



A member of the Minnesota State system

Medication Assistant II North Dakota Facility Registration Form

Course Starting Date: _____ Location: _____

EMPLOYER INFORMATION:

Name of Employer _____

Address _____ Telephone _____

City, State, Zip _____

Authorized Representative Printed Name _____

(Director of Nursing or Administrator)

Authorized Representative Signature _____

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

Authorized Representative Email _____

METHOD OF PAYMENT: ___ Bill Facility ___ Check Enclosed ___ Paid by Employee
(payable to M State)

Cost per individual: **\$600.00**

Please register the following individual(s) for the Medication Assistant II Course.

Name (first/last) _____ Date of Birth _____ Email Address _____

**WORKFORCE
ACHIEVEMENT CENTER**

CROSS SKILL • RESKILL • NEW SKILL • UPSKILL

Return this registration form, course payment or billing instructions to:

MAIL TO: M State Attn: Sarah Stetz 1900 28 th Ave. S. Moorhead, MN 56560	IN PERSON: M State 1900 28 th Ave. S. Moorhead	EMAIL: Sarah.Stetz@minnesota.edu
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**For Information or Questions: (2
18) 299-6904 or 877-450-3322 ext. 6904**