

**Minnesota State Community & Technical College  
Workforce Development Solutions  
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 \_\_\_\_\_

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

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

**FEE: \$575.00**

**Return this registration form, NA registry/course completion verification and course fee one week prior to class start date to:**

**MAIL:**