



This EMT Refresher 20-hour course meets the National Registry and state requirements for renewal.



Attendance at the entire course is required to receive CEUs.

## York, NE

Wednesday, Nov. 13, 2024 Tuesday, Nov. 19, 2024 Tuesday, Dec. 10, 2024 Tuesday, Jan. 14, 2025

Tuesday, Jan. 21, 2025

Location: SCC Learning Center at York, 401 N. Lincoln Ave.

Room: D101

Cost: \$249

Time: 6-10 p.m.

Course Number: EMTL-3333-YKFA

**Register today at southeast.edu/continuing** Online Registration Keyword: EMT

For more information, contact us at continuinged@southeast.edu or 402-437-2700.

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.

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Southeast COMMUNITY COLLEGE							FA	X or Edu	mail catio	to: S n, 30'	orm with payment inform coutheast Community C 1 S. 68th St. Place, Linc -2703	College, Continuing			The College requests, but does not require, a student provide their Social Security number during the admissions process. Visit <b>southeast.edu/collegecatalog</b> for additional information.				y ss.	Today's Date //		
Social Security Number OR SCC Student ID Number Name: * Last												First	st		Middle Initial		* Email Address					
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★ Birth Date I identify as: □ Male □ Female										ПH	lispanic or Latino 🛛 Native	lect one or more):				can	Non-Resident		siness Phone			
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	SIGNATURE												Would you like a receipt mailed to yo				Unition Waiver (		) FOR OFFICE USE ONLY ID#		-	
	(Checks may be converted into an electronic fund transfer, resulting in funds being held or removed immediately.)													🗆 Yes 🗖 No						DE		
	Name as it appears on card: Exp.Date CC #												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 in 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 3) 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 of College policy, southeast-edu/diversity * 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 gener identification.									
	For the protection of your personal credit card information, do not email this form to SCC. If																					