

Nebraska Sleep Conference 2020



Friday, Oct. 30, 2020

8 a.m.-4 p.m.

(Check-in begins at 7:45 a.m. via Zoom)

LIVE Online through Zoom

Early Bird \$89 (on/before Oct. 19) / **\$109** (after Oct. 19)

Registration Deadline: Oct. 28

Register today at <http://bit.ly/RegisterCE>

Online Registration Keyword: Sleep



Agenda

- 7:45 a.m.....Check in begins via Zoom
- 8 a.m.....**TYREDD (Drowsy Driving)**
Matthew Uhles, MS, RST, RPSGT
- 9 a.m.....**OSA & Hypoglossal Nerve Stimulation**
Dr. Nancy Stewart, DO, MS
- 10 a.m.....Break
- 10:15 a.m.....**In-Hospital Sleep & Potential Sleep Disorders**
Dr. Nancy Stewart, DO, MS
- 11:15 a.m.....**Infection Control & COVID-19 Safe Practices**
Laura Linley, RST, RPSGT,
Vice President of Clinical Operations
- 12:15 p.m.....Lunch
- 12:45 p.m.....**Ophthalmic Manifestations & Ocular Sequelae of Sleep Apnea**
Dr. Shane Havens
- 1:45 p.m.....**The Rise of School Shootings**
Amber Allen, BA, RST, RPSGT, CCSH,
Program Coordinator
- 2:45 p.m.....Break
- 3 p.m.....**PAP Titration Guidelines: PAP vs Bilevel & PAP vs ASV vs NPPS**
Amber Allen, BA, RST, RPSGT, CCSH,
Program Coordinator
- 4 p.m.....Adjourn/Evaluations sent out via email

CSTE program application has been submitted for approval by the Board of Registered Polysomnographic Technologists. 7.0 contact hours. Participants must attend the entire workshop to receive credit.

NURSES! Nebraska requires 20 hours of continuing education for the purposes of licensure renewal. Ten of the 20 hours must be provided by an approved provider of nursing education (peer reviewed). This is a non-peer reviewed program and can be used towards licensure renewal.



For more information, contact us at continuinged@southeast.edu • 402-437-2700 • 800-828-0072

Cancellation/Refund Policy: You must call the Continuing Education office at 402-437-2700 or 800-828-0072 the day before the class begins to receive a 100% refund. If you call the day of the class or after it has started, no refund will be issued. If a class is cancelled or student drops (according to the refund policy), refunds will be issued to the student, unless a third party has been formally billed by SCC Business Office. **ADA Reasonable Accommodations:** SCC provides services and reasonable accommodations to allow persons with disabilities to participate in educational programs and other College activities. For information on requesting ADA reasonable accommodations, contact the SCC Area Access/Equity/Diversity Office.



Registration Form - Non-Credit Course

Complete this form with payment information and send via FAX or mail to: **Southeast Community College, Continuing Education, 301 S. 68th St. Place, Lincoln, NE 68510**
FAX: 402-437-2703

The College requests, but does not require, a student provide their Social Security number during the admissions process. Visit www.southeast.edu/collegecatalog for additional information.

Today's Date

____/____/____

| | | | | | | | |
|---|---|---|---|-------|--|---|---|
| Social Security Number OR SCC Student ID Number | | Name: Last | | First | Middle Initial | Email Address | |
| Residence Mailing Address | | | City | State | Zip | County # | <input type="checkbox"/> Cell <input type="checkbox"/> Business Phone |
| Birth Date | Identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | Race (select one or more): <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native | | <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American | <input type="checkbox"/> NE Resident <input type="checkbox"/> Non-Resident | Home Phone |

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RESP-3002-TCFA RESP-3002-TCFB

SIGNATURE

Check Cash Mastercard AMEX Discover VISA V Code _____

Name as it appears on card: _____

Exp.Date _____ CC # _____

Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)

For the protection of your personal credit card information, do not email this form to SCC. If faxing, only use the fax number listed or verify with SCC before using another SCC fax number.

| | | |
|---|------------------------------|----------------------------|
| Would you like a receipt mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No | SCC Staff Tuition Waiver () | FOR OFFICE USE ONLY |
| | TOTAL DUE | ID# _____ DE _____ |

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 St. Place, Lincoln, NE 68510, or jsoto@southeast.edu.

Register Online for SCC Continuing Education Classes

You must have an email account to register online.

1. Go to <http://bit.ly/RegisterCE>.
2. **Search for your class** by entering either a **key word** in the title or the **course number**. Click **Submit**. (Enter information in only one field for broader results.)
Key Word Example: *Driver*
Course Number Example: *TRAN-3398*
3. **Select the course** for which you wish to register. Click **Submit**.
4. Enter your **personal information, certify your identification** and click **Submit**.
* You must provide your Social Security Number.
5. *Optional*: Enter your **Additional Registration Information** and click **Submit**.
6. If you want to register for additional classes, select **Search for more classes** under "Choose one of the following." If you are finished selecting the class(es) for which you want to register, select **Register now (check out)**. Select your **Payment Type**. Click **Submit**.
7. Enter your **payment information**. Click **Submit**.

You will see your **class acknowledgement** with information about your **SCC Student ID Number, SCC User ID** and **password**. You also will receive an email with this same information for your records.

In the future it will be easy to register by logging in using your SCC User ID and password and it will not be necessary to provide your Social Security number again.

If you have problems getting registered, please call 402-437-2700 or 800-828-0072 for assistance.



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www.southeast.edu/continuing

* 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 FERPA.