

# Minnesota State Community & Technical College

## Medication Administration for Unlicensed Personnel Course Minnesota Facility Registration Form

Course Starting Date: \_\_\_\_\_ Location: \_\_\_\_\_

### EMPLOYER INFORMATION:

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_

(Director of Nursing or Administrator)

METHOD OF PAYMENT: \_\_\_\_\_ Bill Facility \_\_\_\_\_ Check Enclosed

**FEE: \$350.00**

**Please register the following individual(s) for the Medication Administration for Unlicensed Personnel Course. 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.**

Name

Date of Birth

Last 4 digits of  
Social Security Number

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**Return this registration form, course fee or billing instructions at least one week before the course begins to:**

Minnesota State Community & Technical College  
Attn: Denice Brewer  
1900 - 28<sup>th</sup> Ave. South  
Moorhead, MN 56560 Fax# (218) 477-4450

**Make checks payable to: MSCTC**

**For Information or questions: (218) 477-4452 or 800-426-5603 ext. 6576**