

Nebraska State Opioid Response Naloxone Program

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska SOR Naloxone Program Enrollment Form

The Nebraska State Opioid Response (SOR) Naloxone Program aims to reduce the number of overdoses and increase access of naloxone to licensed emergency responders, law enforcement, and peace officers who can assist someone at risk of an opioid overdose. **To enroll in the Nebraska State Opioid Response (SOR) Naloxone Program**, please complete this form and review the *Key Steps to Administering Narcan® Nasal Spray* by visiting <https://www.narcan.com/#how-to-use-narcan>.

Agency Information

_____		_____	
Agency Name		Agency Number	
_____		_____	_____
Agency Address (No PO Box numbers)		City/Town	State
_____		_____	_____
()		_____	
Agency Phone Number		Agency Email Address	

Agency Type: EMS EMT Law Enforcement

Primary Contact Information

_____		_____	
First Name, Last Name		Job Title	
_____		_____	_____
()	_____	_____	_____
Phone Number	License Number/ Badge Number	Email Address	

Acknowledgement

You must acknowledge and agree to the information in this section to receive the naloxone at no cost through the Nebraska SOR Naloxone Program.

- I have read and reviewed the Nebraska State Opioid Response Naloxone Program Frequently Asked Questions under which the naloxone distribution is valid for use.
- I/agency have viewed the *Key Steps to Administering Narcan® Nasal Spray*.

_____ I hereby agree to maintain and report the number of reversals that occurred using the naloxone
Initials distributed under this program to the Nebraska State Opioid Response Naloxone Program.

Please send completed forms to: DHHS.SORnaloxone@nebraska.gov