



PUBLIC SAFETY/LAW ENFORCEMENT NALOXONE SERVICE PROVIDER APPLICATION

Service Provider		
Administrator		
Administrator Email Address		
Mailing Address (including City and Zip Code)		
Phone #	Fax #	Approved AED Provider: <input type="checkbox"/> YES <input type="checkbox"/> NO
Proposed Target Date for Naloxone Implementation:		Estimate # of personnel to carry Naloxone:
Program Coordinator		Program Coordinator Email Address
Naloxone Instructor		Naloxone Instructor Email Address
Naloxone Instructor		Naloxone Instructor Email Address
Attach the following:		ENCLOSED
1. Letter of Intent		APPROVED (EMSA use only)
2. Data to support clinical need for Naloxone		
3. Description of geographic area planned to deploy Naloxone		
4. Training program outline		
5. Naloxone equipment information		
6. Procedure for ongoing quality improvement activities		
7. Any other related policies and procedures		
I agree to comply with all State and local regulations including the County of San Luis Obispo EMS Agency Policy 213 Naloxone for Public Safety First Responders Requirements and Procedure 214 Naloxone for Public Safety First Responders		
Administrator's Signature		Date

EMS Agency Use Only

Date App. Rec'd	Letter of Receipt Sent	Authorized Personnel List Received	Signed Program Date	Reviewed By	Date and Signature of Approval	Date Approval Letter Sent	CE Provider Number (if applicable)

Submit this document with to: County of San Luis Obispo EMS Agency, 2180 Johnson Ave., 2nd Floor San Luis Obispo, CA Fax: (805)788-2517