

**Minnesota State Community & Technical College  
Workforce Development Solutions  
Medication Assistant II (North Dakota)  
Medication Administration for Unlicensed Personnel Course  
(Minnesota)  
Individual Registration Form**

Course Starting Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ CNA Registry # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**MINNESOTA REGISTRANTS:** Must include proof of completion of a Minnesota Nurse Assistant Training program with registration.

**Verification of current status on the Minnesota or North Dakota (CNA) Nursing Assistant Registry must accompany this registration form.**

**FEE: \$600.00**

**Return this registration form, NA registry/course completion verification and course fee one week prior to class start date to:**

<p><b>MAIL:</b> M State Attn: Denice Brewer 1900 28th Ave. So. Moorhead, MN 56560</p>	<p><b>IN PERSON:</b> M State 1900 28<sup>th</sup> Ave S., Moorhead Room B113</p>	<p><b>EMAIL:</b> denice.brewer@minnesota.edu <b>FAX:</b> (218) 846-3705</p>
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**METHOD OF PAYMENT:**

\_\_\_\_\_ Check or money order enclosed  
(payable to M State)

\_\_\_\_\_ Credit card payment Visa, MasterCard or Discover  
(call Denice at 218-299-6576 with card number)

**For information or questions:** (218) 299-6576 or denice.brewer@minnesota.edu