

The purpose of the Medication Aide position is to provide a safe way for individuals other than licensed health care professionals (doctors, nurses, etc.) to provide medications to individuals who are not able to take medications by themselves. Medication Aides assist with the provision of medications. You must be at least 18 years of age or older to be employed as a medication aide in the state of Nebraska.

State laws control the activities of a Medication Aide. These laws ensure the health, safety, and welfare of people by providing for the accurate, cost-effective, efficient, and safe utilization of Medication Aides to assist in administration of medications.

Book 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 at least 7-10 working days in advance.

## **QUESTIONS?**

Natasha Holly

402-437-2552 or nholly@southeast.edu

## Aug. 18-Oct. 8, 2025 Wahoo, NE

(Hybrid Course—Must have internet access)

Lab Location:

Saunders Medical Center, 1760 County Rd J • 402-323-5581

Lab Schedule:

Mon. & Wed. from 5:30-8:30 p.m.

**Semester Credits:** 2.5

Cost: NE Resident: \$312.50 Non-Resident: \$365 (includes credit class fee)

**Course Number:** HLTH-1040-HBWH8

For full details or to see other class location offerings







## REGISTRATION FORM CREDIT COURSES

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Legal Name: Last	First	ot .	Middle	OS .	SCC ID Number		TERM
Former Last Name:	Email Address: (required fo	Email Address: (required for students on class waitlists)		Social Secu	Social Security Number		Year: 20 65
Local / Preferred Mailing Address:	_	City	State	Zip		County	Undeclared
Permanent Address:		City	State	Zip		County	☐ Declared (list program of study)
Birth Date:	Sex assigned at birth: (federal reporting requirement)  Male  Female	Ethnicity (select one):  It)	Race (select one or more):  American Indian or Alaska Native		Black or African American Native Hawaiian or Other White	Black or African American Native Hawaiian or Other Pacific Islander White	VETERAN OR DEPENDENT
Cell Phone:	Home Phone:		Resident of Nebraska		☐ Non-Resident		UIILIZING MILITAKI BENETILS
High School Attended / GED*:	City		State	Start Date (mo/year)	year)	Graduation Date (mo/year)	☐ Yes ☐ No
College Attended Post High School:	ol: City		State	Start Date (mo/year)	year)	End Date (mo/year)	
		CREDIT COU	COURSES				
Course and Section Number	on Number	Course Title		Credit Hours	Begin Time	End Time Days	Day designations when class meets are:
E N G L 1 1 2	0 L N 8 1	ENGLISH BASICS (sample only)	mple only)	3	8 a.m.	9:20 T/R	M = Monday, I = Iuesday, W = Wednesday
H L T H 1 0 4	0 H B W H 8	Medica	Medication Aide	2.5	5:30	8:30 M/W	R = Thursday, F = Friday
							(T R means class meets
							Tuesday <u>AND</u> Thursday)
							OFFICE USE ONLY
							Data Entry
Completed form should be submitted to the Registration & Records Office in person or by FAX at 402-437-2670. To upload electronically, contact the Registration & Records Office at 402-437-2605 for the secure upload link.	d to the Registration & Records C Registration & Records Office at 4	)ffice in person or by FAX at 402-437-? 402-437-2605 for the secure upload li	2670. 2.5	TOTAL C	TOTAL CREDIT HOURS	JRS	
Student		Osto	]	Program Chair/Advisor Signature	Signature		

# Written or digital signature required. Typed signatures (including cursive fonts) will not be accepted.

- 1. My information is complete and I am accountable for the tuition and fees and subject to a grade in the courses listed; Submission of this form indicates that I understand:
- 2. 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 Enrollment Management or drop the classes using Self Service Student Planning. Failure to attend a course does not constitute an official drop;
  - 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>

La política publica de Southeast Community College es de proveer Southeast Community College is an Equal-Opportunity co-educational college and does not discriminate based on race, color, religion, sex\* age, marital status, national origin, ethnicity, veteran status, sexual orientation, \*The U.S. Department of Education's Office for Civil Rights enforces Title IX's prohibition on discrimination on the basis of sex to also include discrimination based on gender identity. disability, or other factors prohibited by law or College policy.

in, admisión, participación, y empleo contra toda persona por motivo de raza, colo, religion, sexo\* edad, estado civil, origen nacional, etnia, condición de de veterano, orientación sexual, incapacidad, u otros factores prohibidos de por ley o política del Colegio.

\*La Oficina de Derechos Civiles del Departamento de Educación de los Estados Unidos hace cumplir la prohibición del Titulo IX contra discriminación por motivos de sexo, que también incluye la discriminación basada en la identidad de género. equidad, y prohíbe discriminación, en todos asuntos referentes a la