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 Intramuscular  Dispensed by: |

Date of Training:       Location of Training: