



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 STUDENT NAME: _____
CONTINUING EDUCATION STUDENT ID/V#: _____

**MEDICATION AIDE UPDATE
REGISTRATION REQUIREMENTS**

Allied Health Continuing Education Registration Form

This form may be emailed, mailed through USPS, or delivered in person. (DO NOT FAX)

Allied Health - CE Programs
 2200 E. Red River Street
 Health Sciences Center, Suite 136
 Victoria, TX 77901
 Phone: (361) 582-2412
 HealthCareers@VictoriaCollege.edu

Office use only – Term/CRN: _____

Student V# _____ Course Title _____ Date of Class(es) _____

Last Name _____ First Name _____ MI _____ Sex _____ Primary Phone # _____ Work Phone # _____

Social Security Number _____ Date of Birth _____ Employer _____

Mailing address _____ City, State, Zip _____ County of Residence _____

Email address (REQUIRED) _____ If HS graduate please provide Year & HS attended _____

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 HS graduate _____ GED _____ HS graduate _____ Some college, no degree _____
 State-approved certificate _____ Associate Degree _____ Bachelor's Degree _____ Graduate Degree _____
3. Marital Status (check one): Single never married _____ Separated _____ Divorced _____ Married _____ Widowed _____
4. Are you currently receiving financial assistance (TANF, SNAP, Unemployment): Yes _____ if so what type: _____ No _____
5. Are you currently reported as a dependent for income tax purposes by a parent or guardian? Yes _____ No _____
6. Indicate the number of family members, including yourself, whom your parents or you/your spouse support: _____
7. Please indicate your household income level (check one): Less than \$20,000 _____ \$20,000 - \$39,999 _____ \$40,000 - \$59,999 _____
 \$60,000 - \$79,999 _____ Greater than \$80,000 _____
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 on in each column):

	Mother	Father
Eight grade education or less		
Some high school but did not graduate		
A high school graduate/GED		
Some college but no degree		
Associate Degree		
Bachelor's Degree		
Master's/Ph.D.		

Payment is to be made through Pirate Portal or in-person in the Payments Office located in the Student Services Building. Information will be emailed to you along with your receipt.