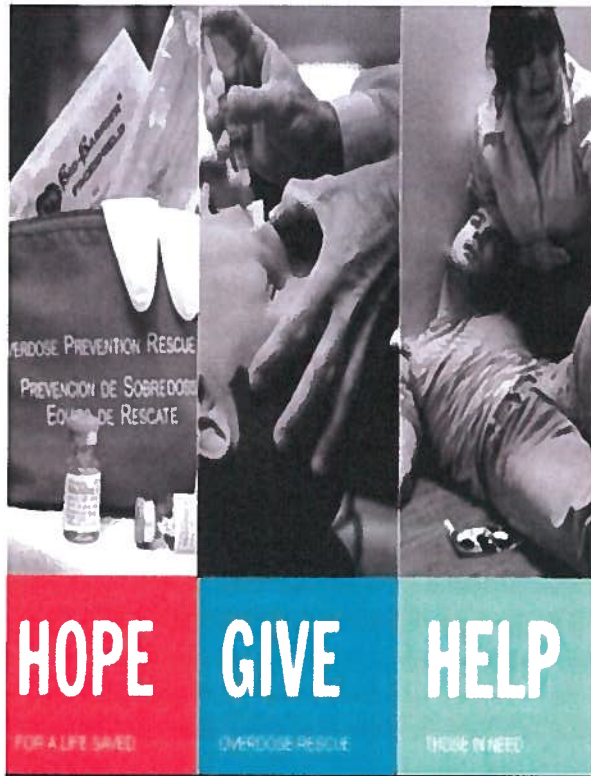


Opioids kill.
You can save a life.
Get informed.
Get equipped.
Get Naloxone.



FREE Naloxone Training

First Monday of every month

Do you have a friend or family member who uses opiate pain medication or heroin?

- Do you know how to help them if they overdose?
- Join us for a 1-hour training session to recognize signs of an overdose and what you can do to help.

Kent County Behavioral Health
300 Scheeler Road
Chestertown, MD 21620



PLEASE CALL TO REGISTER
410-778-5980 or 410-778-5035

OVERDOSE RESPONSE PROGRAM (ORP) TRAINEE APPLICATION FOR CERTIFICATE

Initial
 Renewal

Applicant Name:

 First Middle Last

Street Address: _____

City, State, Zip: _____

Date of Birth: _____ (Applicant must be at least 18 years old)
 (Month/day/year)

E-mail Address (optional): _____ **Phone Number (optional):** _____

Sex (optional): Male Female Not Stated

Race/Ethnicity (optional) check all that apply:

American Indian or Alaskan Native

Black or African American

Native Hawaiian or Other Pacific Islander

White or Caucasian

Asian

Are you Hispanic or Latino? Yes No

Please check which category best describes your reason to receive a certificate:

Occupation Volunteer Work Family Member Social Experience Law Enforcement

I hereby certify that the information contained in this application is complete and accurate to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

FOR ORP USE ONLY:

Trainee eligible to receive: Certificate Prescription for naloxone Naloxone

Date of Training: _____ Location of Training: _____

Certificate Serial Number: _____ Certificate Issuance Date: _____ Certificate Expiration Date: _____	Prescription (if applicable): Prescriber Name: _____ Prescription Number: _____	Naloxone (if applicable): Naloxone Lot Number: _____ Naloxone Expiration Date: _____ # Doses: _____ <input type="checkbox"/> Intranasal <input type="checkbox"/> Intramuscular Dispensed by: _____
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