

**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: \$575.00**

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


**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. So. Moorhead, MN 56560	<b>IN PERSON:</b> M State 1900 28 <sup>th</sup> Ave. So., Moorhead Room B113	<b>EMAIL:</b> denice.brewer@minnesota.edu <b>FAX:</b> (218) 846-3705
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**For Information or questions: (218) 299-6576 or 800-426-5603 ext. 6576**