

**Minnesota State Community & Technical College
Workforce Development Solutions
Medication Administration for Unlicensed Personnel Course
Minnesota Facility Registration Form**

Course Starting Date: _____ Location: _____

EMPLOYER INFORMATION:

Name of Employer _____

Address _____ Telephone _____

City, State, Zip _____

Authorized Signature _____

(Director of Nursing or Administrator)

Printed Name _____

Email _____

METHOD OF PAYMENT: _____ Bill Facility _____ Check Enclosed (payable to M State)

FEE: \$600.00

Please register the following individual(s) for the Medication Administration for Unlicensed Personnel Course. The above employer also verifies the registrants are currently on the Minnesota Nursing Assistant Registry and have satisfactorily completed a 75 hour MN approved Nursing Assistant course by completing this registration form.

Name (first/last)

Date of Birth

Email Address

<u>Name (first/last)</u>	<u>Date of Birth</u>	<u>Email Address</u>

Return this registration form, course fee or billing instructions at least one week before the course begins to:

MAIL: M State Attn: Denice Brewer 1900 28th Ave. So. Moorhead, MN 56560	IN PERSON: M State 1900 28 th Ave. So., Moorhead Room B113	EMAIL: denice.brewer@minnesota.edu FAX: (218) 846-3705
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For Information or questions: (218) 299-6576 or 877-450-5603 ext. 6576