

**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: \$1,095.00 – Register early and receive our early bird rate of \$995.00 by paying prior to September 24, 2026! Payment **MUST** be received in our office by this date to receive this rate.

Return this registration form, NA registry/course completion verification and course fee prior to September 26, 2026 to:

MAIL: 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 58301 Bergstrom Technical Center, Door 14	EMAIL: LRSC.trainnd@LRSC.edu FAX: (701) 665-4670
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METHOD OF PAYMENT:

_____ Check or money order enclosed (*payable to LRSC*)

_____ Credit card payment Visa, MasterCard, American Express or Discover
(*call TrainND at 701-662-1578 with card number*)

For information or questions: (701) 662-1578 or LRSC.trainnd@LRSC.edu