

Minnesota State Community & Technical College

Medication Administration for Unlicensed Personnel Course Individual Registration Form

Course Starting Date: _____ Location: _____

Name _____ Last 4 digits of SS# _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Date of Birth _____

Employer _____ Occupation _____

METHOD OF PAYMENT: _____ Check or money order enclosed
(make payable to MSCTC)

___ Credit card payment
___ Visa ___ MasterCard ___ Discover

Expiration date: _____

Name on card: _____

Signature: _____

FEE: \$375.00

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

If intending to administer medications in a Minnesota nursing home, registrants must also submit proof of completion of a Minnesota Nurse Assistant training program.

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

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

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