



Continuing Education



LPN-CERTIFIED IV COURSE

FALL 2009

Questions:

If you have questions or wish more information, please contact: Jeanette Walsh, Director of Health
SCC-Continuing Education Division
402-437-2706 • 1-800-828-0072, ext. 2706
E-mail: jwalsh@southeast.edu • FAX: 402-437-2704

This state-approved certification course prepares the LPN to perform activities of a Licenced Practical Nurse-Certified. Upon successful completion of this course, the LPN will be eligible for examination for certification by the Bureau of Examining Boards, Department of Health, State of Nebraska.

Beatrice • Oct. 6 – Dec. 8, 2009

Location: SCC-Beatrice Campus, 4771 W. Scott Rd., Jackson Hall Room 200
Days: Tuesdays and Thursdays
Time: 5-9 p.m. (Lab class dates may be adjusted as necessary.)
Cost: \$455 (cost does not include textbooks)
Hours: 70 contact hours

Registration Deadline: Oct. 1, 2009
Must pass pre-registration entrance exam.*
Must have current LPN license.

Students wishing to take the LPN-C course must pass an entrance exam with a 75% **before registering for this course. The entrance exam is free. To register for the exam, contact Jeanette Walsh at 402-437-2706 or 1-800-828-0072, ext. 2706.*

Required book may be purchased online, in person at the SCC Bookstore, or by phone.

- **SCC-Lincoln**, 8800 O Street
- www.sccbookstore.com
- 402-437-2560 or 1-800-642-4075 ext. 2560
- **SCC-Beatrice**, 4771 W. Scott Rd.
- 402-228-8267 or 1-800-233-5027 ext. 1267
(Mon.–Fri. 8 a.m.–4:30 p.m.)

Southeast community college
www.southeast.edu

REGISTRATION FORM - NON-CREDIT COURSE

Southeast community college

Complete this form with payment information and send via FAX or mail to: **SCC-Continuing Education Center**
301 S. 68th Street Place, Lincoln, NE 68510
FAX: (402) 437-2703

Include credit card information or Letter of Authorization for third-party billing. The College requires a student's Social Security number as a condition for enrollment. A student's Social Security number information constitutes an "educational record" under the Family Educational Rights and Privacy Act (FERPA). The College will be privileged to disclose that information only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

2009 QUARTER

<input type="checkbox"/> SUMMER	<input type="checkbox"/> WINTER
<input checked="" type="checkbox"/> FALL	<input type="checkbox"/> SPRING

PLEASE PRINT

Social Security Number		Name: Last		First	Middle Initial	E-mail address	
Residence Mailing Address				City	State	Zip	County # <input type="checkbox"/> Cell <input type="checkbox"/> Business Phone
Birth Date	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (Used for statistical purposes only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Asian/Pacific Island <input type="checkbox"/> Black/African-American, Non-Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other		Veteran or Dependent Utilizing Military Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Resident of Nebraska <input type="checkbox"/> Non-Resident of Nebraska	Home Phone
COURSE NUMBER	SECTION	TITLE	START DATE	LOCATION	TIME	COST	
L P N S 3 0 1 5	O C F A	LPN-C IV - Beatrice	Oct. 6	Jackson Hall Room 200	5-9 p.m.	\$455	

SIGNATURE

Check Cash Mastercard Discover VISA V Code

Name as it appears on card: _____

Exp. Date _____ Credit card # _____

Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)

Submission of this form indicates that I understand: 1) that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that failure to attend a course does not constitute an official drop/withdrawal; 4) the personal information contained herein is correct as shown; and 5) any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College Catalog. It is the policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th Street Place, Lincoln, NE 68510, 402-323-3412, FAX 402-323-3420, or jsoto@southeast.edu.

Staff/Department Discount	()
TOTAL DUE	
FOR OFFICE USE ONLY	
DE _____	ID# _____