



PROVIDER REFERRAL LIST ENROLLMENT FORM

NTM Info & Research maintains an online Providers Referral List, containing the names and contact information for health care professionals around the world who specialize in the treatment of NTM lung disease. The criteria HCPs must meet in order to be on this list are:

1. Understanding of ATS/IDSA Statement treatment principles or equivalent guidelines.
2. Ongoing active medical practice accepting new patients.
3. Licensure by the appropriate governing body to practice medicine.

Complete this form and return via email to ntmmail@ntminfo.org. By submitting this form, you certify that you meet the criteria established above. For more information, contact us at: NTM Info 14411 S Dixie Hwy, Suite 205, Palmetto Bay, FL 33176 Phone: (305) 901-4686

**denotes required field; your name cannot be added to the Providers Referral List without this information*

*Provider(s) Name(s)

Institution/ Practice Name:

*Street Address:

*City: *State:

*Zip/ Postal Code: *Phone:

Email:

*Areas of Practice (check all that apply): ☐ Pulmonary ☐ Infectious Disease ☐ Critical Care
☐ Internal Medicine ☐ Pharmacy ☐ Nursing ☐ Other:

By completing this form you are now subscribed to our Provider's emailing list. Please know that we only send it out once a month with worthwhile information on NTM lung disease.

SEND THIS COMPLETED FORM BACK TO NTM INFO & RESEARCH

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