

Emergency Medical Technician



LECTURE (ONLINE)

**Oct. 14 – Dec. 11, 2026 &
Jan. 11 – March 5, 2027**

Course #: EMTL 1305 WBHN8

Prerequisite: Student must be at least 16 years of age

8 Credits

NE Resident: \$1,016 / Non-Resident: \$1,184

This interactive course is designed to teach the foundational aspects of emergency medical care required for an EMT, including airway management, patient communication, trauma and medical patient assessment and care for all sick and injured patient populations. 12-lead ECG placement, hazardous material awareness and major incident operations will also be discussed. At the successful conclusion of this course student will be eligible to sit for the National Registry Exam leading to EMT certification and state licensure. Lab is concurrent with lecture.

Instructor: Melany Winans

LABS (IN-PERSON)

Course #: EMTL 1305L HN81

8 a.m. – 4 p.m.

Labs: 11/7, 11/21, 12/5, 12/12, 12/19, 1/9, 1/23, 2/6, 2/20, and 3/6

NOVEMBER 2026

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER 2026

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY 2027

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY 2027

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

MARCH 2027

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

LEARNING CENTER AT HEBRON

610 Jefferson Ave. | Hebron, Nebraska

402-323-5591 ■ southeast.edu/HebronLC

INS-0023h (9/2026)





Legal Name: Last		First	Middle	SCC ID Number	
Former Last Name:		Email Address: (required for students on class waitlists)			Social Security Number
Local / Preferred Mailing Address:		City	State	Zip	County
Permanent Address:		City	State	Zip	County
Birth Date: / /	Sex assigned at birth: (federal reporting requirement) ☐ Male ☐ Female	Ethnicity (select one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Race (select one or more): ☐ American Indian or Alaska Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White		
Cell Phone:	Home Phone: ☐ Resident of Nebraska ☐ Non-Resident				
High School Attended / GED*:		City	State	Start Date (mo/year)	Graduation Date (mo/year)
College Attended Post High School:		City	State	Start Date (mo/year)	End Date (mo/year)

[illegible]

Student Signature

Date _____

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;
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 College Catalog.

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*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.

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*La Oficina de Derechos Civiles del Departamento de Educación de los Estados Unidos hace cumplir la prohibición del Título IX contra discriminación por motivos de sexo, que también incluye la discriminación basada en la identidad de género.

A0029 - Reg & Records (10/24)