





## **EMT National Registry Monthly Education for 2024**

Join the EMT Monthly Education series by participating in a two-hour monthly training over 10 months in 2024. This program fulfills all NREMT required topics and meets Nebraska's certification/license renewal requirements for EMTs. Don't miss out on this opportunity to stay current and renew your certification!

All sessions are held via Zoom on the third Tuesday from 7-9 p.m. You must attend all 10 sessions to receive a completion certificate. No partial credit given.

Registration Deadline: Jan. 31, 2024 to receive the Zoom link for each monthly registration. No late registrations accepted.

Cost: \$100 per person

For more information, contact us at continuinged@southeast.edu or 402-437-2700.

Feb. 20	Heartbroken: Taking Care of a Sick Heart						
March 19	Trauma Emergencies						
April 16	Opioid Overdose & Psychiatric Emergencies						
May 21	It's a Matter of Heart						
June 18	Just Breathe (Airway Management, Ventilators)						
July 16	OB Emergencies & Neonatal Resuscitation						
Aug. 20	The Great Deception: Stroke vs. Diabetic Emergency						
Sept. 17	Seizures and Sickness						
Oct. 15	EMS Operations						
Nov. 12	A Culture of Change in EMS						

Cancellation/Refund Policy: You must call the Continuing Education office at 402-437-2700 the day before the class begins to receive a 100% refund. If you call the day of the class or after it has started, no refund will be issued. If a class is cancelled or student drops (according to the refund policy), refunds will be issued to the student, unless a third party has been formally billed by SCC Business Office. ADA Reasonable Accommodations: SCC provides services and reasonable accommodations to allow persons with disabilities to participate in educational programs and other College activities. For information on requesting ADA reasonable accommodations, contact the SCC Area Access/Equity/Diversity Office.

## **□** Option 1: Fire Department

- a. Complete the Billing Authorization (Section 1)
- b. Students complete the Registration Form (Section 2)
- c. Send the billing authorization and all registration forms to SCC Continuing Education, 301 S. 68th St. Place, Lincoln, NE 68505 or fax to 402-437-2703

## **□** Option 2: Individual

- a. Complete the Registration Form (Section 2)
- b. Send the registration form and payment to SCC Continuing Education, 301 S. 68th St. Place, Lincoln, NE 68505 or fax to 402-437-2703

Section 1. EMT National Registry Mo	onthly Education Billing Authorization	
This form will serve as an authorization to bill for training.	No refunds after Feb. 19. \$100 per person x	=
Fire Department Name:		be Total to
Billing Address:	Cignatura	
City: State: Zi	p: Signature: p: The organization listed hereby authorizes and is re	_
Contact Name:	identified student's costs as listed, regardless of a the student unless the Continuing Education Divisi	affiliation or enrollment status of sion is notified prior to Feb. 20 by
Contact Phone:	either the organization or student. Refunds to org to the policy stated in the College catalog. If notifi no refund regardless if the student attended or no	ied the day of or after there will be
Contact Email:	The state of the s	
Section 2. Registration Form - Non-C	Credit Course	* Required
The College requests, but does not require, a student provide thei Visit <b>southeast.edu/academics/college-catalog.php</b> for additional		PLEASE PRINT
Social Security Number OR SCC Student ID Number Name: * Last	* First Middle Initial * Email Address	

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Social Security Number OR SCC Student ID Number Name: * Last				* First Middle				Middle Initial	* Email Address								
* Residence Mailing Address							* City			* State	* Zip	County #		* □ Cell □ Home Phone			
* Birth Date		ify as:										☐ Asian	□N	Resident	Business Pho	ne	
☐ Male ☐ Female					☐ Hispanio												
					□ NOT HISP	anic or Latino	☐ American Indian or Alaska Native			African Americ	an						
COURSE NUMBER					S	ECTION					START DATE			LOCATION	START TIME	COST	
E M T L 3	7	0	0	Т	С	S	СО	EMT Nat	ional Registr	y Monthly	Ed.	Feb. 20, 2		gistration ine: Jan. 31)	Zoom	7 p.m.	\$100
																EOR OFFICE III	E ONLY

:	SIGNATURE				
	□Check □Mastercar	d 🗖 AMEX	□Discover	□VISA	V Code

(Checks may be converted into an electronic fund transfer, resulting in funds being held or removed immediately.) Name as it appears on card: \_\_ Exp.Date

CC#

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? ☐ Yes ☐ No

**TOTAL DUE** 

\$100

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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 [isted; 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 droply 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 chatles, SCE is an Equal-Opportunity co-educational college and does not discrimination sead on race, color, religion, sex\*, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy, southeast.edu/about/other-scc-departments/access-equity-diversity-title-ix/index.php. \*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.