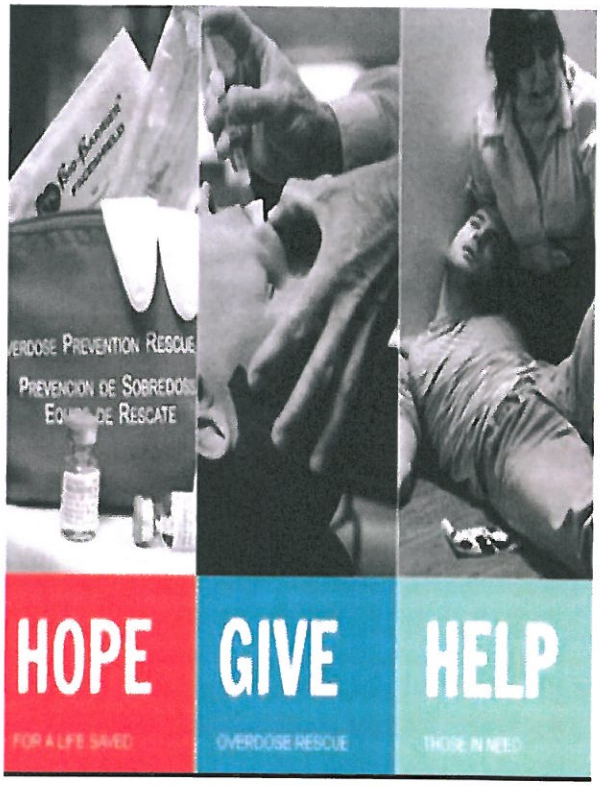
Opioids kill.
You can save a life.
Get informed.
Get equipped.
Get Naloxone.



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

Kent County Health Department
People Helping People

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 <u>best</u> 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: _____ ☐ Intranasal ☐ Intramuscular Dispensed by: _____