NALOXONE REQUEST FORM							
ARIZONA DEPARTMENT OF HEALTH SERVICES	First responder agencies (i.e., law enforcement/corrections, fire/EMS) whose staff have completed opioid overdose recognition and treatment training consistent with ADHS or AZ-POST standards, and do not have a mechanism to bill patients for naloxone administration, are eligible for free naloxone.*						
AGENCY INFORMATION	Agency Name:						
	Agency SHIPPING Address- NO PO Box:						
	Agency Director Name:						
	Agency Size:						
	Tribal Agency?			Yes			☐ No
	Agency's 2016 Estimated Service Population:						
AGENCY TYPE							
Federal LE	State LE	County LE	Municipal LE		Corr	State ections	<ul><li>Private</li><li>Corrections</li></ul>
Fire Non-Transport	Fire with CON	Private Ambulance	Co Ambu	ounty Ilance		lunicipal oulance	☐ Industrial EMS
NALOXONE PROCEDURE	Agency has a Nalo Administration Pro			Yes	□ No		
TRAINING INFORMATION	Naloxone Contact & Phone:						
	Contact Email:						
	Training Date(s):			Number of Staff Trained:			
	Total Staff Trained To-Date:						
	Training Used ADHS/AZPOST Curriculum?			☐ Yes			☐ No
NALOXONE REQUESTED	Description: Naloxone (Narcan) 4mg Dose Nasal Spray 2-Pack Quant						Requested:
AGENCY DIRECTOR SIGNATURE							Date:

You may submit completed application multiple ways:

• Email Form & For Questions: <a href="mailto:azopioid@azdhs.gov">azopioid@azdhs.gov</a>

• Fax: 602-364-1494 Attn: Naloxone Distribution, Office of Injury Prevention

• Mail: ADHS Office of Injury Prevention

Naloxone Distribution Program 150 N. 18<sup>th</sup> Ave., Suite 320

Phoenix, AZ 85007

<sup>\*</sup>Free naloxone contingent upon continued Federal and State funding and available supply.