

## 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 20, 2026!

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 22, 2026.**

**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

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**Return this registration form, course fee or billing instructions prior to May 22 to:**

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| <b>MAIL TO:</b><br>Lake Region State College<br>Attn: TrainND Northeast<br>1801 College Dr N<br>Devils Lake, ND 58301 | <b>IN PERSON:</b><br>TrainND Northeast<br>Lake Region State College<br>1801 College Dr N, Devils Lake, ND<br>Bergstrom Technical Center, Door 14 | <b>EMAIL:</b><br>LRSC.trainnd@LRSC.edu<br><br><b>FAX:</b><br>(701) 665-4670 |
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**For Information or Questions:** (701) 662-1578 or 800-443-1313 ext. 21578