

**Minnesota State Community & Technical College
Workforce Development Solutions
Medication Assistant II
North Dakota 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 ___ Paid by Employee
(payable to M State)

FEE: \$600.00

Please register the following individual(s) for the Medication Assistant II Course. The above employer also verifies the registrants are currently on the ND Department of Health Certified Nurse Aide Registry by completing this registration form.

<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 TO: 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 877-450-3322 ext. 6576