North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8027	A. BUILDING: _____ B. WING _____ RECEIVED 11/12/2025 By AMW	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BORG PIONEER MEMORIAL HOME	61 BORG DR MOUNTAIN, ND 58262

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 000	INITIAL COMMENTS For the unannounced onsite complaint survey completed on 10/29/25, the sample included six residents for complete review and two closed records for review. Tier II citations included B0924, B0950, and B1540.	B 000	**How the Deficiency Will Be Corrected:** 1. The affected surface in the Heritage Room was immediately disinfected on 10/29/2025. 2.The staff member involved was counseled and re-educated on proper infection control procedures, including the immediate disposal of contaminated supplies and sanitation of surfaces following any point-of-care testing.	
B 924	33-03-24.1-09,2,d GOVERNING BODY d. Infection control practices, including provision of a sanitary environment and an active program for the prevention, investigation, management, and control of infections and communicable diseases in residents and staff members. This State Licensing Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to follow standards of infection control for 1 of 1 sampled resident (Resident #2) observed during a blood glucose test. Failure to sanitize a surface after a procedure puts residents at risk of adverse effects from a potential blood borne pathogen (organism that can cause disease). Findings include: Observation on 10/29/25 at 1:50 p.m. showed Resident #2 seated at a table in the Heritage Room lounge. A nurse aide (NA) (#3) completed hand hygiene, applied gloves, and completed the resident's blood glucose check. The NA (#3) performed a finger stick on Resident #2, wiped	B 924	**What the Facility Will Put in Place to Assure Continued Compliance:** 1. Borg Home revised its Blood Glucose Testing Policy to require: a. Immediate disposal of all blood-contaminated materials. b. Immediate disinfection of all surfaces following glucose testing. c. Mandatory sanitation of all treatment areas after each procedure. 2. All medication aides received re-education on infection control and safe glucose testing procedures on 11/4/25 3. All staff performing blood glucose checks will complete return demonstrations by November 20, 2025. 4. The DON will conduct random infection control observations weekly for four weeks, biweekly for two months, and monthly for three additional months. 5. Results will be reviewed monthly by the DON and Administrator for oversight and ongoing compliance assurance.	

Health Repsonse and Licensure
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Suzanne Admin 11/12/25 — (X6) DATE

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8027	A. BUILDING: _____ B. WING _____	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BORG PIONEER MEMORIAL HOME	61 BORG DR MOUNTAIN, ND 58262

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 924	Continued From page 1 blood off the resident's finger with a cotton ball, placed the soiled cotton ball on the table, obtained a second drop of blood on the glucose test strip, and placed the glucose meter on the table. The NA (#3) disposed of the lancet, test strip, and cotton ball, sanitized the glucose meter, and placed it in its case. The NA removed the gloves, performed hand hygiene, gathered the remaining supplies, and without sanitizing the table top, left the lounge. The NA (#3) failed to sanitize the table of potential blood contaminate before leaving the area. During an interview on 10/29/25 at 3:40 p.m., an administrative staff member (#1) confirmed she expected staff to sanitize a surface after completing a procedure.	B 924	**Date Upon Which Corrective Action Will Be Completed:** All corrective actions, staff education, and monitoring procedures will be fully implemented by November 20, 2025.	
B 950	33-03-24.1-09,5 GOVERNING BODY 5. The governing body shall ensure sufficient trained and competent staff are employed to meet the residents' needs. Staff must be in the facility, awake and prepared to assist residents twenty-four hours a day. This State Licensing Rule is not met as evidenced by: Based on observation, record review, information from the complainant, staff interview, review of the North Dakota Nurse Aide Registry (ND NAR), and review of the North Dakota Administrative Code (NDAC), Chapter 33-43-01 "Nurse Aide	B 950		

Dyanne Askpole, Admin
11/12/25

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8027	A. BUILDING: _____ B. WING _____	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BORG PIONEER MEMORIAL HOME	61 BORG DR MOUNTAIN, ND 58262

