Minnesota State Community and Technical College

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 verifies the registrant(s) are currently on the ND Board of Nursing or ND Department of Health Nursing Assistant Registry by completing this registration form and are able to complete their required 32-hour clinical component with the facility.**

Authorized Representative Email _____

**METHOD OF PAYMENT:** ___Bill Facility ___Check Enclosed (payable to M State) ___Paid by Employee

Cost per individual: **$625.00**

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

Name (first/last) Date of Birth Email Address

_____

_____

_____

_____

_____

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

| **MAIL TO:** | **IN PERSON:** | **EMAIL:** |
|---|---|---|
| M State<br>Attn: Sarah Stetz<br>1900 28th Ave. S.<br>Moorhead, MN 56560 | M State<br>1900 28th Ave. S. Moorhead | Sarah.Stetz@minnesota.edu |

**For Information or Questions:** (218) 299-6904 or 877-450-3322 ext. 6904

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