

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, costeffective, 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.

OUESTIONS?

Natasha Holly

402-437-2552 or nholly@southeast.edu

Southeast Community College LEARNING CENTER AT WAHOO

Jan. 12-March 4, 2026 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

PLEASE PRINT CLEARLY

Legal Name: Last		First	Middle	-	SCC ID Number			
Former Last Name:	Email Address: (requi	Email Address: (required for students on class waitlists)		Social Se	Social Security Number			Year: 20 26
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	rement) Ethnicity (select one): Hispanic or Latino	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	c Islander	VETERAN OR DEPENDENT
Cell Phone:	Home Phone:		Resident of Nebraska		☐ Non-Resident			UIILIZING MILITART BENEFILS
High School Attended/GED*:		City	State	Start Date (mo/year)	/year)	Graduation Date (mo/year)	ate (mo/year)	□ Yes □ No
College Attended Post High School:		City	State	Start Date (mo/year)	/year)	End Date (mo/year)	/year)	
		CREDIT COU	COURSES					
Course and Section Number	n Number	Course Title		Credit Hours	t Begin s Time	End Time Da	Days	Day designations when class meets are:
E N G L 1 1 2 (0 L N 8 1	ENGLISH BASICS (sample only)	(Aluo aldut)	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		Medication Aide	2.5		8:30	M/W	R = Thursday, F = Friday S = Saturday. U = Sunday
								(T R means class meets
								Tuesday AND Thursday)
								OFFICE USE ONLY
								Date
								Data Entry
Completed form should be submitted To upload electronically, contact the R	to the Registration & Recc egistration & Records Offic	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.	-2670. 2.5	TOTAL	TOTAL CREDIT HOURS	URS		
Student Signature		Date_		Program Chair/Advisor Signature	r Signature			

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

- 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 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:
- I understand tuition charges and refund policies are published in the College Catalog

does not constitute an official drop;

- 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>

Southeast Community College is an Equal-Opportunity co-educational college and does not discriminate based on race, color, religion, sex*, age, Program Chair/Advisor Signature

martial status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by Jaw or College policy.

*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.

de veterano, orientación sexual, incapacidad, u otros factores prohibidos 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 admisión, participación, y empleo contra toda persona por motivo de raza, color, religión, sexo*, edad, estado civil, origen nacional, etnia, condición

equidad, y prohíbe discriminación, en todos asuntos referentes a la

La política publica de Southeast Community College es de proveer

southeast.edu/diversity basada en la identidad de género.