

Nursing Assistant

Aug. 21-Oct. 9, 2024
Pawnee City, NE

No class Sept. 14, 28 and Oct. 2

(Hybrid Course—Must have internet access)

Lab Location:

Pawnee County Memorial Hospital
600 I St.

Lab Schedule:

Wed. from 5-9 p.m. & Sat. from 9 a.m.-5 p.m.

Semester Credits: 3.0

Cost: NE Resident: \$369 / Non-Resident: \$432
(includes credit class fee)

Course Number: HLTH-1150-HBOC1

High school students in SCC's service area can register for the "HS" sections during the Fall and Spring terms. If you are a high school student outside of SCC's service area, please register for the regular Nursing Assistant sections.

Overview of the health care system and role of the nursing assistant as a health care team member. Discussions on the concepts of basic human needs, professional behavior, communication, legal/ethical issues, and multicultural diversity.

Teaches basic nursing skills, including:

- Ambulating
- Bathing
- Blood pressure
- Dressing
- Oral care
- Toileting

Included in this course are classroom and lab experiences in a health care setting.

Book and materials 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 and materials at least 7-10 working days in advance.

Students must be 16 years of age prior to the start of classes. Attendance is crucial to the success of this class. Absences may result in failure of the class. No-shows do not receive an automatic refund.

Course is approved by the Nebraska Department of Health and Human Services Regulation and Licensure. Upon successful completion of this course, the student is eligible to test for placement on the Nebraska Nursing Assistant Registry.



*For full details or
to see other class
location offerings*



QUESTIONS?

Natasha Holly

402-437-2552 or nholly@southeast.edu



REGISTRATION FORM CREDIT COURSES

PLEASE PRINT CLEARLY

✓CHECK ONE:

- Beatrice Campus • Fax 402-228-8935
- Lincoln Campus • Fax 402-437-2670
- Milford Campus • Fax 402-761-2324

TERM

Year: 20 **24**

Fall Spring Summer

Yes, I am Declared (list program of study)

NEWSPAPER RELEASE

Hometown Newspaper: _____

Address: _____

Legal Name: Last _____ Middle _____ SCC ID Number _____

Former 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: ____/____/____ Identify as: Male Female Ethnicity (select one): Hispanic or Latino Not Hispanic or Latino American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Cell Phone: _____ Home Phone: _____ Business Phone: _____ Veteran or Dependent: Yes No Resident of Nebraska: Yes No Utilizing Military Benefits: No Yes Non-Resident: No Yes Graduation Date (mo/year) _____

High School Attended / GED*: _____ City _____ State _____ Start Date (mo/year) _____ End Date (mo/year) _____

College Attended Post High School: _____ City _____ State _____ Start Date (mo/year) _____ End Date (mo/year) _____

CREDIT COURSES

Course Number	Course Title	Credit Hours	Begin Time	End Time	Room	Days	LAST DAY to Drop With Refund		
							T / R	M / S	
ENGL 101	ENGLISH BASICS (sample only)	3	8 a.m.	9:20	T-5	T / R			
HLTH 150	Nursing Assistant	3.0	5	9	PCMH	M / S			
TOTAL CREDIT HOURS							3.0		

Day designations when class meets are:

M = Monday, T = Tuesday,
W = Wednesday
R = Thursday, F = Friday
S = Saturday, U = Sunday

(T R means class meets Tuesday AND Thursday)

OFFICE USE ONLY

Data Entry _____

Date _____

Completed form should be submitted to the Registration & Records Office in person or by FAX. To upload electronically, contact the Registration & Records Office at 402-437-2605 for the secure upload link.

Student Signature _____ Date _____

Program Chair/Advisor Signature _____

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.

La política pública de Southeast Community College es de proveer equidad, y prohíbe discriminación, en todos asuntos referentes a la admisión, participación, y empleo contra toda persona por motivo de raza, color, religión, sexo*, edad, estado civil, origen nacional, etnia, condición de veterano, orientación sexual, incapacidad, u otros factores prohibidos por ley o política del Colegio.
*La Oficina de Derechos Cíviles 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.
southeast.edu/diversity