



## Authorized User Enrollment Form: Physicians and Non Physicians

### Authorized User Enrollment Information

Name \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Home & Work Email address \_\_\_\_\_

- Practicing Physician
- Physician Resident / Fellow

Area of Specialty

- Cardiology
- Radiology
- Internal Medicine
- Oncology
- Endocrinology
- Other: \_\_\_\_\_

### Company or Institution Information

Company Name \_\_\_\_\_

Or Institution Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Preceptor Name \_\_\_\_\_

Preceptor Email \_\_\_\_\_

Preceptor Phone \_\_\_\_\_

Questions? Call Brigette Serfaty at 501-686-6398  
or 480-544-1146 or email [BSerfaty@uams.edu](mailto:BSerfaty@uams.edu)



Email Registration form to  
[bserfaty@uams.edu](mailto:bserfaty@uams.edu)

### Choose Course Option

- Physician: 200 hr program \$4200
- Physician: 80 hr program \$2500
- Residents: 200 hr program \$3200
- Residents: 80 program \$1500
- Other AU: 200 hour program \$6300

- Institution/Company responsible for payment
- Student responsible for payment

**Note: Payment must be completed before final program certificates are issued.**

\*Students must notify NEO if unable to complete the program within 1 year of enrollment

### Method of Payment

- Check or Money Order
- Credit Card
- Purchase Order # \_\_\_\_\_

Invoice Company:  
Company Name \_\_\_\_\_

Company Billing Address \_\_\_\_\_  
\_\_\_\_\_

Company Contact Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Contact Email \_\_\_\_\_

**Note: You will receive an invoice with payment instructions to reference the invoice # & customer #.**