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 950	Continued From page 2 Training, Competency Evaluation, and Registry," the facility failed to ensure competent staff were available to assist residents for 1 of 1 nurse aide (NA) (#3) observed administering insulin. Failure to ensure medication assistants (MAs) administered subcutaneous insulin increases the residents' risk of adverse consequences. Findings include: Information received from the complainant identified concerns with untrained staff passing medications. Section 33-43-01-17 "Routes or types of medication administration . . . Medication assistants I and II may administer medications by the following routes only when specifically delegated by a licensed nurse for a specific client . . . Subcutaneous . . ." Review of Resident #2's medical record occurred on 10/29/25. A physician's order, dated 04/23/25 identified, Humalog (a type of insulin) 15 units subcutaneous (under the skin) every morning and at noon, and 20 units at supper. Observation on 10/29/25 at 11:50 a.m. showed a NA (#3) administered Resident #2's subcutaneous insulin injection. During an interview on 10/29/25 at 3:40 p.m., two administrative staff members (#1 and #2) confirmed nurse aides administer subcutaneous insulin after receiving specific delegation and resident instruction by the nurse. The facility allowed the NA (#3) to administer subcutaneous injections without registration as a	B 950	**How the Deficient Practice Will Be Corrected:** 1. Borg Home's Medication Administration Policy will be revised to clarify that only Medication Assistant I-certified staff, under supervision of a licensed nurse, may administer subcutaneous medications, including insulin. 2. Current medication aides will receive re-education on ND Administrative Code 33-43-01, medication delegation rules, insulin administration limitations, and scope of practice on 11/18/25. 3. Borg Home medication aides are enrolled in the ND-approved Medication Assistant I certification program through Minot State University. o Medication Aides will be given a CMA I Student Manual to begin studies on 11/12/25 o Classroom instruction, hands-on demonstrations, and examinations will be conducted at Borg Home on 11/18/25 by Sharon Laxdal, RN, MSN-BSN. The RN instruction will be a minimum of 2 hours classroom time. o When the student passes the written test, the student will be scheduled a minimum of 4 shifts with a licensed nurse to monitor medication administration and validate skills. 4. A temporary CMA I travel staff was hired to assist with medication coverage until CMA I certification is completed. **What the Facility Will Put in Place to Assure Continued Compliance:** 1. Orientation for all new direct care staff will include education on the differences between Nurse Aide and Medication Assistant I roles, including scope of practice and delegation limitations. 2.Implement CMA I job description by Dec 1, 2025	

Dyanne Asbjorn, Admin
11/12/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8027	A. BUILDING: _____ B. WING _____	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BORG PIONEER MEMORIAL HOME	61 BORG DR MOUNTAIN, ND 58262

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 950	Continued From page 3 medication assistant. Review of the ND NAR on 10/29/25 showed the NA (#3) did not have active status as an MA.	B 950	3. The DON will verify MA I certification status before scheduling any staff for medication duties. 4. The DON will conduct weekly audits for 3 months. 5. The DON will check the ND Nurse Aide Registry annually to confirm certifications remain active.	
B1540	33-03-24.1-15,4 PHARMACY/MED ADM SERVICES 4. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws. c. Properly administered. This State Licensing Rule is not met as evidenced by: Based on observation, record review, review of the facility policy, and staff interview, the facility failed to ensure proper administration of medications for 1 of 1 resident (Resident #2) observed during insulin administration. Failure to properly prime an insulin pen may result in adverse consequences for the residents. Findings include: Review of the facility policy titled, "Medication Administration Procedures . . . Insulin Administration-Pen" occurred on 10/29/25. This undated policy stated, ". . . Perform air shot (prime). Turn dose selector to "2" units. Holding pen with needle pointing up . . . Press the	B1540	6. The DON will renew the Minot State CMA 1 Curriculum every 2 years to ensure Borg maintains an active contract 7. Ongoing follow-up training regarding scope of practice and insulin administration will occur upon hire, annually, and as performance indicates. **Date of Completion:** All corrective actions will be completed by December 1, 2025, with continued monitoring thereafter.	

