

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 White or Caucasian
 Black or African American Asian
 Native Hawaiian or Other Pacific Islander 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: _____	<i>Prescription (if applicable):</i> Prescriber Name: _____ Prescription Number: _____	<i>Naloxone (if applicable):</i> Naloxone Lot Number: _____ Naloxone Expiration Date: _____ # Doses: _____ <input type="checkbox"/> Intranasal <input type="checkbox"/> Intramuscular Dispensed by: _____
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