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 (payable to M State) ___Paid by Employee

FEE: $525.00

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.

Name (first/last)	Date of Birth	Email Address

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

MAIL TO:	**IN PERSON:**	**EMAIL:**
M State Attn: Denice Brewer 1900 - 28th Ave. South Moorhead, MN 56560	1110 14TH St So Moorhead Room 142	denice.brewer@minnesota.edu **FAX:** (218) 291-4266

For Information or Questions: (218) 299-6576 or 800-426-5603 ext. 6576