

Nuclear Education Online Enrollment Form

Enrollment Information

Name _____

Home address _____

City/State/Zip _____

Home phone _____

Email address _____

What is your primary position?

- Pharmacist
- Technician/Technologist
- Pharmacy Student
- Other: _____

If student

School/Program: _____

Address _____

City/State/Zip _____

Phone _____

Preceptor Information

Pharmacy _____

Street _____

City/State/Zip _____

Preceptor Name _____

Preceptor Email _____

Preceptor Phone _____

Courses

- Pharmacist \$8000
- Pharmacy Technician \$1800
- Other: _____ TBD

Method of Payment

Total Amount \$ _____

- Charge to: MasterCard Visa

Account # _____

Exp Date _____ Signature _____

- Check or Money Order payable to Nuclear Education Online
- Purchase Order # _____

Three Ways to Register



FAX registration form to 501-686-5156



Mail registration form with check payable to UAMS College of Pharmacy to:

Nuclear Education Online
UAMS College of Pharmacy
4301 W. Markham
Slot 522
Little Rock, AR 72205

Questions?

Students and employers call Dao Le at 501-686-6361; pharmacy preceptors call Kristina Wittstrom at 505-272-3661.