

Nursing Assistant

May 29-July 31, 2024
Wahoo, NE

(Hybrid Course—Must have internet access)

Lab Location:

Saunders Medical Center, 1760 County Road J
402-323-5581

Lab Schedule:

Mon. & Wed. from 5-9 p.m.

Semester Credits: 3.5

Cost: NE Resident: \$423.50 / Non-resident: \$497
(includes credit class fee)

Course Number: HLTH-1150-HBWH1

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
- Toileting
- Oral care

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

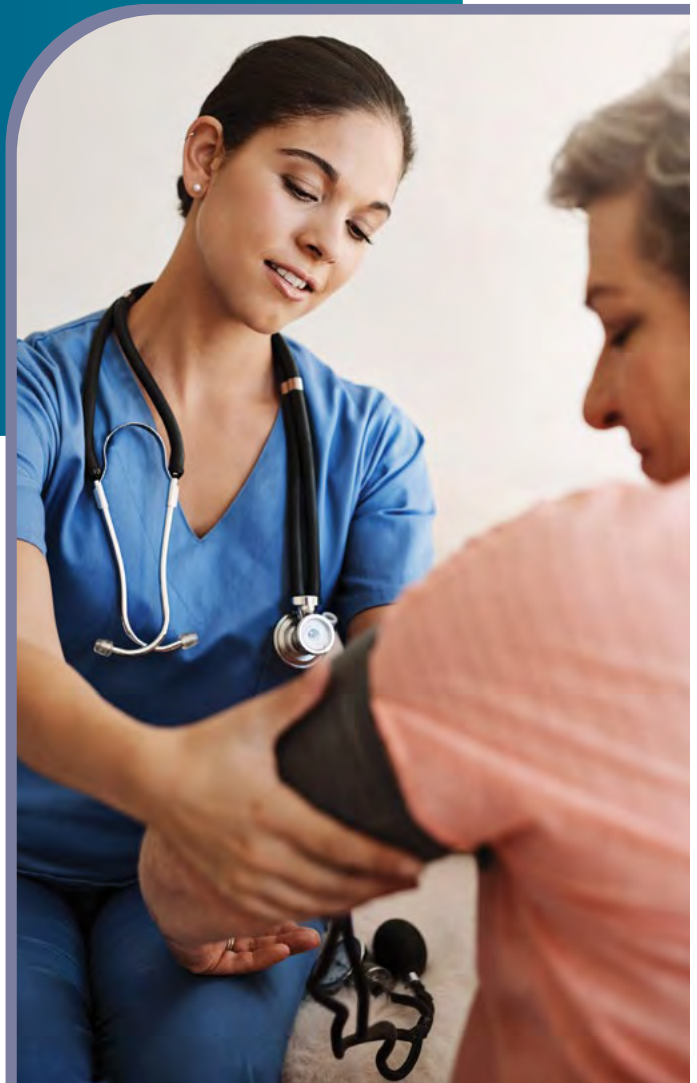
Book and materials may be purchased online, at the SCC Campus Store or by phone. Students must bring book to the first class.

- 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 _____ First _____ Middle _____	SCC ID Number _____	Social Security Number _____	County _____
Former Name: _____ Email Address: (required for students on class waitlists) _____		State _____ Zip _____	
Local / Preferred Mailing Address: _____ City _____ State _____ Zip _____		County _____	
Permanent Address: _____ City _____ State _____ Zip _____		County _____	
Birth Date: _____ / _____ / _____ I identify as: <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"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Veteran or Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No Resident of Nebraska: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Resident
Cell Phone: _____ Home Phone: _____ Business Phone: _____	High School Attended / GED*: _____ City _____ State _____	Start Date (mo/year) _____ Graduation Date (mo/year) _____	End Date (mo/year) _____
College Attended Post High School: _____ City _____ State _____	Start Date (mo/year) _____ End Date (mo/year) _____		

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 _____

CREDIT COURSES

Course Number	Course Title	Credit Hours	Begin Time	End Time	Room	Days	LAST DAY to Drop With Refund
ENGL120L181	ENGLISH BASICS (sample only)	3	8 a.m.	9:20	T-5	T / R	T / R
TOTAL CREDIT HOURS						0	

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 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.

southeast.edu/diversity