



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 ND Board of Nursing or ND Department of Health Nursing Assistant Registry by completing this registration form.**

Authorized Representative Email \_\_\_\_\_

Name(s) Name: First & Last

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return this registration form prior to the first day of class.**

<b>MAIL TO:</b>	<b>IN PERSON:</b>	<b>EMAIL:</b>
M State Attn: Denice Brewer 1900 28 <sup>th</sup> Ave. S. Moorhead, MN 56560	M State 1900 28 <sup>th</sup> Ave. S. Moorhead	Denice.Brewer@minnesota.edu

**For Information or Questions: (218) 299-6576 or 877-450-3322 ext. 6576**