

Nebraska Medicaid Pharmaceutical and Therapeutics Committee
Public Testimony Registration Application

Full Name:	
Phone Number:	Fax Number:
Email Address:	
Organization/Place of Business:	
Name of Medication you are presenting:	
Affiliation: (Are you being sponsored by or representing a company or organization in return for compensation of any type?)	
Remuneration for Testimony:	

Instructions

1. Prior Registration is required.
2. Deadline for registration is fourteen (14) calendar days prior to the meeting.
3. An e-mail confirmation will be returned within 7 days of the meeting if agenda time is available.
4. Registration Applications may be submitted by e-mail to:
dhhs.MedicaidPharmacyunit@nebraska.gov
Or fax to: (402) 742-2348
Or mail to:
Nebraska Department of Health and Human Services
Pharmacy Program, Attn: P & T Committee
P.O. Box 95026
Lincoln, NE 68509-5026