUESTIONS
For additional comments attach a separate sheet to this application.

Briefly discuss your reasons for seeking entrance into the Respiratory Therapy program. Mention why you feel this would be a satisfying vocation for you. Discuss any experiences you have had that directed your interest toward this field.

What experience do you have working with other people which will transfer to your ability to work with patients and your Health Science co-workers.

List two (2) personal strengths and discuss why these strengths will allow you to be a good Respiratory Therapist.

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 Health Sciences 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 Health Sciences office of OTC when used for admission purposes.

SIGNATURE

DATE

OTC Health Sciences 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 Health Sciences 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
2. History of conduct contrary to generally accepted codes of conduct and behavioral expectations of those seeking a career in Health Sciences*.

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 Health Sciences Department.

Note: Students' OTC Counseling Services records are confidential and will not be shared with the OTC Health Sciences Department.

* Generally accepted codes of conduct and behavioral expectations, for Health Science careers, can be obtained by contacting the professional organization that represents the Health Science profession that you are interested in pursuing.

By signing below, I acknowledge that I have read and agree to the above statement.

SIGNATURE

DATE

Meeting the qualifications for admission to Ozarks Technical Community College and the Respiratory Therapy program may not necessarily meet the state of Missouri statutes for licensure.

Updated 6/22/21