ALLIED HEALTH STUDENT NAME:__________________
CONTINUING EDUCATION STUDENT ID/V#:_________ 

MEDICATION AIDE UPDATE REGISTRATION REQUIREMENTS

☐ Completed registration form with tuition payment;
   pre-registration is strictly required no walk-ins allowed
☐ Student Medication Aide permit must be current with Texas
   Health and Human Services
☐ Current Nurse Aide on Texas Health and Human Services
   Nurse Aide State Registry
☐ Student Name:_______________________________
☐ Student Address:_____________________________
☐ Student Medication Aide Permit Number:___________

***** NOTICE*****

Victoria College now offers the medication aide update
online only.

ALLIED HEALTH CE Contact Number: (361) 582-2412
View current schedule at www.VictoriaCollege.edu/HealthCareProfessions
Allied Health – Continuing Education Registration Form

Mail, email, or deliver this form in person. Payment is due at time of registration. It is student’s responsibility to follow up with our office to confirm registration form was received and student was registered for course.

Student Information

Course Title: ____________________________________________________________

Date of Classes: ____________________________ CRN:(for office use only)_________________

Last Name: __________________________  First Name: ____________________________  MI: _______

SSN: ____________________________ Date of Birth: ____________________________  Sex: _______

County of Residence: _______________________________________________________

Mailing Address: ____________________________________________________________

City: ____________________________

State: ____________________________ Zip Code: ____________________________

Primary Phone #:_________________________ Email Address: ____________________________

Work Phone #: ___________________________ Employer: __________________________________________

If a High School Graduate:

Year Graduated: ____________________________ High School Attended: ____________________________

Yes, I would like to receive information on upcoming classes and workshops.

Demographic Information

These questions are used by the state to help provide support for VC programs. Not required, but cooperation is appreciated.

1. Please indicate your ethnic origin: (Check one)

   African American  Alaskan Native/American Indian  Asian or Pacific Islander  Hispanic

   White  Non-Resident Alien  Other (Indicate) ____________________________

2. Highest level of Education: (Check one)

   Not a high school graduate  GED  High School Graduate

   Some College, but no degree  State-Approved Certificate  Associate Degree

   Bachelor’s Degree  Graduate Degree(s)

3. Marital Status: (Check one)

   Single (Never Married)  Separated  Divorced

   Married  Widowed
MEDICATION AIDE UPDATE
REGISTRATION REQUIREMENTS

4. Are you currently receiving financial assistance?
   Yes  No
   If yes, what type: ________________________________

5. Are you currently reported as a dependent for income tax purposes by a parent or guardian?
   Yes  No

6. Indicated the number of family members, including yourself and others, whom your parents or you/your spouse
   support: (Check one)
   1  2  3  4  5  6  7  8  9  10  11  12

7. Please indicate your household income level: (Check one)
   Less than $20,000  $20,000 to $39,999  $40,000 to $59,999
   $60,000 - $79,999  $80,000 and greater

8. Do you have difficulty speaking, reading, or writing English because it is not your native language?
   Yes  No

9. Have you devoted yourself to making a home, been left alone because of death, separation/divorce or an absent
   spouse and find it necessary to obtain marketable skills?
   Yes  No

10. Are you a single parent (divorced, legally separated, widowed, or never married with sole or joint custody of a minor
    child/children) or a single pregnant female?
    Yes  No

11. Please indicate the highest level of education attained by: (Check one in each column)

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eighth grade education or less</td>
<td></td>
<td></td>
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<tr>
<td>Some high school but did not graduate</td>
<td></td>
<td></td>
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<tr>
<td>A high school graduate/GED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college but not degree</td>
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<td></td>
</tr>
<tr>
<td>Associate Degree</td>
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<tr>
<td>Bachelor’s Degree</td>
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<tr>
<td>Master’s/Ph.D.</td>
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</tr>
</tbody>
</table>

Payment Information
Bottom portion to be destroyed.
Charge My:
AMEX  Discover MasterCard  Visa  Amount: ______________________________

Card #: ____________________  Expiration Date: ________________  CID # on front or back: __________
Billing Address: ________________________________________________________________
Name on card: ___________________________________________________________________
Authorized Signature: ___________________________________________________________________

Please note: A hold will be placed on the records of any student who is delinquent in their financial obligations to the
College. Future registrations and transcript requests will be denied until all obligations have been met.