

**Minnesota State Community & Technical College  
Workforce Development Solutions  
Medication Assistant II (North Dakota)  
Medication Administration for Unlicensed Personnel Course (Minnesota)  
Individual Registration Form**

Course Starting Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ CNA Registry # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**MINNESOTA REGISTRANTS:** Must include proof of completion of a Minnesota Nurse Assistant Training program with registration.

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

**FEE: \$545.00**

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

|   |  |   |
|---|--|---|
| <p><b>MAIL:</b><br/>M State<br/>Attn: Denice Brewer<br/>1900 28th Ave. So.<br/>Moorhead, MN 56560</p> | <p><b>IN PERSON:</b><br/>M State<br/>1900 28<sup>th</sup> Ave S., Moorhead<br/>Room B113</p> | <p><b>EMAIL:</b><br/>denice.brewer@minnesota.edu<br/><b>FAX:</b><br/>(218) 846-3705</p> |
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**METHOD OF PAYMENT:**

\_\_\_\_\_ Check or money order enclosed  
(payable to M State)

\_\_\_\_\_ Credit card payment Visa, MasterCard or Discover  
(call Denice at 218-299-6576 with card number)

**For information or questions:** (218) 299-6576 or denice.brewer@minnesota.edu