

**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: \$525.00**

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:**

<b>MAIL:</b> M State Attn: Denice Brewer 1900 - 28th Ave. South Moorhead, MN 56560	<b>IN PERSON:</b> 1110 14 <sup>TH</sup> St So Moorhead Room 142	<b>EMAIL:</b> denice.brewer@minnesota.edu <b>FAX:</b> (218) 291-4266
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**For Information or questions: (218) 299-6576 or 800-426-5603 ext. 6576**