



Medication Aide

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, cost-effective, 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.

QUESTIONS?

Natasha Holly

402-437-2552 or nholly@southeast.edu

Jan. 17-May 2, 2026 Nebraska City, NE

(Hybrid Course—Must have internet access)

Lab Location:

Learning Center at Nebraska City,
Room 101
1406 Central Ave. • 402-323-3636

Lab Schedule:

Sat. from 9 a.m.-Noon

Semester Credits: 2.5

Cost: NE Resident: \$312.50
Non-Resident: \$365
(includes credit class fee)

Course Number: HLTH-1040-HBNC8

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





Legal Name: Last	First	Middle	SCC ID Number
Former Last Name:	Email Address: (required for students on class waitlists)		
Local / Preferred Mailing Address:	City	State	Zip
Permanent Address:	City	State	Zip
Birth Date: / /	Sex assigned at birth: (federal reporting requirement) <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (select one or more): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Cell Phone:	Home Phone:		
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

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.

La política pública de Southeast Community College es de promover la equidad, y prohibe discriminación, en todos asuntos referentes a la admisión, participación, y empleo contra toda persona por motivo de raza, color, religion, 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 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.

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