

Ozarks Technical Community College
Application for Physical Therapist Assistant

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

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

Application Deadline **September 1** (Class Starts in January) Desired Year of Admission _____
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Name \_\_\_\_\_  
Last First M.I. Maiden/Former Name

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Social Security Number \_\_\_\_\_

**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 and State \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College Name \_\_\_\_\_ City and State \_\_\_\_\_ Years Attended \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References** List those who are familiar with your educational background or work experience.  
**DO NOT LIST FRIENDS OR RELATIVES**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**List courses in which you are currently enrolled**

| Course Number and Title | Credit Hours | University/College |
|-------------------------|--------------|--------------------|
| _____                   | _____        | _____              |
| _____                   | _____        | _____              |
| _____                   | _____        | _____              |
| _____                   | _____        | _____              |

Have you taken coursework at OTC? Yes \_\_\_ No \_\_\_

Meeting the qualifications for admission to Ozarks Technical Community College and the Physical Therapist Assistant program qualifies the graduate to apply to take the board exam for licensure. For further information, contact the Dean of Allied Health at 447-8802.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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

OTC endorses and practices the principle of equal education and employment opportunity for all persons regardless of race, color, sex, religion, ancestry, national origin, age, marital status, parental status, or non-job related handicap or disability in the educational programs, services and activities it operates.