



Naloxone Administration by Law Enforcement (NALE)

APPLICATION

Law Enforcement Agency Name: _____

Law Enforcement Agency Address: _____

Agency Liaison Name: _____

Agency Liaison Phone: _____ Agency Liaison Email: _____

Please submit the following for approval by the Napa County EMS Agency:	ENCLOSED	APPROVED OFFICE USE ONLY
1. Letter of Intent	<input type="checkbox"/>	<input type="checkbox"/>
2. Name(s) and qualifications of training Officer(s)/Coordinator(s)	<input type="checkbox"/>	<input type="checkbox"/>
3. Statement that officers are POST trained or trained in accordance to the Public Safety First Aid/CPR/AED course outlined in Title 22, Division 9, Chapter 1.5.	<input type="checkbox"/>	<input type="checkbox"/>
4. Documentation of medical control for ongoing procurement of naloxone.	<input type="checkbox"/>	<input type="checkbox"/>
5. Description of the naloxone training that includes:	<input type="checkbox"/>	<input type="checkbox"/>
a. Course Outline	<input type="checkbox"/>	<input type="checkbox"/>
b. Presentation materials, e.g. PowerPoint, Prezi, Keynote, etc.	<input type="checkbox"/>	<input type="checkbox"/>
c. Written test	<input type="checkbox"/>	<input type="checkbox"/>
d. Sample record for documenting use, restocking, and waste of medication	<input type="checkbox"/>	<input type="checkbox"/>
e. Description of agency's continuous quality improvement plan, and process related to inventory control	<input type="checkbox"/>	<input type="checkbox"/>
f. Statement of commitment to retrain every two years	<input type="checkbox"/>	<input type="checkbox"/>

Forward the completed application to:

Napa County EMS Agency
 2751 Napa Valley Corporate Drive, Bldg. B
 Napa, CA 94558
 Office: (707) 253 – 4341 / Fax: (707) 299 – 4126
 Email: ems@countyofnapa.org

FOR OFFICE USE ONLY	
Date Application Received: _____	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>
Reviewed by (Name): _____	Signature: _____