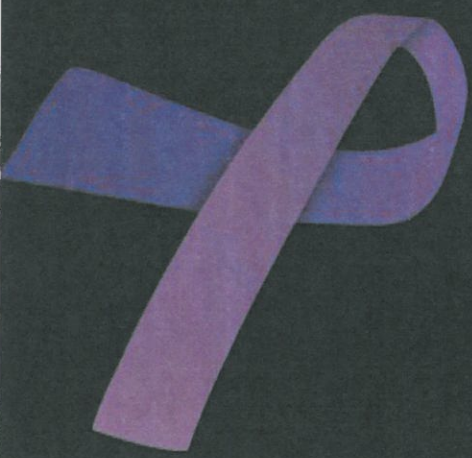


**Opioids kill.  
You can save a life.  
Get informed.  
Get equipped.  
Get Naloxone.**



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