

MA021319-W



nebraska
health care learning center

An affiliate of the Nebraska Health Care Association
1200 Libra Drive Ste 100
Lincoln NE 68512



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MEDICATION AIDE TRAINING

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

Multiple days beginning on February 13, 2019

Nebraska Health Care Learning Center
1200 Libra Drive, Suite 100, Lincoln, Nebraska 68512-9628
Phone 402-435-3551

SCHOLARSHIPS AVAILABLE

The Nebraska Health Care Learning Center (NHCLC) – An Affiliate of the Nebraska Health Care Association



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Refer to nehca.org for information related to refunds, absentee/make-up policies, use of recording devices and phones, and tax deductibility.

The Nebraska Health Care Learning Center policies regarding admission, withdrawal, attendance, grades, transcripts, college credit, program requirements and refunds are located in the Nebraska Health Care Learning Center catalog at medicationaide.org.

Medication Aide Training



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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 people with intellectual disabilities. It can be used to train medication aides in other settings.

INSTRUCTOR

Kathleen Berry, RN

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.

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: February 13, 2019

Feb. 13.....	5:00 p.m. - 9:15 p.m.
Feb. 14.....	5:00 p.m. - 9:15 p.m.
Feb. 15.....	5:00 p.m. - 9:15 p.m.
Feb. 19.....	5:00 p.m. - 9:15 p.m.
Feb. 20.....	5:00 p.m. - 9:15 p.m.
Feb. 21.....	5:00 p.m. - 9:15 p.m.
Feb. 22.....	5:00 p.m. - 9:15 p.m.
Feb. 25.....	5:00 p.m. - 9:15 p.m.
Feb. 26.....	5:00 p.m. - 9:15 p.m.
Feb. 27.....	5:00 p.m. - 9:15 p.m.

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.

TUITION AND FEES

	On/Before Jan. 29	After Jan. 29
Registration Fee	-0-	\$25.00
Tuition.....	\$220.00	\$220.00
Fees.....	\$10.33	\$10.33
Medication Aide Manual (includes tax).....	\$42.78	\$42.78
Total Tuition, Fees and Manual.....	\$273.11	\$298.11
Make-up Days	\$45.00	\$45.00

• Scholarships available.

Visit nhcfscholarships.awardspring.com for more information and an application.

- Additional fees for testing: \$20
- For information on testing, go to medicationaide.org and click **Testing**.
- Registry fee required by the State of Nebraska: \$18



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 (Fourth Edition), published by Nebraska Health Care Association, is required for those registering for the Medication Aide program. The price of the manual is included in tuition and fees. Books will be distributed to students on the first day of training.

Nebraska Health Care Association
1200 Libra Drive Ste 100, Lincoln NE 68512
Phone 402-435-3551 Fax 402-475-6289
Email nhclc@nehca.org



Nebraska Health Care Learning Center

Enrollment Form — Medication Aide Training

Starting Date: February 13, 2019

Location: Lincoln, 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, 1200 Libra Dr, Ste 100, Lincoln NE 68512.

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.

To enroll online: Go to medicationaide.org and click **Training**.

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) _____

Email _____

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: MA021319

Course Title: Medication Aide Training

Credit: 4.0 Quarter Credits

Total Tuition, Fees and Manual On/Before Jan. 29: \$273.11

Total Tuition, Fees and Manual After Jan. 29: \$298.11

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.

Billing Information: Cash/Check/Money Order Credit Card Voucher Scholarship

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
 1200 Libra Drive, Suite 100
 Lincoln, Nebraska 68512
 Phone 402-435-3551
 Fax 402-475-6289
 Email nhca@nehca.org

Cardholder's Name (PRINT) _____
Credit Card # _____
Expiration Date _____ CVC Code _____
Cardholder's Billing Address, City, State, Zip _____
Cardholder's Email _____
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, NNFA 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 Nebraska Health Care Learning Center, 1200 Libra Drive, Suite 100, Lincoln, Nebraska 68512, phone 402-435-3551, fax 402-475-6289, or email nhclc@nehca.org.

Signature _____ Date _____