

**Minnesota State Community and Technical College
Workforce Development Solutions**

North Dakota Clinical Evaluator Form for the Medication Assistant II Course

The North Dakota Department of Health is requesting we keep on file the names, titles, and ND Board of Nursing license numbers of the clinical evaluators you are anticipating being utilized during the 32-hour clinical experience of the Medication Assistant II course.

PLEASE PRINT

Facility Name _____

Address _____

City, State, Zip Code _____

<u>Name (First/Last)</u>	<u>Title (RN/LPN)</u>	<u>ND License #</u>
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Notify our office if you add any additional evaluators.

Return this form to:
 Minnesota State Community & Technical College
 Attn: Denice Brewer
 1900 – 28th Avenue South
 Moorhead, MN 56560
 EMAIL: denice.brewer@minnesota.edu
 FAX: (218) 291-4266

For questions: (218) 299-6576 or (800) 426-5603, ext. 6576