

Overview of the health care system and role of the nursing assistant as a health care team member. Discussions on the concepts of basic human needs, professional behavior, communication, legal/ethical issues, and multicultural diversity.

Teaches basic nursing skills, including:

- Ambulating Blood pressure Oral care
- Bathing
   Dressing
   Toileting

Included in this course are classroom and lab experiences in a health care setting.

Book and materials may be purchased online, at the SCC Campus Store or by phone. Students must bring book to the first class.

- sccbookstore.com
- SCC-Lincoln 8800 O St.,
   402-437-2560 or 800-642-4075, ext. 2560
- SCC-Beatrice 4771 W. Scott Road, 402-228-8267 or 800-233-5027, ext. 1267

Please order book and materials at least 7-10 working days in advance.

*Need assistance paying for your course?* You may qualify for Gap assistance. Please reach out to Heather Bloomquist at 402-323-3394 or hbloomquist@southeast.edu before your class begins to see if you might qualify.

Students must be 16 years of age prior to the start of classes. Attendance is crucial to the success of this class. Absences may result in failure of the class. No-shows do not receive an automatic refund.

Course is approved by the Nebraska Department of Health and Human Services Regulation and Licensure. Upon successful completion of this course, the student is eligible to test for placement on the Nebraska Nursing Assistant Registry.

## **QUESTIONS?**

**Natasha Holly** 402-437-2552 or nholly@southeast.edu



# Oct. 16-Dec. 11, 2025 York, NE

(Hybrid Course—Must have internet access)

## Lab Location:

Learning Center at York, Room A101 401 N. Lincoln Ave. • 402-323-3634

Lab Schedule: Tues. & Thurs. from 4:30-9 p.m.

# Semester Credits: 3.0

Cost: NE Resident: \$375 Non-Resident: \$438 (includes credit class fee)

# Course Number: HLTH-1150-HBYK8

High school students in SCC's service area can register for the "HS" sections during the Fall and Spring terms. If you are a high school student outside of SCC's service area, please register for the regular Nursing Assistant sections.

> For full details or to see other class location offerings



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# REGISTRATION FORM CREDIT COURSES

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	SCC ID Number	Social Security Number	County	County	<ul> <li>Black or African American</li> <li>Native Hawaiian or Other Pacific Islander</li> <li>White</li> </ul>	□ Non-Resident	Start Date (mo/year) Graduation Date (mo/year)	Start Date (mo/year) End Date (mo/year)		Credit Begin End Hours Time Davs	3 8 a.m. 9:20 T/R	3 4:30 9 T/R					TOTAL CREDIT HOURS		Program Chair/Advisor Signature	Southeast Community College is an Equal-Opportunity co-educational La politic: college and does not discriminate based on race, color, religion, sex*, age, equidad, ) markal status, national origin, ethmicity, vecen anstatus, sevual orientation, admisión, disability or orbin-factors prohibited by law or colleee policy.	iforces Title Iso include
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	First	Email Address: (required for students on class waitlists)	City	City	at birth: Ethnicity (select one): ing requirement) Hispanic or Latino C Female Not Hispanic or Latino	Home Phone:	City	City	CREDIT COL	Course Title	ENGLISH BASICS (sample only)	8 Nursing					Records Office in person or by FAX at 402-437-2670. Office at 402-437-2605 for the secure upload link.		Date	<b>iatures (including cursive fonts) will</b> e tuition and fees and subject to a grade in	al Drop/Add Form for Credit Classes' in writi ses using Self Service Student Planning. Fail
PLEASE PRINT CLEARLY	Legal Name: Last	Former Last Name: Email Address: (re	Local / Preferred Mailing Address:	Permanent Address:	Birth Date: Sex assigned at birth: (federal reporting requirement)	Cell Phone: Home	High School Attended/GED":	College Attended Post High School:		Course and Section Number	E N G L 1 1 2 0 L N 8 1	H L T H 1 1 5 0 H B Y K					Completed form should be submitted to the Registration & Records Office in person or by FAX at 402-437-267. To upload electronically, contact the Registration & Records Office at 402-437-2605 for the secure upload link.	Student	Signature	Written or digital signature required. Typed signatures (including cursive fonts) will not be accepted. Submission of this form indicates that I understand: 1. My information is complete and I am accountable for the tuition and fees and subject to a grade in the courses listed;	<ol> <li>To drop or withdraw from classes, I must submit an 'Official Drop/Add Form for Credit Classes' in writing to the Registration Office located in EnrolIment Management or drop the classes using Self Service Student Planning. Failure to attend a course does not constitute an official drop.</li> </ol>

3. I understand tuition charges and refund policies are published in the College Catalog: 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 <u>College Catalog</u>.

A0029 - Reg & Records (10/24)

n, admisión, participación, y empleo contra toda persona por motivo de raza, color, religion, sexor\* edad, estado civil, origen nacional, entre, condición de de veterano, orientación sexual, incapacidad, u otros factores prohibidos de por leyo política del colegio. \*La Oficina de Derechos Civiles del Departamento de Educación de los Estados Unidos hace cumpir la pombieño del Titulo IX contra discriminación por motivos de sexo, que también incluye la discriminación basada en la identidad de género.