## Minnesota State Community & Technical College Workforce Development Solutions Medication Administration for Unlicensed Personnel Course Minnesota Facility Registration Form

| Course Starting Date:             | Location:                                       |                             |
|-----------------------------------|---|-----------------------------|
| Address                           | Telephone                                       |                             |
| Oty, State, Zip                   |   |                             |
|                                   |   |                             |
|                                   | (Director of Nursing or Adminis                 | strator)                    |
| Email                             |   |                             |
|                                   | Bill FacilityCheck Endosed (payable to M State) |                             |
|                                   |   |                             |
| Name (first/last)                 | <u>Date of Birth</u>                            | Email Address               |
|                                   |   |                             |
|                                   |   |                             |
|                                   |   |                             |
|                                   |   |                             |
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|                                   |   |                             |
| M State0Mtd. 422.264 60.984 155.5 | 1900 28th Ave. So., Moorhead                    | denice.brewer@minnesota.edu |
| Moorbead MN 56560                 | Room B113                                       | (218) 846-3705              |