Health Unit Coordinator (HUC) Spring 2019

Continuing Education & Customized Training

2101 Trinity Road, Duluth, MN 55811 ● 218-733-5924 ● continuingeducation@lsc.edu

Course #	Dates	Time & Location	Cost
WDCE1899 20195-30	**Feb. 11 to May 20, 2019**	**Campus Lecture: Mon. & Wed., 5-9 pm Room E2024** **Clinicals Off-Site: Wed. & Fri.**	**$1,200** **Includes Book**

Requirements: Apply for and be approved by the State of Minnesota Background Study and the National Background Study. More information: http://blogs.lsc.edu/alliedhealthnursing/

If a student is disqualified from having direct patient contact as a result of any background study/check, and this disqualification is not set aside or expunged, he/she will not be permitted to participate in direct patient care in their program of study resulting in failure to progress in their program of study. It is the student's responsibility to pursue the set-aside and/or expungement of any background study/check disqualification and NOT the program director, Lake Superior College, and/or clinical partners. Any costs incurred will be the responsibility of the student.

Name: _____

Last First MI

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____Cell Phone #: _____

E-mail: _____

Company Name:_____

Company Address:_____

City:_____State:_____Zip:_____

Company Phone:_____

Have you registered at LSC Before?

☐No ☐Yes/Student ID#_____

Birthdate:_____

Last 4 Digits Social Security#_____

Race and Ethic Background (select any that apply):

□ American Indian or Alaska Native □ Asian

□ Black or African American □ Hispanic or Latino

□ White □ Unknown

Gender: □ Male □ Female

How to Send in Registration & Payment:

1.) Register online **2.)** Email form to continuingeducation@lsc.edu **3.)** Fax form to 218-733-5974 **4.)** Mail form to Continuing Education & Customized Training, Room E2060, 2101 Trinity Road, Duluth MN 55811 **5.)** Phone in registration at 218-733-7680.

Registrations or changes to existing registrations, including cancellations, will be accepted until 12:00 pm two business days prior to the first class. No refunds will be issued after this date.

Check one box: ☐Cash ☐Check ☐Credit Card ☐Bill Company/Name of Company if paying_____

Would you like a receipt for your records? ☐ Yes ☐ No If "Yes," to which destination?

☐ Email_____ ☐ Home Address ☐Company Address ☐ Fax: _____

If using a Check, Check#:_____ (Please make check payable to *Lake Superior College*)

Please bill my: ☐ Personal Credit Card ☐ Company Credit Card/Fill in Name on card:_____

Credit/Debit card payments check one: ☐ Visa ☐ Master Card ☐ Discover

Account #_____Expiration Date_____ Security Code_____

Signature_____

Individuals with a documented disability may request reasonable accommodations from the LSC Disability Coordinator at 218-733-7650 (voice) or 800-627-3529 (MSR/TTY).

Classes may be tax deductible under Hope Scholarship and Life-Long Learning tax laws. Your social security number must be provided in order to claim either of these deductions. Many colleges/ universities use social security numbers for student identification purposes on student records. Providing your social security number, birth date, gender, and ethnic background is voluntary. If you do not provide this information, your application will still be processed. This data is requested for purposes of administration, program evaluation, and consumer and alumni data. The data may also be used to create summary information about MNSCU programs through data matches with other state agencies.