

# IV ADMINISTRATION FOR THE EMT

This course will equip EMTs to perform a thorough patient assessment, recognize a need for IV fluids and develop a treatment plan to successfully implement and administer appropriate IV therapies.



10 contact hours will be awarded. To receive contact hours, you must attend both days.

**Friday, Oct. 17, 2025, from 6-9 p.m. &  
Saturday, Oct. 18, 2025, from 9 a.m.-4:30 p.m.**

SCC Jack J. Huck Continuing Education Center, Room 109  
301 S. 68th St. Place, Lincoln, NE

\$197 • Course Number: EMTL-3044-CEFA

For more information, contact us at [continuinged@southeast.edu](mailto:continuinged@southeast.edu) or 402-437-2700.

► **Register today!**

Payments Accepted



**Southeast Community College**  
CONTINUING EDUCATION

» [southeast.edu/continuing](https://southeast.edu/continuing)

**Cancellation/Refund Policy:** The student is entitled to a 100% refund for any non-credit class officially dropped prior to the start date of the class unless noted in the course description notes. No refund is allowed if the class is dropped on or after the start date of the class. SCC reserves the right to cancel any non-credit classes that do not have sufficient enrollment. A full refund will be processed and you are not required to submit a drop form.

**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

Today's Date

\* Required

PLEASE PRINT

Complete this form, enclose your check and mail to:

**Southeast Community College, Continuing Education, 301 S. 68th St. Place, Lincoln, NE 68510**

* Birth Date		Name: * Last		* First		Middle Initial										
* Residence Mailing Address				* City	* State	* Zip	Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female									
* Personal Email Address				* <input type="checkbox"/> Cell <input type="checkbox"/> Home Phone		Business Phone										
COURSE NUMBER				SECTION		TITLE	START DATE	LOCATION	START TIME	COST						
E	M	T	L	3	0	4	4	C	E	F	A	IV Administration for the EMT	Oct. 17, 2025	CEC, 109	6 p.m.	\$197

SIGNATURE \_\_\_\_\_

**TOTAL DUE**

FOR OFFICE USE ONLY

ID# \_\_\_\_\_

DE \_\_\_\_\_

Check payment must accompany this registration form. Check payments may be converted into an ACH transaction, resulting in an immediate electronic withdrawal from your account. Returned items may be re-presented electronically. Call 402-437-2700 with any registration questions.

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. SCC 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, disability, or other factors prohibited by law 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.

L2507 (5/2025)