Dyanne Ashpole, Admin

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8027	A. BUILDING: _____ B. WING _____	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BORG PIONEER MEMORIAL HOME	61 BORG DR MOUNTAIN, ND 58262

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B1540	Continued From page 4 injection button all the way in until the dose selector is back to "0". A stream or drop of insulin should appear at the tip of the needle. . . ." - Review of Resident #2's medication administration record (MAR) occurred on 10/29/25. A physician's order included Humalog insulin 15 units in the morning and at noon and 20 units at supper. Observation on 10/29/25 at 11:50 a.m. showed a nurse aide (NA) (#3) prepared insulin for Resident #2. The NA applied a needle to the resident's Humalog insulin pen, dialed the pen to 2 units and held the pen pointing sideways to prime. The NA failed to prime the insulin pen with the needle pointing up. During an interview on 10/29/25 at 3:40 p.m., two administrative staff members (#1 and #2) confirmed they expected insulin pens to be primed with the needle pointing up. See B0950	B1540	**How the Deficient Practice Will Be Corrected:** On 10/30/2025, the staff member involved was immediately re-educated on proper insulin pen priming procedures per manufacturer instructions and facility policy, including holding the pen with the needle pointing upward when performing the air shot. A return demonstration was completed to verify competency. **What the Facility Will Put in Place to Assure Continued Compliance:** 1. Borg Home's "Medication Administration – Insulin Pen" policy was reviewed and revised to emphasize the requirement that all insulin pens must be primed with the needle pointing upward. 2. All nursing and medication staff were re-educated on the updated policy and insulin administration technique. 3. Competency evaluations, including return demonstrations on insulin pen priming and injection, will be conducted for all medication aides by November 20, 2025; then annually and with any performance concern. 4. The DON will perform random observations of insulin administration twice monthly for 3 months and quarterly thereafter to ensure compliance. **Date of Completion:** All corrective actions, education, and competency validations will be completed by November 20, 2025.	

Dyanna Asbjorn, Admin

Glucometer Testing Policy

It is the policy of Borg Pioneer Memorial Home to perform blood glucose monitoring for diabetic residents as per physician's orders. This policy ensures safe, accurate, and infection-free blood glucose monitoring for residents in accordance with ND Administrative Code 33-03-24.1, CDC standards, CMS guidance, and manufacturer guidelines.

1. Purpose

To ensure accurate and safe blood glucose monitoring while preventing infection and maintaining compliance with North Dakota Basic Care regulations.

2. Policy Statement

Blood glucose monitoring will only be performed by trained staff following standard precautions, infection control guidelines, and manufacturer instructions.

3. Staff Training & Competency

All staff performing glucose testing must complete training upon hire, annually, and as performance indicates. Training, under the direction of a licensed nurse, will include:

- Blood glucose testing procedures
- Reporting and documentation protocols
- Infection control measures
- Device-specific manufacturer instructions

4. Procedure for Blood Glucose Testing

1. Verify physician order.
2. Gather supplies: gloves, glucometer, alcohol pad, cotton ball, single-use safety lancet, blood glucose machine for the individual resident, test strips, and EPA-approved disinfecting wipes. *Note: If possible, glucometers should not be shared between residents. If sharing is unavoidable, the nurse is responsible for cleaning and disinfecting the machine between residents*
3. Perform hand hygiene and apply gloves.
4. Identify the resident and explain the procedure.
5. Provide privacy.
6. Clean the intended site with an alcohol pad and allow to air dry completely.
7. Insert the test strip into the glucometer.

8. Collect the blood sample from the side of the resident's fingertip using a single-use safety lancet. Puncture the skin with a quick, continuous, and deliberate stroke.
9. Wipe away the first drop of blood using a cotton ball.
10. Touch the second drop of blood to the test area of the strip.
11. Apply firm pressure post-puncture to stop bleeding.
12. Read the results.
13. **Immediately dispose of the used cotton ball in the waste receptacle.**
14. Dispose of the lancet in an approved sharps container.
15. Dispose of the used test strip and any contaminated waste
16. Remove gloves and perform hand hygiene.
17. **Immediately disinfect the glucometer and clean the testing surface after use with an EPA-registered disinfectant effective against bloodborne pathogens**
18. Document the result in the resident record and notify the nurse of any abnormal or out-of-range readings.
19. Refer to the **Hypoglycemia/Hyperglycemia Response Protocol** for any blood glucose reading **below 70 mg/dL or above 300 mg/dL**, or as otherwise specified in the resident's individualized plan of care.

North Dakota Department of Health

Medication Assistant I

Scope of Delegated Medication Administration Statement

Registry Requirements:

- Must hold a current registration on the ND Department of Health Nurse Aide Registry as a Nurse Aide or Certified Nurse Aide prior to entry into the Medication Assistant I Training Program ,
- Must have completed a medication assistant I training and competency program (study and clinical practice in the administration of routine, regularly scheduled medications which meets the department's requirements), and
- Must hold a current registration on the department's registry as a Medication Assistant I.

