

South Dakota Medication Training Enrollment Form

Use this form to enroll in the Medication Assistant training course provided by EduCare. The courses and tests are facilitated by a Registered Nurse <u>online</u> (no text books required). The online Learning Management System tracks course progress and performance. It is the responsibility of the RN for each organization to supervise the training and verify and document knowledge via the online tests and verify skills in the 4-hour laboratory session.

Student/Enrollee Information	
First Name	
Last Name	
Email Address	
Mailing Address	
Phone Number	
Organization Information (if applicable)	
Organization Name	
Organization Type	
Organization Address	
Supervising RN	
Contact Email Address	
Contact Phone Number	
Membership Status	☐ ALAofSD Member ☐ Not an ALAofSD Member \$125.00/student \$145.00/student
My signature indicates that I acknowledge that the information provided is true and accurate to the best of my knowledge. I understand that the EduCare material is owned by Mirabelle including patent, copyright, trade secret, trademark, and other proprietary rights and I am not authorized to modify, copy, distribute, nor create derivative works from the EduCare materials. I understand that the individual taking the course is solely responsible for his or her own acts in administering medications. Mirabelle is in no way responsible for damages or injury, including death, relating to the performance of tasks or procedures	
within the EduCare materials.	
options) and the individual comple following 1st and the 15 th day of e	the activation of the online course (invoices will be emailed to the payer with payment eting the course understands that he/she the course will expire 30 days after activation on the ach calendar month. Following expiration, the coursework documentation will be deleted emore, EduCare by Mirabelle Management is not responsible nor do they guarantee that the course.
Printed Name	
Signature	