

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: \$575.00

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

MAIL: M State Attn: Denice Brewer 1900 28th Ave. So. Moorhead, MN 56560	IN PERSON: M State 1900 28 th Ave S., Moorhead Room B113	EMAIL: denice.brewer@minnesota.edu FAX: (218) 846-3705
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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