

Medication Assistant II North Dakota Facility Registration Form

Course Starting Date: _____ Location: _____

EMPLOYER INFORMATION:

Name of Employer _____

Address _____ Telephone _____

City, State, Zip _____

Authorized Signature _____

(Director of Nursing or Administrator)

Printed Name _____

Email _____

METHOD OF PAYMENT: ___ Bill Facility ___ Check Enclosed (payable to LRSC) ___ Paid by Employee

FEE: \$1,095.00 - Register early and receive our early bird rate of \$995.00 by registering prior to June 18, 2025!

This form and payment or permission to invoice MUST be received in our office by this date to receive this rate.

Please register the following individual(s) for the Medication Assistant II Course. The above employer also verifies the registrants are currently on the ND Department of Health Certified Nurse Aide Registry by completing this registration form.

<u>Name (first/last)</u>	<u>Date of Birth</u>	<u>Email Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return this registration form, course fee or billing instructions prior to June 18 to:

MAIL TO: Lake Region State College Attn: TrainND Northeast 1801 College Dr N Devils Lake, ND 58301	IN PERSON: TrainND Northeast Lake Region State College 1801 College Dr N, Devils Lake, ND Bergstrom Technical Center, Door 14	EMAIL: LRSC.trainnd@LRSC.edu FAX: (701) 665-4670
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