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 May 4, 2027! This form and payment or permission to invoice MUST be received in our office by this date to receive this rate. **All applications are due no later than May 15, 2027.**

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.

Name (first/last)	Date of Birth	Email Address

Return this registration form, course fee or billing instructions prior to May 15 to:

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

For Information or Questions: (701) 662-1578 or 800-443-1313 ext. 21578