

Ozarks Technical Community College
Application for EMT Basic Course

Date Fee Paid _____
Receipt # & Initials _____
Office Use Only

Mail or bring the completed application and \$15 fee (**non-refundable**) to:
Ozarks Technical Community College, Allied Health Office, 1001 East Chestnut Expressway, Springfield MO 65802-3625

CIRCLE ONE:

Application Deadline

Fall Semester

July 15

Spring Semester

November 30

Summer Semester

May 1

Acceptance letters will be sent out after respective deadline.

Name _____
Last First M.I. Maiden/Former Name

Address _____
Street City State Zip Phone _____

Social Security # _____ Over 17 yrs of age _____

Have a valid driver's license _____ (please include a copy of driver's license)

Education

Do you have a GED certificate? Yes ___ No ___ Year Received _____

List the high school from which you graduated or will graduate and all colleges you have attended.

High School Name _____ City & State _____ Year of Graduation _____

College Name _____ City & State _____ Years Attended _____

Other education (explain) _____

Are you First Responder trained? Yes ___ No ___ If yes, include copy of certificate or instructor letter stating completion date.

Are you associated with an EMS agency or hospital? Yes ___ No ___ If yes: Name of Agency _____
Dates of Affiliation _____ Type of Agency or Department _____

Employment History

Is EMT required for your employment? Yes ___ No ___

List your two most recent employers

Name and Address of Employer

Dates of Employment

Type of Work

References Give the name and phone number. List those who are familiar with your educational background or work experience.

DO NOT LIST FRIENDS OR RELATIVES

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

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.**

Date

Signature

OVER

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_____

Non-Discrimination Statement

Ozarks Technical Community College prohibits discrimination and harassment and provides equal opportunities in its admissions, educational programs, activities, and employment regardless of race, color, religion, gender, national origin, age, marital status, sexual orientation, political affiliation, veteran status, and disabilities that include HIV and AIDS, and medical conditions. Bona fide occupational qualifications will be allowed in those instances where age, gender, or physical requirements apply to the appropriate and efficient administration of the position.