

MA011812-W



nebraska
health care learning center

An affiliate of the Nebraska Health Care Association
3900 NW 12th St Ste 100
Lincoln NE 68521-3037



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MEDICATION AIDE TRAINING

*A 40-Hour Training Program (4.0 Credits)
Offered Through the Nebraska Health Care Learning Center*

Training Dates:

Multiple days beginning on January 18, 2012

**Heritage Estates
2325 Lodge Drive, Gering, Nebraska 69341**

Register by Mail, Fax or Online at www.nehca.org



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TAPING – CELLULAR PHONES – PAGERS

Material presented at this training program is the property of the Nebraska Health Care Learning Center. Therefore, taping of the program is not allowed. NHC-LC also asks that all cellular phones and pagers be turned off during training programs.

TAX DEDUCTION FOR EDUCATIONAL EXPENSES

A tax deduction for educational expenses is permitted for registration fees, cost of travel, meals, and lodging undertaken to (1) maintain or improve skills required in one's employment or other trade or business or (2) meet express requirements of an employer or a law imposed as a condition to retention of employment, job status, or rate of compensation.

REFUND POLICIES

Students who withdraw from courses may receive a prorated tuition refund. Refunds shall be mailed within 30 days of official request. If the official request occurs within 72 hours of registration/enrollment, a full refund is appropriate. The request must be in writing and postmarked within 72 hours of registration/enrollment. If official request occurs after 72 hours of registration/enrollment but before classes have begun, a \$150 registration fee is NOT refundable and all remaining tuition and fees will be refunded. After classes have begun, a \$150 registration fee is NOT refundable and remaining tuition and fees will be refunded as follows:

Day 1 – 50% refund of tuition and fees over \$150

Day 2 – 25% refund of tuition and fees over \$150

Day 3 – no refund of tuition and fees

After classes have begun, costs associated with course materials are nonrefundable.

ABSENTEE/MAKE-UP POLICY

In order to receive credit, participants must attend all days of the training. If a day is missed, it must be made up by attending that day the next time the training is offered. It is the responsibility of the participant to make registration arrangements for make-up days. There will be a \$45 charge for each make-up day.

Medication Aide Training

PROGRAM CONTENT

This program is designed to prepare the participant to meet the requirements of the Medication Aide Act and to assume the role and responsibilities of a medication aide. The program is intended for the medication aide in an assisted living facility, nursing facility, or intermediate care facility for the mentally retarded. It can be used to train medication aides in other settings.

INSTRUCTOR

Deb Moore, R.N.

PROGRAM OBJECTIVES

At the completion of the program, participants will be able to:

1. Recognize the basic competencies needed in order to safely provide another person with his or her medications in accordance with the Nebraska Medication Aide Act.
2. Identify specific drug families, actions, side effects, and use to treat or prevent disease.
3. Recognize the responsibilities of the medication aide in relation to additional activities such as PRN medications; providing medications by vaginal, rectal, tube, or inhaled routes; and providing insulin by injection.

Requirements for Successful Completion of the Medication Aide Training Program

- Successfully complete the medication aide training program and competency assessment.
- Be at least 18 years of age.
- Be of good moral character.

The first eight (8) hours of class are mandatory attendance to continue with the class. All attendance is required or an incomplete is given until time and content is made up.

TRAINING SCHEDULE START DATE: JANUARY 18, 2012

January 188:00 am - 5:00 pm
January 258:00 am - 5:00 pm
February 18:00 am - 5:00 pm
February 88:00 am - 5:00 pm
February 158:00 am - 5:00 pm

COLLEGE CREDIT

Training may be taken as credit or non-credit. The Nebraska Health Care Learning Center will award 4 hours of college credit upon successful completion of 40 hours of classroom instruction. See the Nebraska Health Care Learning Center Catalog for credit requirements. View or print this catalog at www.nehca.org/nhclc.



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POLICIES

The Nebraska Health Care Learning Center policies regarding admission, withdrawal, attendance, grades, transcripts, and refunds are located in the Nebraska Health Care Learning Center Catalog. View or print this catalog at www.nehca.org/nhclc.

TUITION AND FEES

	<u>On/Before</u> <u>January 9</u>	<u>After</u> <u>January 9</u>
Registration Fee	-0-	\$25.00
Tuition	\$208.00	\$208.00
Medication Aide Manual (includes tax)	\$36.92	\$36.92
Total Tuition, Fees and Manual	\$244.92	\$269.92
Make-up Days	\$45.00	\$45.00

- Payment must be included with registration.
- Refer to the Absentee/Make-up Policy.
- Additional fees for testing and registry required by the State of Nebraska: \$20 testing fee, \$18 registry fee.
- For information on testing, go to www.medicationsaide.org and click on **Testing**.
- Scholarships available. Visit www.medicationsaide.org for more information and an application.

