



Minnesota State

Community and Technical College

A member of the Minnesota State system

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 _____

Cost: \$625.00

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

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

Return this registration form, NA Registry/course completion verification and course payment via:

MAIL: M State Attn: Sarah Stetz 1900 28th Ave. S. Moorhead, MN 56560	IN PERSON: M State 1900 28 th Ave S. Moorhead	EMAIL: Sarah.Stetz@minnesota.edu
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METHOD OF PAYMENT:

_____ Check or money order enclosed
(payable to M State)

_____ Credit card payment Visa, MasterCard or Discover
(call Sarah at 218-299-6904 with card number)

For information or questions: (218) 299-6904 or Sarah.Stetz@minnesota.edu