

**OZARKS TECHNICAL COMMUNITY COLLEGE
ASSOCIATE of SCIENCE in NURSING PROGRAM
APPLICATION**

Date Fee Paid _____ Receipt # & Initials _____ <i>Office Use Only</i>

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

Application Deadline: March 1st – Classes start in August

NAME				
Last:		First:		Mi:
All Previous Last Names Used:				
Social Security Number:			-	-
ADDRESS				
Street Number & Name:				
City:			State & Zip Code:	
Home Phone # & Cell Phone #:			Work Phone #:	
May A Message Be Left At These Numbers: <input type="radio"/> Yes <input type="radio"/> No			Email Address:	
EDUCATION *Note High School graduation or G.E.D. Equivalency is required				
High School Education		Name: City & State:		Years Attended:
Did You Graduate? <input type="radio"/> Yes <input type="radio"/> No			If Yes, When? (Month & Year)	
G.E.D. Information		Year Obtained:	City:	State:
Practical Nursing Program		Name Of School: City: State:		
Dates Of Attendance:		Did You Graduate? <input type="radio"/> Yes <input type="radio"/> No		
		If No, Are You Currently Attending Or Plan To Attend PN School? <input type="radio"/> Yes <input type="radio"/> No		
Month & Year Of Graduation:				
College/University Information			Indicate Below All College, Universities, Vocational Programs Previously Attended	
Name	State	Dates Of Attendance	Major	Graduation Date
Employment		List All Jobs You Have Had In The Past Five Years, Beginning With The Most Recent; Use Additional Page If Needed		
Employer	Position Held	Dates Of Employment	Reason For Leaving	

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

Signature _____

Date _____

6/23/11

OVER

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.