Substitutions are accepted until the event begins. Substitutions are not possible once the event has started.



If a registrant has a disability that requires special needs, attach a written description of the needs to the registration form.

For Training Manual: Prices include sales tax; a shipping and handling charge will be added if mailed.

The Medication Aide Training Manual is required for those registering for the Medication Aide Training program. The training manual is published by the Nebraska Health Care Association. **It must be purchased in advance or on the first day of the training program.**

Nebraska Health Care Association
3900 NW 12th St Ste 100, Lincoln NE 68521-3037
Phone 402-435-3551 Fax 402-475-6289
E-mail sherrif@nehca.org

PLEASE NOTE:

Each participant should bring paper and pencil or pen to each day of the training program.

Class size is limited.

Please bring a sweater or jacket to ensure your comfort at the training.



Nebraska Health Care Learning Center

Enrollment Form — Medication Aide Training

Starting Date: January 18, 2012

Location: Gering, Nebraska

Payment for tuition and fees must be included with this enrollment form. Make a copy of this form for your records.

To enroll by mail: Complete this enrollment form, include payment (use any of the payment methods listed below), and mail to Nebraska Health Care Learning Center, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037.

To enroll by fax: You must pay by credit card in order to enroll by fax. Complete this enrollment form, check "Credit Card" as payment method, complete credit card information, and fax the completed form to 402-475-6289.

A student's Social Security number is required as a condition of enrollment. A student's Social Security number constitutes an "educational record" under the Federal Educational Rights and Privacy Act (FERPA). That information will be disclosed only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

PLEASE PRINT

Social Security Number _____

Student Name (Last) _____ (First) _____ (MI) _____

Home Address _____

City _____ State _____ Zip _____

County _____ Phone (Day) _____ (Evening) _____

E-mail _____

Birth Date ____ / ____ / ____ Gender: M F

Race (used for statistical purposes only):

- Asian/Pacific Island
- Black/African American
- Hispanic/Latino
- Native American
- White/Non-Hispanic
- Other

Veteran Status or Dependant Using Military Benefits: Yes No

Resident Status: Resident of Nebraska Non-resident of Nebraska

Course Number: MA011812

Course Title: Medication Aide Training

Credit: 4.0 Quarter Credits

Total Tuition, Fees and Manual On/Before January 9: \$244.92

Total Tuition, Fees and Manual After January 9: \$269.92

Make-Up Day(s) — \$45/Day — Number of Days _____

Check One Box (For Credit or Not For Credit):

- For Credit (If requesting credit hours, must have high school transcript or equivalent on file with the Learning Center)
- Not For Credit

**Payment must be included.
NHC-LC is unable to bill.**

Billing Information: Check Cash Credit Card Money Order

If payment is by credit card, complete the credit card information in this box: ↓

Make checks and money orders payable to:

Nebraska Health Care Learning Center
 3900 Northwest 12th Street, Suite 100
 Lincoln, Nebraska 68521-3037
 Phone 402-435-3551
 Fax 402-475-6289
 E-mail nhca@nehca.org

Cardholder's Name (PRINT) _____
Credit Card # _____
Security Code on Card Back _____ Expiration Date _____
Cardholder's Billing Address, City, State, Zip _____
Cardholder's E-mail _____
Signature _____
↑ Your signature on the line above will authorize this transaction.

Submission of this form indicates that I understand the following: My registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed. Should I officially drop, withdraw or cancel, any refund in tuition will be determined by the date I submit my request to the Learning Center. Failure to attend does not constitute an official drop/withdrawal. The personal information is correct as shown; changes in the personal information must include the appropriate documentation. Students enrolling in courses through the Nebraska Health Care Learning Center consent to being photographed and videotaped during educational sessions for the possible inclusion in educational materials published by the Learning Center, NHCF, NHCA, and NALA. It is the policy of the Nebraska Health Care Learning Center to provide equal opportunity and nondiscrimination in all admission, attendance and employment matters to all persons without regard to race, color, gender, religion, national origin, or disability. Inquiries concerning the Nebraska Health Care Learning Center policies on equal opportunity and nondiscrimination should be directed to the Director of NHC-LC, 3900 Northwest 12th Street, Suite 100, Lincoln, Nebraska 68521, phone 402-435-3551, fax 402-475-6289, or e-mail septembers@nehca.org.

Signature _____ Date _____