[ ]  Initial

**Overdose Response Program (ORP)**

**Trainee Application for Certificate**

 Original

 Renewal

 [ ]  Renewal

**Applicant Name:**

First Middle Last

**Street Address:**

**City, State, Zip:**

**Date of Birth:**  *(Applicant must be at least 18 years old)* **Age:**

 (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

|  |  |  |
| --- | --- | --- |
| 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 [ ] IntramuscularDispensed by:  |

Date of Training:       Location of Training: