

Paramedic Continuing Education



Completion of all 6 eight-hour sessions will satisfy the 48-hour continuing education training requirements, sections 1A and 1B for nationally registered paramedics. Attending all 6 sessions also will cover the required National Registry Paramedic Transition material. Cost: \$55 per session

**Cass County EMS, 8400 144th St., Weeping Water, NE
 8:30 a.m.-5:30 p.m.**

Mandatory Core Content

Saturday, Dec. 12, 2015
 (8 hours) Airway, Breathing & Cardiology

Sunday, Dec. 13, 2015
 (5 hours) Medical Emergencies
 (1 hour) Trauma
 (2 hours) Operational Tasks

Saturday, Jan. 9, 2016
 (8 hours) Obstetrics & Pediatrics

Flexible Core Content

Sunday, Jan. 10, 2016
 (8 hours) Airway, Breathing & Cardiology

Saturday, Feb. 27, 2016
 (5 hours) Medical Emergencies
 (1 hour) Trauma
 (2 hours) Operational Tasks

Sunday, Feb. 28, 2016
 (8 hours) Obstetrics & Pediatrics

<p>Textbook: No textbooks required for these courses.</p> <p>NOTE: Letter of Authorization on company letterhead is required at registration for third-party billing.</p> <p>Report to the first class session unless you are notified that the class is full or has been cancelled. CONFIRMATIONS ARE NOT MAILED.</p>	<p>Registration Required: Register online or complete the registration form.</p> <p>(Online) 1. You must have an email account in order to register online. 2. Go to www.southeast.edu/Continuing 3. Click on Register NOW! on the left side of the page. 4. Type "Paramedic" in the Key Word field - click submit. 5. Click the box in front of the class to select the course - click submit. 6. Choose the action you want to perform from the drop-down box - click submit.</p> <p>Register in person, by mail or fax and send with payment to: (Mail) Jack J. Huck Continuing Education Center, 301 S. 68th St. Place, Lincoln, NE 68510-2449 (Fax) 402-437-2703</p>
If you have questions, contact Dan Duncan, EMS/Safety Education Coordinator, at 402-437-2506 • 800-828-0072, ext. 2506 • dduncan@southeast.edu	

REGISTRATION FORM - NON-CREDIT COURSE

Complete this form with payment information and send via FAX or mail to:

Jack J. Huck Continuing Education Center
301 S. 68th St. Place, Lincoln, NE 68510
FAX: 402-437-2703

Include credit card information or Letter of Authorization for third-party billing.
 The College requires a student's Social Security number as a condition for enrollment. A student's Social Security number information constitutes an "educational record" under the Family Educational Rights and Privacy Act (FERPA). The College will be privileged to disclose that information only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

2015-2016 QUARTER	
<input type="checkbox"/> SUMMER	<input checked="" type="checkbox"/> WINTER
<input checked="" type="checkbox"/> FALL	<input type="checkbox"/> SPRING

Social Security Number OR SCC Student ID Number		Name: Last		First	Middle Initial	Email Address	
Residence Mailing Address			City	State	Zip	County #	<input type="checkbox"/> Cell <input type="checkbox"/> Business Phone
Birth Date	Gender: <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"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Nebraska Resident <input type="checkbox"/> Non-Resident		Home Phone

<p>Paramedic Continuing Education</p> <p>Please Check: <input type="checkbox"/> Dec. 12 • Mandatory Airway, Breathing & Cardiology \$55 • EMTL-3622-OCFA</p> <p><input type="checkbox"/> Dec. 13 • Mandatory Medical Emergencies, Trauma & Operational Tasks • \$55 • EMTL-3631-OCFA</p>	<p><input type="checkbox"/> Jan. 9 • Mandatory Obstetrics & Pediatrics \$55 • EMTL-3623-OCWA</p> <p><input type="checkbox"/> Jan. 10 • Flexible Airway, Breathing & Cardiology • \$55 • EMTL-3626-OCWA</p>	<p><input type="checkbox"/> Feb. 27 • Flexible Medical Emergencies, Trauma & Operational Tasks • \$55 • EMTL-3627-OCWA</p> <p><input type="checkbox"/> Feb. 28 • Flexible Obstetrics & Pediatrics \$55 • EMTL-3625-OCWA</p>
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SIGNATURE _____

Check Cash Mastercard AMEX Discover VISA V Code _____
 Name as it appears on card: _____
 Exp. Date _____ Credit card # _____
 Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)
 For the protection of your personal credit card information, do not email this form to SCC. If faxing, only use the fax number listed or verify with SCC before using another SCC fax number.

Would you like a receipt mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	SCC Staff Tuition Waiver ()	FOR OFFICE USE ONLY ID# _____ DE _____
TOTAL DUE		

Submission of this form indicates that I understand: 1) that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that failure to attend a course does not constitute an official drop/withdrawal; 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 Student Handbook and College Catalog. It is the policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th Street Place, Lincoln, NE 68510, 402-523-3412, FAX 402-523-3420, or jsoto@southeast.edu.

Register Online for SCC Continuing Education Classes

You must have an email account to register online.

1. Go to www.southeast.edu/Continuing.
2. Click the **Register NOW!** button.
3. **Search for your class** by entering either a **key word** in the title or the **course number**. Click **Submit**. (Enter information in only one field for broader results.)
Key Word Example: *Driver*
Course Number Example: *TRAN-3398*
4. **Select the course** for which you wish to register. Click **Submit**.
5. Enter your **personal information, certify your identification** and click **Submit**.
* You must provide your Social Security Number.
6. *Optional:* Enter your **Additional Registration Information** and click **Submit**.
7. If you want to register for additional classes, select **Search for more classes** under "Choose one of the following." If you are finished selecting the class(es) for which you want to register, select **Register now (check out)**. Select your **Payment Type**. Click **Submit**.
8. Enter your **payment information**. Click **Submit**.

You will see your **class acknowledgement** with information about your **SCC Student ID Number, SCC User ID** and **password**. You also will receive an email with this same information for your records.

In the future it will be easy to register by logging in using your SCC User ID and password and it will not be necessary to provide your Social Security number again.

If you have problems getting registered, please call 402-437-2700 or 800-828-0072 for assistance.

 **Southeast community college**

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301 S. 68th St. Place, Lincoln, NE 68510
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