

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, costeffective, 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.

OUESTIONS?

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







REGISTRATION FORM CREDIT COURSES

PLEASE PRINT CLEARLY

| Legal Name: Last | First | ++ | Middle | SCC ID Number | lumber | TERM |
|--|---|--|--|---------------------------------|---|---|
| Former Last Name: | Email Address: (required fo | Email Address: (required for students on class waitlists) | | Social Security Number | lumber | rear: 20 ∠C |
| Local / Preferred Mailing Address: | | City | State | Zip | County | Undeclared |
| Permanent Address: | | City | State | Zip | County | Declared (list program of study) |
| Birth Date: | Sex assigned at birth: (federal reporting requirement) Male Female | Ethnicity (select one): t) | Race (select one or more): American Indian or Alaska Native | | Black or African American Native Hawaiian or Other Pacific Islander White | VETERAN OR DEPENDENT |
| Cell Phone: | Home Phone: | | Resident of Nebraska | ka 🔲 Non-Resident | dent | UIILIZING MILITARY BENEFILS |
| High School Attended / GED*: | City | | State | Start Date (mo/year) | Graduation Date (mo/year) | ☐ Yes ☐ No |
| College Attended Post High School: | l: City | | State | Start Date (mo/year) | End Date (mo/year) | |
| | | CREDIT COU | COURSES | | | |
| Course and Section Number | on Number | Course Title | | Credit Be Hours Ti | Begin End Time Time Days | Day designations when class meets are: |
| E N G L 1 1 2 (| 1 8 N 7 0 | ENGLISH BASICS (sample only) | mple only) | 3 80 | | M = Monday, I = Iuesday, W = Wednesday |
| H L T H 1 0 4 (| 0 H B N C 8 | Medica | Medication Aide | 2.5 9 | 9 am 12 pm S | R = Thursday, F = Friday |
| | | | | | | (T R means class meets |
| | | | | | | Tuesday <u>AND</u> Thursday) |
| | | | | | | OFFICE USE ONLY |
| | | | | + | | Date |
| | | | | | | Data Entry |
| Completed form should be submitted to the Registration & Records Office in person or by FAX at 402-437-267. To upload electronically, contact the Registration & Records Office at 402-437-2605 for the secure upload linh. | to the Registration & Records O Registration & Records Office at 4 | in person or by FAX at 402-437-2670. 102-437-2605 for the secure upload link. | 2670. 2.5 | TOTAL CREDIT HOURS | IT HOURS | |
| Student | | Date | | Drogram Chair/Advisor Signatura | | |

Mritten or digital signature required. Typed signatures (including cursive fonts) will not be accepted. Submission of this form indicates that I understand:

- 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 1. My information is complete and I am accountable for the tuition and fees and subject to a grade in the courses listed; does not constitute an official drop;
- 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 <u>College Catalog.</u>

Southeast Community College is an Equal-Opportunity co-educational college and does not discriminate based on race, color, religion, sex*, age,

martial status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by Jaw 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.

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 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

La política publica de Southeast Community College es de proveer

southeast.edu/diversity basada en la identidad de género.