

NORTH DAKOTA MEDICATION ASSISTANT II APPLICATION QUESTIONNAIRE

The North Dakota Department of Health is requesting you answer these questions prior to the start of the Medication Assistant II course. These questions are also part of the initial Medication Assistant II application form. Complete this questionnaire and return it along with your registration form and payment method to our office where it will be kept on file. If you answer “yes” to any of these questions, LRSC will forward this form to M State and the ND Department of Health for review, prior to your admittance to the Medication Assistant II program.

PLEASE PRINT

Name _____ CNA Registry # _____

Address _____

City, State, Zip Code _____

Facility _____

ALL QUESTIONS MUST BE COMPLETED BY THE APPLICANT

1.	Have you ever been arrested, charged, or convicted of a felony (<i>You must answer yes if the felony arrest or felony charge resulted in a plea agreement, misdemeanor, nolo contendere, deferred imposition, or other action</i>) within the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you had a nurse aide registry listing or unlicensed assistive person registry listing marked for abuse, neglect, or misappropriation of property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you been investigated or are you presently being investigated by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Have you been denied registration or licensure by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you, in the last two (2) years, been terminated from a nurse aide or nursing related job due to conduct that may be grounds for disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Have you, in the last two (2) years, been diagnosed with chemical dependency or participated in chemical dependency treatment/rehabilitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Have you, in the last two (2) years, been diagnosed with or treated for a mental health or physical condition which adversely affected your ability to safely provide nurse aide services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICATION CERTIFICATION: I certify the information provided is true, correct, and complete.

Student Signature

Date

Please return this form to:

Lake Region State College
Attn: TrainND Northeast
1801 College Dr N
Devils Lake, ND 58301
Email: LRSC.trainnd@LRSC.edu
Fax: (701) 665-4670

For questions: (701) 662-1578 or (800) 443-1313, ext. 21578