

801 E. Jefferson Street Phoenix, AZ 85034 602.417.4000

KATIE HOBBS GOVERNOR CARMEN HEREDIA DIRECTOR

Naloxone Distribution Program (NDP) Attestation

Organization Name:				
Na	me of P	rimary Contact:		
Tit	le of Pri	mary Contact:		
En	nail of Pr	imary Contact:		
As	the	of this facility, that distributes naloxone to individuals at risk of overdose, I attest		
	the follo			
1.		ility has implemented the distribution of naloxone to individuals at risk of overdose as identified through ility's policy, on or before February 28, 2025.		
	cins rac	Initial		
2.		stand that I will need to submit a complete roster of staff names who have completed the necessary g and dates of completion.		
	cranning	Initial		
3.	I under	stand the in-person or online training must cover at minimum the following competency topics:		
		Staff ability to identify and utilize non-stigmatizing language regarding opioids;		
	о. С.	Staff ability to identify the signs and symptoms of opioid overdose; Staff ability to demonstrate how to administer naloxone based on naloxone product distribution (i.e.,		
	d.	intranasal and/or intramuscular application); and Staff ability to identify methods of reducing future risk of opioid overdose.		
		Initial		
4.		stand that the Naloxone Distribution Program Manager is responsible for hospital/ED NDP operations, ng developing and maintaining:		

- a. A list of all naloxone formulations approved for distribution to patients discharged from the hospital/ED;
- b. Institution-specific naloxone kit distribution tracking/logging protocols;
- c. Documentation standards for patient records, including patient screening, patient education, and naloxone distributed;
- d. Staff education, including evaluation of competency for naloxone administration; and
- e. Consultation with the hospital/ED pharmacy director regarding pharmacy regulations that impact their NDP.

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Date:

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AHCCCS ID(s), Nation	n herein is current, complete, and accurate to the best of my knomal Provider Identification Number(s), and Provider Type(s). I undentification nember (s), and Provider Type(s). I undent accurately and in its entirety will result in AHCCCS' non-accordance.	derstand that failure to			
	Ds are one of the following provider types: Hospitals Subject to 202), IHS and 638 Tribally Owned and/or Operated Facilities (PT ents (PT ED).	APR-DRG (PT 02), Critical			
Provider AHCCCS ID (6 digits)	Provider Type	National Provider Identification Number (NPI)			
Signature:					