NURSING ASSISTANT COURSE REGISTRATION FORM

MINNESOTA STATE COMMUNITY AND TECHNICAL COLLEGE
WORKFORCE DEVELOPMENT SOLUTIONS
Course #HLC349

Course fee: $535.00 per person *(does not include the exam fee)*

Please complete and email this form to: breanna.tracy@minnesota.edu or fax it to 218-299-6933

Course Location: _____   **Course Start Date:** _____

Student Information: *(all fields are required to be filled in)*

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Date of Birth:_____

Student Email:_____

Payment Information: *(all fields are required to be filled in)*

Facility/Company Name:_____

Attn:_____

Address:_____

City/State/Zip:_____

Work Phone:_____

Employer Email:_____

Purchase Order #: _____
If there is not a purchase order number an email or authorization stating who is responsible for the payment is required.

If paying by credit or debit card, please go to our website to register online: www.minnesota.edu/health
(Cards accepted: VISA, MasterCard and Discover)

Registrations are accepted on a first-come, first-served basis. In order to receive a refund, withdrawals must be made 5 business days before the course start date. No call, no shows are still billed to the facility or employer without the proper notice to Workforce Development Staff. Invoices for payment will be sent out immediately following all registrations.

QUESTIONS?

EMAIL: breanna.tracy@minnesota.edu **CALL**: 218-299-6903 or 1-800-426-5603 ext. 6903