



Mac users: Please open Adobe Acrobat Reader to complete this form.

Nuclear Pharmacy Technician (NPT) Enrollment Form

*Fields outlined in RED are required.

Date: _____

Enrollment Information

Name: _____

Home Street Address: _____

City: _____

State: _____ Zip: _____

Email

Work/School: _____

Personal: _____

Phone: _____

Company Information

Company/Pharmacy Name: _____

Billing Contact Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Hire Date: _____

Current Job Title: _____

Method of Payment

The cost of the NPT program is **\$1800**

Invoice will be emailed with payment instructions.

Company responsible for payment

Student responsible for payment

Payment must be completed before final program certificates are issued.

Preceptor Information

Preceptor Name: _____

Preceptor Email: _____

Preceptor Phone: _____

General NEO questions?

Send completed form and enrollment questions to:

Email Brigette Serfaty, bserfaty@uams.edu

For technical support:

NEO Support: hsc-neosupport@salud.unm.edu