Required Licensed Nurse Supervision and Delegation:

- May perform medication administration that has been delegated and supervised by a licensed nurse, consistent with completion of a department approved training program, scope of practice defined by regulation, and facility policies and procedures.
- May not perform medication administration if not under the supervision and delegation of a nurse.

Settings where a Medication Assistant I <u>can be employed</u> to provide delegated medication administration:

- Settings where the licensed nurse is <u>not</u> regularly scheduled including Assisted Living Facilities and Basic Care Facilities, however, none of the settings listed in the next section.
- If considering employment in a setting other than Basic Care or Assisted Living, contact the Department of Health to determine if it is an allowable setting for a Medication Assistant I to work in.

Settings where a Medication Assistant I <u>cannot be employed to provide medication administration</u>:

- Skilled Nursing Facilities,
- Acute Care setting,
- Clinics,
- Home Health Agency setting, and
- Private Home setting.

Medication administration that may be delegated to a Medication Assistant I who is supervised by a nurse include:

- Routine, regularly scheduled medication for individuals or groups of individuals with stable conditions which are administered on a routine basis and do not require determination of need, drug calculation, or dosage conversion.
- A stable patient is a patient the registered nurse has determined to have a predictable, non-fluctuating, and consistent clinical and behavioral status, and may have fluctuations that are expected with planned interventions.

Routine, regularly scheduled medications may be delegated by a licensed nurse to a Medication Assistant I for administration to individuals or groups of individuals with stable, predictable conditions via the following routes according to facility policies and procedures:

- Oral, sublingual, and buccal medications;
- Eye medications;
- Ear medications;
- Nasal medications;
- Rectal medications and enemas;
- Vaginal medications;
- Skin ointments, topical medications, including patches and transdermal medications;
- Metered hand-held inhalants; and
- Unit dose nebulizers.

<u>When specifically delegated by a licensed nurse to a Medication Assistant I for a specific</u> patient with a stable predictable condition, regularly scheduled medications via the additional following routes:

- Gastrostomy;
- Jejunostomy;
- Subcutaneous; and
- Premeasured injectable medication for allergic reactions.

A Medication Assistant I <u>may not administer medications via the following routes</u>:

- Central lines;
- Colostomy;
- Intramuscular injection;

A Medication Assistant I may not administer medications via the following routes (Cont.):

- Intravenous;
- Intravenous lock;
- Intrathecal;
- Nasogastric tube;
- Nonmetered inhaler;
- Intradermal;
- Non-unit dose aerosol or nebulizer; or
- Uretheral catheter.

A Medication Assistant I may not administer the following kinds of medications:

- Barium and other diagnostic contrast media;
- Chemotherapeutic agents except oral maintenance chemotherapy; or
- Through any medication pumps, or assume responsibility for medication pumps, including patient-controlled analgesia.

A Medication Assistant I cannot be delegated the decision to administer a pro re nata (PRN) medication in situations where an onsite assessment of the patient is needed prior to administration.

- For example, if a chemical restraint (medication) is needed for a documented emergency or to prevent injury to the resident or others, the chemical restraint must be authorized and documented by a physician for a limited period of time and the chemical restrain must be administered by a licensed nurse or physician.
- Some situations allow administration of PRN medications without directly involving the licensed nurse prior to each administration based on the following:
  - The decision regarding whether an onsite assessment is required is at the discretion of the licensed nurse.
  - Written parameters specific to an individual patient's care must be written by the licensed nurse for use by the Medication Assistant I when an onsite assessment is not required prior to administration of a medication. The written parameters: 1) Supplement the physician's PRN order; and 2) Provide the medication assistant with guidelines that are specific regarding the PRN medication.

A Medication Assistant I, or other individual on the department's registry, may not perform the following acts even if delegated by a licensed nurse:

- Conversion or calculation of medication dosage;
- Assessment of patient need for or response to medications; and
- Nursing judgment regarding the administration of pro re nata medications.

