



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

**Naloxone Administration – Law Enforcement
APPROVAL APPLICATION
CHECKLIST**

Law Enforcement Agency:	ENCLOSED	APPROVED
Address:		
Phone Number of Agencies Liaison: Email:		
Submit the following for program review:		
1. Letter of Intent:		
2. Name and qualification s of Training Officer(s)/Coordinator(s):		
3. Statement re: Officers are POST Trained or trained in accordance to the Public Safety First Aid/CPR/AED course as outlined in Title 22, Division 9, Chapter 1.5:		
4. Documentation of medical control for initial and ongoing procurement of Naloxone		
5. Description of the training related to Naloxone Administration		
Attach:		
(1) Course Outline		
(2) Written test		
(3) Sample record for documenting use, restock and waste		
(4) Description of the agencies Quality Improvement (QI) plan and process related to Naloxone use and inventory control		
(5) Statement of retraining every two (2) years:		
Date Approved:		
EMS Coordinator:		