

NARM Registered Preceptor Certificate Order Form

This form must be filled out completely in English in black ink or typed.

Purchasing this certificate is not required for maintaining your status as a NARM Registered Preceptor.

First Name: _____ Last Name: _____ Middle Initial: _____

Last 4 digits of Social Security #: _____ Date of Birth: _____

Residence Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Mailing Address*: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

*The address where you can most easily be reached.

Primary phone #: _____ Secondary phone #: _____

Fax #: _____ Email address: _____

Fees are payable by money order, certified check, or credit card; personal/business checks are not accepted. All fees must be made payable to NARM in U.S. funds. If you wish to pay by credit card, you will receive an invoice by email with a direct link for credit card payment once your application has been received and logged in. All fees are non-refundable.

- ☐ NARM Registered Preceptor Registration Certificate, **\$25:**
☐ Cashier's check or money order or ☐ Credit card payment

For orders outside of the United States, additional postage charges will apply. Please contact the NARM Applications Department at 931-964-4234 or applications@narm.org to obtain information about postage charges.

Please allow up to two weeks for order processing.

Submit completed form and payment to:

NARM Applications
P.O. Box 420
Summertown, TN 38483

Requests mailed to other NARM offices will not be forwarded.

Please keep a copy of everything you send to NARM for your records.