

# OVERDOSE RESPONSE PROGRAM (ORP) TRAINEE REGISTRATION FORM

Please provide the following information:

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

Age (optional):

<18

18 – 24

25 – 34

35 – 44

45 – 54

55 – 64

65 – 74

75 – 84

84+

Please check which category best describes your reason for obtaining overdose education and training:

Occupation  Volunteer Work  Family Member  Social Experience  Law Enforcement

If you will be receiving naloxone as part of your training today, please complete the information below this line:

Individual Name:

\_\_\_\_\_  
 First Middle Last

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail Address (optional): \_\_\_\_\_ Phone Number (optional): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><i>Prescription (if applicable):</i></p> <p>Prescriber Name: _____</p> <p>Prescription Number: _____</p>	<p><i>Naloxone (if applicable):</i></p> <p>Naloxone Lot Number: _____</p> <p>Naloxone Expiration Date: _____</p> <p># Doses: _____ <input type="checkbox"/> Intranasal <input type="checkbox"/> Intramuscular</p> <p>Dispensed by: _____</p>
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**FOR ORP USE ONLY:**

Individual received:

Prescription for naloxone

Naloxone