

CLARKSON COLLEGE



Medication Aide

For more information,
contact the Office of
Professional Development at
402.552.6148 or 800.647.5500
ext. 6148 or e-mail
professionaldevelopment
@clarksoncollege.edu
Visit Clarkson College on the
web **www.clarksoncollege.edu**.

it can be
you!

Picture yourself becoming a MEDICATION AIDE

MEDICATION AIDE COURSE

Medication Aides can provide medications in nursing homes, assisted living centers, intermediate care facilities for the mentally handicapped, schools, child care settings or patient homes. A Medication Aide is trained to work under direct supervision of a caretaker or licensed health care professional. Medication Aides provide routine medication by the oral, inhalation, topical and instillation routes when appropriate direction and monitoring are provided.

The Clarkson College Medication Aide course provides over 40 hours of classroom instruction related to the competencies required for medication administration. Attendance at all classroom sessions is required. This program is approved by the Nebraska Department of Health and Human Services. College credit is not offered.

PREREQUISITES

- State of Nebraska requires that a student must be 18 years old and be able to speak and understand the English language. Persons with a criminal record, substance abuse problem, or health problems that would interfere with safe practices may be ineligible for placement on state registry.
- Successful completion of an approved Nurse Aide course (or its equivalent) or a minimum of six months prior experience working as a Nurse Aide is required to register. Proof of current placement on the Nebraska Nurse Aide Registry is required prior to the start of the course.

LOCATION

All class sessions are held on the Clarkson College campus in Omaha, Neb.

COST

Course fee includes textbook and competency assessment. The state written examination is handled outside of the scope of this course. No tuition assistance is offered. Payment in full is due at time of registration.

REFUND POLICY

Cancellations five business days or more prior to the first day of class receive a refund minus a \$75 withdrawal fee. Cancellations received four business days in advance receive a 50 percent refund of course fees. No refunds will be provided after the start of the course. No refunds or transfers will be given for "no-shows." All refunds will be sent within 60 days to the student's address on file. To cancel, please call the Professional Development Office at 402.552.6148.

For more information visit www.clarksoncollege.edu.
Choose **Professional Development** from the Quick Links box, then **Medication Aide** from the left side menu.

To register, please fill out the form below and return with payment.

REGISTER BY MAIL: Office of Professional Development, 101 South 42 Street, Omaha, NE 68131
Call to confirm space availability – early registration is encouraged. Phone: 402.552.6148 or 800.647.5500 ext. 6148 | Fax: 402.552.3622 | E-mail: professionaldevelopment@clarksoncollege.edu
REGISTER IN PERSON: You may also register in person at Clarkson College, Office of Professional Development (lower level), Monday-Friday from 8:30 a.m.-4 p.m.

NOTICE OF NON-DISCRIMINATION: Clarkson College complies with all applicable federal, state, and local laws relating to discrimination and does not discriminate on the basis of race, color, religion, ancestry, sexual orientation, physical or mental disability, age, national origin, ethnicity, sex, veteran's status, or marital status in the administration of its educational programs and policies, financial aid, activities or other school administered programs. The following designated position coordinates the Clarkson College effort to comply with the regulations implementing Title IX, Section 504 and the Age Act: Vice President of Operations, Clarkson College | 101 South 42 Street | Omaha, NE | 68131-2739

MEDICATION AIDE REGISTRATION FORM

Name: _____ Social Security Number: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home or Cell Phone: _____ E-mail: _____
Class #: _____ Class Start Date and Time: _____

PAYMENT INFORMATION: Payment in full due at registration.

Check Enclosed *Please Note: Your check, made payable to Clarkson College, is welcome. However in the unlikely event your check is returned for non-sufficient funds (NSF), we reserve the right to re-present the item electronically, plus the state allowed processing fee of \$35.00, to eTech Transaction Solutions, 319.378.9137 | www.etechntransactions.com*

Debit or Credit Card (circle one below)

Visa MasterCard Discover American Express Cardholder's Name (please print): _____

Credit Card #: _____ Expiration Date: _____ 3-4 Digit Security Code (on back of card): _____

Cardholder's Address: _____ City: _____ State: _____ Zip: _____

Please Sign: _____ (Your signature will authorize this transaction.)