

Minnesota State Community & Technical College

Medication Administration for Unlicensed Personnel Course (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)

METHOD OF PAYMENT: _____ Bill Facility _____ Check Enclosed

FEE: \$375.00

Please register the following individual(s) for the Medication Administration for Unlicensed Personnel (Medication Assistant II) Course. The above employer also verifies the registrants are currently on the ND Board of Nursing or ND Department of Health Nursing Assistant Registry by completing this registration form.

Name

Date of Birth

Last 4 digits of
Social Security Number

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

Minnesota State Community & Technical College
Attn: Denice Brewer
1900 - 28th Ave. South
Moorhead, MN 56560 Fax# (218)477-4450

Make checks payable to: MSCTC

For Information or questions: (218)477-4452 or 800-426-5603 ext. 6576