Specific Delegation of Medication Administration from a licensed nurse to a Medication Assistant I must comply with department regulation and facility policies and procedures. (Please note the four additional routes of medication administration that can be delegated through specific delegation by the licensed nurse.) The delegation must be for the delivery of a specific drug to a specific patient, and include the following steps:

1. The Medication Assistant I must receive a copy of the facility policies and procedures to follow regarding specific delegation.
2. The Medication Assistant is taught by the licensed nurse for each specific patient's medication administration with both verbal and written instructions (beyond the physicians order). The specific instructions include: a)The medication trade name and generic name; b) The purpose of the medication; c) Signs and symptoms of common side effects, warnings, and precautions; d) Route and frequency of administration; and e) Instructions under which circumstances to contact the licensed nurse or licensed health care provider.
3. The Medication Assistant I must be observed by a licensed nurse administering the medication to the specific patient until competency is demonstrated.
4. Areas the Medication Assistant I must be verified to be competent include: a) Knows the six rights for each medication for the specific patient, including the right patient, right medication, right dosage, right route, right time, and right documentation; b) Knows the name of the medication and common dosage; c) Knows the signs and symptoms of side effects for each medication; d) Knows when to contact the licensed nurse; e) Can administer the medication properly to the patient; and f) Documents medication administration according to organization policy.
5. Documentation that the Medication Assistant I has received the training related to specific delegation of medication administration for each patient must be maintained and updated when further instruction is received as necessary to implement a change.

Regulatory sources:

- NDCC Chapters 23-44 and 50-10.2
- NDAC ARTICLE 33-43
- Link to Applicable Rules: http://www.ndhealth.gov/HF/PDF_files/Nurse%20Aide%20Registry/Medication_Rules_10-22-2012.pdf

Effective Date: July 1, 2011

NDCPD
Minot State University
Center of Excellence

Minot State University
ND Center for Persons with Disabilities
500 University Ave W
Minot ND 58707
Phone 800 233 1737

ACCOUNTS RECEIVABLE CHARGES

Borg Home

AR Reference: BH1103

Charge Date: 11/03/2025
Due Date: 12/03/2025

Fund	Dept	Project	Acct	Amount	Explanation of Charges
20509	2700		462110	$125.00	Two Year Program Administration Fee
				$125.00	**TOTAL**

Make check payable to:
Minot State University

Mail check to:
Minot State University
Attention: NDCPD/Krista Opstedal
500 University Ave West
Minot ND 58707

Direct questions on these charges to:
Krista Opstedal
NDCPD Training Director
701-858-3414

borghome@polarcomm.com

From: borghome@polarcomm.com
Sent: Friday, November 7, 2025 8:12 PM
To: 'tslaxdal@polarcomm.com'
Subject: FW: Medication Assistant Program
Attachments: Borg Home Invoice.docx; DOH Medication_Assistant_I_Scope_of_Delegated_Medication_Administration.pdf; DoH MA Form - directions.pdf; DOH Med Aide Guidance 33-43-01.pdf; DoH Medication Assistant Application.pdf; Oct 2024 MA I clinical checklists.pdf; Oct 2024 MA I Curriculum Agreement.pdf; Oct 2024 MA I Curriculum Objectives.docx; Oct 2024 MA I teaching learning methods.docx; Oct 2024 Medication Assistant I Module.pdf

From: borghome@polarcomm.com <borghome@polarcomm.com>
Sent: Tuesday, November 4, 2025 11:50 AM
To: 'Laxdal, Sharon A.' <slaxdal@nd.gov>
Subject: FW: Medication Assistant Program

From: Brabandt, Vickie <vickie.brabandt@minotstateu.edu>
Sent: Monday, November 3, 2025 3:54 PM
To: borghome@polarcomm.com
Subject: Medication Assistant Program

Hi Suzanne
Upon your request, attached are the documents for the Minot State University Medication Assistant I curriculum for your review.

If you decide to use the Minot State University curriculum as part of your Medication Assistant I Program, please sign the Medication Assistant I Curriculum Agreement (attached) and return it along with the fee of $125.00 to Minot State University, Attention: Krista Opstedal, NDCPD, 500 University Ave West, Minot ND 58707. Upon receipt of the signed agreement and the program administration fee, we will send you the testing documents and other additional documents. The term of the agreement is two years. You will be notified when it is time to renew this application. If you decide not to use our curriculum, please discard the materials.

Within the Medication Assistant Agreement are the facility responsibilities, test security measures and follow up required for each course taught. Please review these carefully.

Thanks

Vickie Brabandt
Administrative Assistant
NDCPD
Minot State University
701-858-3047