## Ozarks Technical Community College Application for Respiratory Therapy

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 Application Deadline February 15 Class starts in June Name Last First M.I. Maiden/Former Name Address\_\_\_\_ Phone\_\_\_\_\_ Street City Zip State Social Security # Have you ever been convicted of misdemeanor or felony? If Yes, please explain. 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 Years Attended College Name City & State Credential Earned Employment History - List work experiences beginning with the mot recent. List full and part-time work since high school or during the last ten years. 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 Phone # Name Phone #\_\_\_\_\_ Phone #\_\_\_\_\_

Name

## **Questions**: Please answer the following questions.

Briefly discuss your reasons for seeking entrance into the Respiratory Therapy a satisfying vocation for you. Discuss any experiences you have had that direc	program. Mention why you feel this would be ted your interest toward this field.
What experience do you have working with other people which will transfer to allied health co-workers.	your ability to work with patients and your
List two (2) personal strengths and discuss why these strengths will allow you	to be a good Respiratory Therapist.
An interview by the Admission Committee will be a part of the admission proce	ess.
I hereby certify that the foregoing statements are true and correct to the best of reschool permission to verify such answers. I understand that any false statements cause for rejection or dismissal.	
Your 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 Allied Health office of OTC when used for admission purposes.		
Signature	Date	
admissions, educational programs, activities, and eage, marital status, sexual orientation, political affil	scrimination and harassment and provides equal opportunities in its employment regardless of race, color, religion, gender, national origin, iation, veteran status, and disabilities that include HIV and AIDS, and rations will be allowed in those instances where age, gender, or physical administration of the position.	
•	Technical Community College and the Respiratory Therapy program may for licensure. For further information, contact the Dean of Allied Health at	

Revised 6/16/11