

# Naloxone Distribution Project (NDP) Application

## Instructions

Complete the application below. Please ensure the person applying is authorized to be the representation of your organization in California to apply for and receive this naloxone distribution. The information submitted in this application should be publicly accessible information and may be subjected to the Public Records Act.

First Name of Authorized Person

Mailing Address (must be a business address, not a personal address or P.O. Box)

Middle Name

Address Line 2

Last Name

City

Contact Number

Zip

Email

State CA

Organization Name

Service Location Address

Type of Organization

Address Line 2

Community Organization - Specify Type

City

Organization Website

Zip

Organization Phone Number

State CA

Units Order - Minimum Order is 12 units and orders must be in multiples of 12. Each unit comes with 2 doses.

**You must certify and agree to the information in this section to receive the naloxone distribution.**

I hereby certify that I have read, understand, and accept all the terms and conditions under which the naloxone distribution is valid for use.

I hereby certify that I have reviewed and undergone training in opioid overdose prevention and treatment training to respond effectively to an opioid-associated overdose emergency.

Review online resources at <https://www.getnaloxonenow.org/> and <http://harmreduction.org/issues/overdose-prevention/tools-best-practices/manuals-best-practice/od-manual/> to train and respond effectively to an opioid-associated overdose emergency.

If known/available, I hereby agree to maintain and report information via email to [DHCSMATExpansion@dhcs.ca.gov](mailto:DHCSMATExpansion@dhcs.ca.gov) regarding the number of reversals that occurred using the naloxone distributed under this application order.

**Terms and Conditions**

By submitting the application form, the organization/entity:

1. Certifies that the authorized person, communication and mailing information provided is correct.
2. Will ensure that any of its affiliates or subcontractors apply for their organization.
3. Agrees to provide a copy of a valid and active business license, FEIN number or tax exempt letter.
4. Agrees to provide a copy of a naloxone standing order that can be obtained at <http://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Naloxone-Standing-Order.aspx> or physician's prescription.
5. If the naloxone request is for more than 48 units, the organization/entity will provide a brief and comprehensive summary with the application to validate their request.
6. Agrees to allow the California Department of Health Care Services (DHCS) to contact the organization/entity using the information provided on the application form.
7. Agrees to allow the California DHCS to use the information provided on the application form to track the use of the naloxone distribution and conduct other public health and epidemiological surveillance activities.

Submit supporting documents and application electronically to [DHCSMATExpansion@dhcs.ca.gov](mailto:DHCSMATExpansion@dhcs.ca.gov) OR

Mail supporting documents and the application to Department of Health Care Services

Substance Use Disorder Compliance Division  
**Attn: Naloxone Distribution Project**  
P.O. Box 997413, MS 2603  
Sacramento, CA 95899-7413

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