

## Opiate Overdose Response Training – Statement of Completion

This certifies that:

---

Address:

---

has completed an approved training program covering recognition of opiate overdose and its treatment, including proper administration of naloxone. This training and treatment is authorized by Oregon Laws 2013, chapter 340 and OAR 333-055-0100 to 333-055-0115 of the Oregon Health Authority, Public Health Division. Under these laws and rules the above-named trained individual is authorized to administer naloxone in an opiate overdose emergency.

---

Signature of Authorized Trainer

---

Date Trained

### Authorization to Obtain Naloxone

#### To Pharmacist:

The individual listed on this completed form is authorized to obtain an emergency supply of naloxone. This authorization is good for three (3) years from the date on front of form.

---

Signature of overseeing nurse practitioner/physician

---

Date

---

Printed name of nurse practitioner/physician

---

License #

In accordance with OAR 855-041-2330, the pharmacist who dispenses naloxone doses under this rule shall also generate a written prescription for his or her files, as in the case of an oral prescription for non-controlled substances, and file the same in the pharmacy. The generated prescription is based on the prescriptive authority of the overseeing nurse practitioner or physician. The pharmacist may dispense two (2) unit-of-use doses of naloxone per filling. The pharmacist will generate a new prescription for each filling and document the dispensing on this card up to six (6) times until the card expires (3 years from the date on the front of this form). Return certificate to the trained individual.

Please record dates and number of unit-of-use doses of naloxone prescribed and dispensed below

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_